NOSE, NASO-PHARYNX, &c.

PEYLER (Munich).—**On Nervous Coryza and Salivation, and their Etiological relation to Diseases of the Sexual Organs.** *Munch. Med. Woch.*, Nos. 3 and 4, 1889.

1. A PATIENT, twenty-six years of age, twice a week gets very intense coryza lasting for one day. Between the attacks the patient is well. Attacks of coryza also occur if he drinks much beer the day before. Local treatment directed to the nose and pharynx was ineffective. Some time later the patient confessed to onanism and a certain degree of impotence. Examination determined the presence of spermatorrhœa. Treatment directed to this condition cured the patient.

2. A lady, twenty-one years of age, had violent attacks of coryza with vertigo. Nothing was detected in the nose or naso-pharynx, but there was chronic catarrh of the cervix uteri. Treatment of this condition cured the patient. The author refers to similar observations of Cresswell Baber, John N. Mackenzie, and Joal.

3. A girl, fifteen years of age, had excessive salivation, deglutition of all the saliva being impossible. She was prevented from attending school. She also had spasmodic cough. The treatment of a chronic metritis cured the condition.

4. A patient, twenty-five years of age, had excessive salivation for two years. He also suffered from spermatorrhœa. The cure of this cured the salivation.

5. A man, thirty-nine years of age had excessive salivation, from which he had been treated for a long time ineffectually. The condition was cured with the cure of a spermatorrhœa and impotence.

6. A man of twenty-four, who had been an onanist, had pollutions and spermatorrhœa, but also excessive salivation after meals, which was cured by treatment directed to the sexual organs.

7. A man of thirty-three, with the same symptoms, was also cured by the same means.

The observation of these cases leads the author to the conclusion that in cases of nervous affections of the nose, &c., it is necessary to examine into the state of the sexual organs, and to correct their abnormal conditions.

Michael.

MACKENZIE, G. HUNTER (Edinburgh).—**A Lecture on Chronic Rhinitis and its Sequelæ.** *British Medical Journal, June* 16, 1888.

THE author deals in detail with the following points:—(1) The effect of chronic inflammation upon the nasal mucous membrane and its functions; (2) The direct and reflex effects of chronic rhinitis upon contiguous structures; (3) The effects of chronic rhinitis upon the ear and the sense of hearing; and (4) The direct and reflex effects of chronic rhinitis upon the vocal and respiratory organs. The treatment appropriate to each of these is also briefly considered.

The Author.

https://doi.org/10.1017/S1755145500151449 Published online by Cambridge University Press

GARRY, T. G. (Liverpool).—**Paroxysmal Sneezing.** *British Medical Journal, June* 30, 1888.

REFERRING to the paper of Drs. Ringer and Murrell, the author mentions a lady in whom all treatment failed, with the exception of compressed air. She was placed under pressure of seven pounds (nearly one atmosphere and a half) to begin with, and, after a fortnight, of ten pounds, which was never exceeded.

The author remarks upon the sedative influence of compressed air on the nervous system, and especially on the nerves supplying the mucous membrane of the air-passages. **Hunter Mackenzie.**

RINGER, SYDNEY, and MURRELL, WILLIAM (London).—**Remarks on Paroxysmal Sneezing.** *British Medical Journal, June* 16 *and* 23, 1888.

THE authors propose to include under this title "hay fever" and "hay asthma," as also "summer asthma" and "summer bronchitis."

The attacks may affect only the upper part of the respiratory tract, or they may involve the lungs, or both may be implicated. The sneezing paroxysms may alternate with, or replace the asthma, or one of them may preponderate.

The authors refer to the investigations of Blakeley, and to the various exciting causes of the complaint, and they relate in detail a typical case of sneezing produced by emanations from the horse; and another, which they believe to be unique, in which asthma and sneezing were produced by contact with a caterpillar. The influence of sunlight in inducing or aggravating the attacks is also mentioned. In some cases sunlight alone appears to be sufficient to induce an attack, whilst pollen is quite inoperative. Dust is a common exciting cause, and a curious case is recorded in which house dust invariably brought on an attack, whilst street dust failed to do so. Such a case tends to disprove the theory that dust acts as an excitant on account of the pollen which it contains. Violent exercise or particular foods may be exciting causes of sneezing. The principal exciting causes of such attacks, however, are pollen, the emanations from various animals, and bright sunlight. In many cases it is difficult or impossible to discover any exciting causes. Nasal irritation intensifies the attacks. Other neuroses may co-exist with the sneezing.

The authors' cases show that paroxysmal sneezing is related on the one hand to bronchitic apeptic asthma, and on the other to hay fever. In almost all a part, or even the whole, of the nasal passages is affected, and often the eyes, soft palate, and throat are also involved. In some, the nose is altogether unaffected. A hereditary connection occasionally exists between intermittent sneezing and asthma. In these cases a change in the type of disease in its transmission from parent to child is frequently manifested. A certain vague hereditary relationship can sometimes be traced between paroxysmal sneezing, asthma, migraine, and some forms of headache.

In some cases of asthma and bronchitis irritation of a spot far removed from the chest or seat of pain will induce an attack.

https://doi.org/10.1017/S1755145500151449 Published online by Cambridge University Press

When sneezing and asthma co-exist, they do not, as a rule, occur at the same time : one form replaces the other, and local applications which arrest the sneezing, sometimes induce an attack of dyspnœa.

