(" Med. Rec.") discuss the bacteriology of mumps. Price (" Med. and Surg. Reporter ") records a case of foreign body in the œsophagus located by Röntgen rays, and removed. Schmidt (Dusseldorf) discusses cicatricial adhesions of the pharynx and their treatment. Chappel (New York Acad. Med.) read a paper on primary and secondary pharyngeal tuberculosis. Kayser (" Therap. Monats.") has a paper on so-called pharyngo-therapy. Richey (" Ann. of Oph. and Otol.") discusses varieties of treatment under the title of " Fads and Fashions."

Considerable advances have been made in the perfecting of instruments and appliances, and some new instruments have been exhibited and described.

From the above brief *résumé* of the subjects which have been touched upon during the year, it will be evident that no region of the mouth or pharynx has been considered too barren for exploration ; no morbid condition too commonplace or too recondite for consideration ; and no subject too trivial for investigation and discussion, if it affords possibilities of increasing useful knowledge.

NOSE AND NASO-PHARYNX.

BY R. LAKE, F.R.C.S.

ATROPHIC RHINITIS. — Capart and Cheval have continued the electrolytic treatment of *Ozæna* which was referred to in the Retrospect of last year. The needles preferred are of copper. The former, in a paper at the Belgian Society of Otology and Laryngology (" Journ. Laryng.," XI., 326), discusses the etiology very fully, in which he does not uphold the tropho-neurosis theory, but attributes it to general nutritive changes. He does not attach any value to vibro-massage, where he has our approval. By the bipolar method of electrolysis, he says, ninety per cent. of the cases can be cured, using a twenty milliampère current for twenty minutes. He says also, and which is very important, that in three hundred séances he has had not the slightest accident. Bayer, on the other hand, lost a patient from meningitis, a sequel of hæmorrhagic otitis media, but it seems that this was equally likely to be coincidence as effect. Pocher has tried most remedies without any striking result, and still is open to conviction of the efficacy of any treatment (" Trans. S. Carolina Med. Assoc.," April, 1896, and " Journ. Laryng.," XI., 11). Sattler (" Clin. Chron.," May, 1896) considers the disease to be a true degenerative process of the trophic nerves of the mucosa involved. He advocates simple cleansing. Belfanti and Della Vedova (" Gaz. Med. de Turin ") maintain that ozœna is due to an attenuated diphtheria bacillus, and also that they have cured cases by injection of antitoxin ; whilst Fage (" Rev. de Laryng.") attributes the disease to Löwenberg's cocco bacillus.

MEMBRANOUS RHINITIS.—This disease appears to be gradually going the same way as " membranous " croup—that is to say, nearly every case appears to show Klebs-Loeffler bacillus in culture ; and, indeed, it would be strange were there not organisms found in the membrane

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despite the bactericidal mucus, as in a case of pseudo-membranous rhinitis reported by Glover ("Ann. des Mal. de l'Oreille," May, 1896).

HYPERTROPHIC RHINITIS.—The only observation of any importance relative to this disease in the treatment advocated by Blondian ("Journ. Laryng.," XI., 333), which is especially adapted to hyperplastic conditions of the inferior turbinate. If partial transfixion is done, a small point is used; if complete, a lance-shaped one. In the latter instance it is passed in to the depth of seven or eight centimètres. The risk of touching the ostium tubæ is by no means slight. In ten cases taken haphazard it occurred in six, in each case setting up temporary ear trouble, tinnitus and fulness.

PURULENT RHINITIS OF CHILDREN.—Du Fougeray ("Ann. des Mal. de l'Oreille," Dec., 1895) classes these under two heads—that occurring immediately after birth, and due to gonococcal infection, and that of later date due to staphylococcus. Vomiting is a prominent symptom, and he advises a ten per cent. oily solution of menthol for local treatment. Coulter ("Chic. Med. Rec.," March, 1896) attributes it to uncleanliness, syphilis, tubercle or scrofula, or leucorrhœa, and gives pharyngitis, tonsillitis, and bronchitis as usual concomitants, and makes a point of its deleterious influence on the general health.

NASAL OBSTRUCTION.—Collier, in a paper, gives his views at length ("Journ. of Laryng.," X., 117), but he added nothing fresh; but in the discussion which followed, Milligan drew attention to the frequency of attic trouble as a sequel to adenoid vegetations. Wright ("Journ. of Laryng.," X., 138) has constructed a manometer to measure the amount of obstruction, and Ruff (*ibid.*) relates a case of facial palsy in which nasal respiration was obviously affected by the paralysis of the naso-dilators. Chapard ("Thèse de Paris," 1896) investigates the thoracic and other deformities subsequent to nasal obstruction in children; whilst Escat ("Arch. Intern. de Laryng.," May, 1896) publishes an article on congenital strenosis full of interest and instruction, quoting three cases in which, with severe stenosis, there was no adenoid hypertrophy, the more important symptoms of which are respiratory, auditory, vocal, and intellectual The auditory, vocal, and intellectual are due to deficient mental development, and as contrasted with the symptoms of acquired stenosis are not amenable to relief by the skill of the rhinologist. Turbinotomy, or as otherwise named turbinectomy, still finds favour with a considerable section of practitioners; and, so far, strange to relate, we have not yet had any report of the injurious effects which might naturally be expected to show themselves in the course of time. Cox ("Brooklyn Med. Journ.," Oct., 1896) adds two cases of redness of the tip of the nose, as a consequence of obstruction.

SARCOMA.—Cured cases of this disease are being constantly reported of histologically pure sarcomata, and we are, unfortunately, still much in the dark as to why, in this region, there should be such an immunity from recurrence, although Beuermann ("N. Y. Med. Journ.," Aug. 8., 1896) has, in an able contribution, done not a little towards the solution of

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he difficulty. He divides nasal sarcomata (microscopically) into two classes, which he names lymphomyxoma and lymphomyelia, the former benign and the latter malignant. As a main point of differentiation, the benign tumours exhibit a reticulum which is always visible, whilst the more malignant lymphomyelia fail to exhibit this reticulum in the denser portions of the growth, and they have a tendency to more closely resemble a glio-sarcoma in structure, showing numerous coarsely granular protoplasmic bodies.

TUBERCULOSIS.—Hill ("Journ. of Laryng.," X., 309) reports a case with the symptom of hæmorrhage very frequently noticed in these cases, which here, as in the case of sarcoma cure, is almost the rule, and not the exception.

SEPTUM.—The treatment of septal deviations, ridges, and spurs has received a large share of attention. Ballenger ("Journ. Am. Med. Assoc.," Jan. 11, 1896) thus sums up his experience with the use of electrolysis for the reduction of spurs :—The treatment, though effective, is by no means simple, and should only be used where other treatment is not applicable ; much experience is required ; osteomata are most suitable for this method of treatment, and cartilage than bone, and only small excrescences ; perforation may result ; the strength of the current is to be from seven to twenty-seven milliampères. Roe ("Journ. Laryng.," XI., 7) treats of these conditions very fully, and shows how changes of nutrition in the septum influence the formation of these affections. He describes the vomer as being formed of two ossifying plates, with a layer of cartilage in the centre, so that any nutritive changes will cause a bulging of the septum. Watson ("Journ. Laryng.," X., 9) insists on mechanical support after operation. Delie (*ibid.*, XI., 207) highly recommends his gouge with lateral guides—an illustration of which will be found in this issue—by means of which spurs are removed with great ease and precision. Bayer and Delstanche have also spoken in favour of this instrument.

TUMOURS.—Noquet ("Journ. Laryng.," XI., 337) reports a case of *Bleeding Septal Tumour*, which proved to be a *Fibro-cellular Telangiectatic Growth;* Harris (*ibid.*, XI., 131), an *Angioma;* and Thompson (*ibid.*, X., 235), a *Spindle-celled Sarcoma.* Sendziak reports a case of *Angioma Cavernosum Sarcomatoides*, and gives a full account of the literature of the subject ; and Weil (*ibid.*, X., 43), a *Pure Papilloma* in a woman of fifty-seven years of age.

MIDDLE TURBINATE.—Rousseau ("Journ. Laryng.," X., 243) gives a description of the *Turbinal Bulla, or Cornet Ampullaire*, and proposes to call the condition *Pneumatic Hypertrophy of the Turbinate*, and agrees with the generally-accepted opinion that this is a distended pneumatic cell.