In children, sneezing is easily induced, and its frequent occurrence without apparent cause in not infrequently the first indication of an asthmatic tendency — a fact not generally recognised. Sometimes, however, both in children and adults, asthma precedes the paroxysmal sneezing.

The influence of locality, and of certain neuroses, such as a sudden fright, in exciting or warding off attacks of asthma and of sneezing, is referred to. Mention is also made of emotional or ideal causes, as in the well-known case of the individual who was attacked with coryza after standing for a few minutes in front of the picture of a hayfield in the Royal Academy.

The authors divide the remedies employed in the treatment of paroxysmal sneezing into two categories : first those which break up the paroxysm ; and, secondly, those which by gradual action so modify the pathological condition of the mucous membrane, that the predisposition to their return is removed. To the first belongs cocaine (which the authors highly recommend in the form of tabloids inserted in the nose), pungent inhalations of all kinds, but more particularly of iodine, chloroform, tobacco smoking, and nitre papers. These last, as usually prepared, are too weak to do much good. The authors recommend that the nitre paper should consist of six thicknesses of blotting-paper steeped in a saturated solution of nitrate of potassium and chlorate of potassium. When dry it should be sprinkled with essence of camphor, compound tincture of benzoin, tincture of sumbul, or some preparation of stramonium, and burnt in a tin at the bedside. Strong black coffee, taken at the onset of the paroxysm may cut it short. Hazeline locally and internally may prove of service. The second category includes the iodides, arsenic, inhalations, or the use of a spray of a 2 per cent. aqueous solution of iodine, and the removal of polypi and hypertrophied nasal tissue. When the attacks are attended with itching or irritation of some particular spot or region, the local application of aconite liniment or aconitia ointment may at once give relief.

Hunter Mackenzie.

GENTH, CARL (Langen Schwalbach).—**Therapeutics of Hay Fever.** *British Medical Journal, June* 16, 1888.

THE author asserts that hay fever usually begins with symptoms of conjunctivitis, and upon this he builds his system of therapeutics.

He considers it probable that the agent which is the cause of the complaint, first attacks the conjunctiva, and multiplies there ; it then diffuses itself over the mucous membrane of the respiratory organs, perhaps through the medium of the laryngeal canal. Consequently treatment must, at the earliest possible date, be directed to the eyes.

The instillation and bathing of the conjunctiva with a sublimate solution (1 in 3000), and the wearing of blue spectacles are the methods of treatment recommended.

Hunter Mackenzie.

https://doi.org/10.1017/S1755145500151449 Published online by Cambridge University Press

BIGG, G. S. (Army Medical Staff).—**Hay Fever.** *British Medical Journal, July* 28, 1888.

THE author recommends a method of treatment which consists in spraying the palate and throat with a lotion of equal parts of a solution of cocaine (5 per cent.) and carbolic acid (1 in 120) before entering any graminaceous district: the insertion of plugs of sponge saturated with this lotion into each nostril: the use of collyrium of corrosive sublimate (1 in 1000), and sulphate of zinc (grs. ii. to fl. oz.); and a tonic of 5 minims of Fowler's solution, 2 grains of iodide of potash, and 20 drops of aromatic spirits of ammonia, thrice daily. **Hunter Mackenzie.**

PAGET, W. S. (Great Crosby).—**Therapeutics of Hay-Fever.** *British Medical Journal, July* 28, 1888.

THE author confirms the views of Dr. Carl Genth (noted above) in regard to the earliest symptoms of the disease appearing in the eye, and he recommended that the onset of the complaint be anticipated by gently bathing the eye with a weak boracic or borax lotion, or with a one per cent solution of cocaine, and by wearing coloured glasses. **Hunter Mackenzie.**

RAKE, BEAVAN (Trinidad). — **Tuberculated Leprosy: Ankylostomiasis—Tuberculosis—Necropsy.** *British Medical Journal, August* 25, 1888. *Clinical Report from the Leper Asylum, Trinidad.*

THE case was complicated by the presence of maggots in the nose, for which calomel injections were ordered. These produced salivation very quickly. **Hunter Mackenzie.**

SCHMIDT, MORITZ (Frankfurt-on-M.).—**The Diagnosis and Treatment of Diseases of the Antrum of Highmore.** *Berlin, Klin. Woch., No.* 80, 1888.

THE author uses a Pravaz syringe, with which he perforates the lower nasal passage through the jaw bone. By suction it is possible to make a diagnosis of empyema. For the cure of the condition he prefers to perforate the alveolus of a bicuspid tooth by means of the American drill. **Michael.**

GABRIEL, WILLIAM (London), **and SEWILL, HENRY** (London).—**Abscess of the Antrum of Highmore.** *British Medical Journal, July* 21, 1888.

THESE contributions have reference to the treatment of the complaint. An opening is made in the floor of the antrum through the alveolus of the first molar. To this a gold plate is fitted, in which is a hole containing a gold tube, which passes well into the cavity. The hole is closed below by a screw or plug. This prevents the entrance of foreign particles, and allows of a satisfactory cleansing of the cavity. When a cure has been effected the tube is cut off flush with the plate, and the hole is soldered up with gold. The patient continues to wear the plate during the healing of the wound so as to prevent the entry of foreign bodies. **Hunter Mackenzie.**

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