RHINORRHŒA.—Of the four cases reported during the year, those of Mermod ("Ann. de Mal. des l'Oreille," April, 1896) and Thomson ("Trans. London Lar. Soc.," Dec., 1896) were *Discharges of the Cerebrospinal Fluid.* The former case had a fatal ending. It was complicated with polypi, sphenoidal and antral disease. The patient, after each nasal flux, was relieved of severe headache ; it was supposed to come from the frontal

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sinus. On exploration of the vault of the nose, the probe passed away up for a considerable distance, as did a canula introduced to collect some of the fluid. Acute meningitis setting in, the patient succumbed. In the latter case the presence of sugar in the fluid seemed to prove the correctness of the diagnosis, and may or not have an important bearing on the general etiology of rhinorrhœa. Fink ("Wien. Med. Presse"), in his case, estimated the flow of fluid in one hour at forty grammes, the specific gravity of which was 1003, again showing an extreme similarity to cerebro-spinal fluid. Poulssen, E. ("Med. Soc. Christiania Reps.," 1895), on the other hand, reports a case which appears to be secretitive in origin, the specific gravity varying from 1006 to 1007, and containing ·02 of albumen, and 0·93 of salts, chlorides of iron and soda, etc. Atropine in solution, one per mille, acted very well; ten mille often checking the discharge or lessening the intensity of the attacks. Fink, Paulssen, and others believe the fifth or sympathetic nerves to be the seat of the lesion, or, according to Prof. Daae (*ibid.*), especially the spheno-palatine branch of the fifth.

KAKOSMIA.—Zarniko ("Festsch. des Aertz. Ver., in Hamburg," 1896) says, where this affection is not hysterical in origin, it is sometimes due to accessory sinus disease.

HAY FEVER is attributed by Strangways ("Ann. Ophth. and Otol.," Jan., 1896) to a toxin formed by fermentation of pollen in an alkaline medium, and so uses an acid douche and acids internally, the latter treatment being no novelty; but the local application of acetic acid, even in so dilute a form as two-fifths per cent., is distinctly new.

REFLEX DISTURBANCES are now fully recognized, ocular symptoms being the most frequent. Laurens ("Pr. Med.," Jan. 22, 1896) relates a case of *Blepherospasm* and another of *Convergent Strabismus*, both cured by intranasal surgery directed to the cure of intranasal disease. Lichtwitz ("Ann des Mal. de l'Oreille.," Feb., 1896) reports one of strabismus also. Hansell ("Phil. Polycl.," May 23, 1896) and Lichtwitz (*vide ante*) report cases of loss of vision from ethmoidal and sphenoidal disease. Joal ("Journ. of Laryng.," XI., 149) reports a case of a boy who was seized with adductor paralysis from inhaling menthol vapour during sleep.

BACTERIOLOGY.— This field of research has brought forward several interesting and at the same time conflicting results. StC. Thomson, Hewlett ("Lancet," Jan. 11, 1896), and Paiget ("Thèse de Paris," 1896) maintain that the nasal mucus possesses bactericidal power—the latter says great—whilst Klemperer ("Münchener Med. Woch.") supports the opposite theory. He has evidently misread Thomson and Hewlett, for he refers to their eighty cases, whereas in the original it was eighty per cent. Thomson and Hewlett show that the micro-organisms are hurried out of the nose by the combined action of the ciliæ and the quickly-flowing secretion. Turck ("N. Y. Med. Journ.," Nov. 23, 1895) practically corroborates this by the fact that he constantly found bacteria in the naso-pharynx, and he traced the passage of the organisms further by

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showing that, in chronic gastritis existing with chronic naso-pharyngitis, the same microbe was found in both stomach and naso-pharynx.

CASEOUS RHINITIS.—Massei ("Arch. Ital. di Laring.," April, 1896) claims that the micro-organism is streptothrix alba, and that it has been isolated from a case of his by Dr. Guarania.

DIGESTIVE DISTURBANCES AND NOSE AND THROAT DISEASES in the acute and chronic forms were very fully dealt with by Brown and French at the May meeting of the American Laryngological Association ("Journ. Laryng.," XI., 65), pharyngeal inflammations and stomach cough, asthma, œdema of the larynx, glottic spasm being the more important of the acute affections.

DISEASES OF THE ACCESSORY CAVITIES.—The year's work contains much of great value, and included in the year must be the discussion at Vienna in 1895 on sinusitis, as it was omitted in last year's Retrospect.

FRONTAL SINUS.—Chiari ("Journ. Laryng.," X., 43) exhibited a case of empyema after operation in a child. Myles ("Journ. Laryng.," X., 144) a case of double frontal sinus disease. On one side the anterior wall was removed, and on the other a free passage was made into the nose. Ripault ("Ann. des Mal. de l'Oreille," Nov., 1895) reports three cases—all right-sided. Lack and Tilley each report a case ("Journ. Laryng.," XI., 88), and Luc ("Journ. Laryng.," XI., 148) another success. Baron (*ibid.*, 186) demonstrated a failure which had come under his hands after the operation. Stoker (*ibid.*, 187), a case treated with oxygen gas, and with gratifying results.

ETHMOIDAL CELLS.—Myles ("Journ. Laryng.," X., 247) has invented a pair of ethmoid clippers for removing the floors of the ethmoid cells, cutting at right angles to the shaft. Mackenzie (*ibid.*, XI., 66) contributes a careful pathological description of the inflammatory processes which take place here. At the Vienna Laryngological Society there was unanimity as to the non-existence of "necrosing ethmoiditis"; but nothing hitherto known was brought to light.

MAXILLARY SINUS, HIGHMORE'S ANTRUM.—Weil ("Journ. Laryng.," X., 37) pronounces strongly against the so-called radical operation. Out of fifty-eight cases reported by Chiari (*ibid.*, X., 38), exploratory puncture was necessary in but fourteen cases; and in only three cases was opening through the canine fossa performed. He had twenty-seven complete cures, and twelve were too recent to speak of. Five times frontal and maxillary sinusitis coexisted. Myles (*ibid.*, XI., 103) was decidedly adverse to curettage of the cavity, unless quite unavoidable, as it frequently aggravated the trouble. Mackenzie (*loc. cit.*) considered that the suction action of the nose was the reason why, even with a dependent opening, pus came through the natural opening if it was patent. Gleitsmann ("Ann. Ophth. and Otol.," April, 1896) says simple cases should be drained through the inferior meatus. Avellis ("Münchener Med. Woch"), in dealing with acute empyema, says that, though spontaneous cure is common, yet recurrence is also common; and he urges that more attention be paid to the history

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of the case; that acute and chronic cases be kept distinct, the former being very readily curable; and also that, by this means, there would be obtained uniform and reliable information about the relative values of the various operative procedures. Killian (*ibid.*) holds that reliable diagnosis can only be obtained by blowing or syringing out the contents of the cavity. Weil opposes the dental origin of empyema of this sinus ("Journ. Laryng.," XI., 270), and he prefers syringing through the natural opening. Rot ("Journ. Laryng.," XI., 273) agrees as to the origin being more frequently nasal, and also was not a supporter of too radical methods. Rethi varied his treatment, using the natural orifice for the clinical treatment and the alveolar opening for home use.

LARYNX.

BY J. MACINTYRE, M.B., F.R.S.

This year proves no exception to the rule of great activity in the study of affections of the larynx. The literature has been very extensive, and shows no decrease in volume. New instruments and methods of diagnosis have been brought within the reach of surgeons in the department, and the persevering attempts on the part of those engaged in the special work to ameliorate chronic affections, such as tuberculosis of the larynx, are well worthy of notice. Amongst others we note the following :—

Hubbard and Chappell ("New York Acad. Med.," Nov., 1895, p. 59) give encouraging results by creosote and gentian internally, and sub-mucous injections of creosote into the larynx. Newman ("Lon. Lar. Soc.," Jan., 1896, p. 134) records two cases of cure from local applications of a concentrated solution of iodoform in ether and alcohol. Van Anrooy ("Dutch Lar., Rhin., and Otol. Soc.," June, 1895, p. 203), reports a case of recovery from primary infection by curetting and pure lactic acid. Heryng ("Therapeut Monats.," Mar. and May, 1896, p. 168) gives a promising report on the application of sulpho-ricinate of phenol in this and other chronic affections. Reference may be here made to Berlioz's original paper in the "Archiv. de Lar.," 1889, p. 6. Hedderich ("Münchener Med. Woch.," p. 286) reports favourable results from paramonochlorphenol.

TUMOURS OF THE LARYNX.—Delavan ("New York Acad. Med.," Dec., 1895, p. 146) records papillomata of the larynx cured by applications of absolute alcohol. Three cases of myxoma have been recorded at the London Laryngological Society's meetings during the year. Angelesco ("Soc. Anat.," Paris, Dec., 1895, p. 273) records a case of epithelioma of the epiglottis. McBride ("Med. Chron.," Feb., 1896, p. 275) records a case of malignant disease of the larynx at the age of twenty-four. Wagner ("Med. Record.," Jan. 4, 1896, p. 276) gives an interesting report upon thyrotomy in a series of cases operated upon during the past twenty years. Delavan ("Amer. Lar. Assoc.," May, 1896, p. 13) discusses the question of recent progress in the treatment of malignant disease of the larynx. He took into consideration the question of whether surgical

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