times be of much value, but usually it is sufficient to draw forward the palate as required.

Complete removal is insisted on, and the finger-nail used to break up the stumps of the growth, but, except in the case of very young children, it alone is an ineffectual method of operating.

Secondary hæmorrhage may occur and the patients should be kept under close observation for twenty-four hours after the operation.

In the discussion that followed—

DELAVAN pleaded for early removal, because it is not certain that the hypertrophied tissue will atrophy at puberty and, even if it does, there is apt to be left behind a diseased structure.

General anæsthesia is preferable to that produced by cocaine.

PROUT referred to aural complications in these cases.

WRIGHT does not interfere unless the growth is giving definite trouble. He referred to the fibrous tissues that atrophy leaves behind it, and which lead to bands of adhesion from the vault of the pharynx to the Eustachian tube, but which do not lead to definite ear symptoms. He believes that the high vault of the palate, the distorted septum, and narrow cheek bones is the cause, and adenoids the result. Also he has seen cases with the "adenoid look" without the adenoids, and *vice versâ*. He prefers to operate with cocaine, palate retractor, and the mirror, rather than under an anæsthetic. *B. J. Baron.*

Brown (Toronto).—*Organic Stricture of the Œsophagus.* "New York Med. Journ.," Aug. 26, 1893.

THERE is a good summary of the cases that have been recorded in our literature during the last few years, with records of three cases, but nothing new is brought out. *B. J. Baron.*

NOSE AND NASO-PHARYNX.

Lichtwitz (Bordeaux). — *Empyema of the Frontal Sinus diagnosed per vias naturales.* "Therap. Monats.," 1893, No. 9.

DESCRIPTION of a probe with a particular curve, and a case in which it was applied with good result. *Michael.*

Oaks (Chicago).—*The Differential Diagnosis and Treatment of Suppuration of the Accessory Cavities of the Nose.* "Med. News," Sept. 2, 1893.

THE symptoms common to disease of all the accessory cavities are discussed under three heads.

(A) *Suppuration.*— Whilst theoretically the pus should make its appearance in the middle meatus and nasal fossæ, if there be an obstructive lesion involving the anterior end of the inferior turbinate it would go towards the posterior nares, and would simulate disease of the posterior ethmoidal cells and sphenoidal sinus, the so-called Tornwaldt's disease. The fact of pus flowing when the head is inclined forward and

https://doi.org/10.1017/S1755146300151066 Published online by Cambridge University Press

downward is not considered pathognomic of antral abscess, as suggested by Fränkel, as it occurs if the anterior ethmoidal cells are diseased. Preliminary cleansing of the middle meatus, and making the test in the morning, causes this symptom to be of much importance. Pus from the ethmoidal and frontal sinuses is usually not so abundant as in antral empyema, and the pus is more inspissated and tends to crust formation in the former disease. Posterior rhinoscopy often enables us to see pus in the superior meatus, with maceration of the mucosa covering the middle turbinate in posterior ethmoidal and sphenoidal suppuration, and enables us to diagnose between this and mischief in the pharyngeal tonsil.

(B) *Neuroses.*—Headache is so common a symptom of these troubles that the nose ought always to be examined, even if the patient complains of no nasal affection. In disease of the frontal sinus the neuralgia is supra-orbital; in ethmoidal disease, orbital, deep-seated and diffuse; while in sphenoidal mischief the cephalalgia is very distressing, radiating through the side of the face, and involving all the branches of the trigeminus. Various psychic symptoms are also described.

(C) *Ocular disturbances* are discussed, and Berger is mentioned as stating that when the sphenoidal sinus is affected the peripheral field of vision is invaded before the central.

Mention is made of probing, exploratory puncture, and transillumination, as means of diagnosis. The author places the lamp laterally below the lower wall of the antrum, and not centrally as usually practised.

As regards treatment the following conclusions are practical:—

1. In antral suppuration the opening should be made with chisel and mallet through the canine fossa, according to the method of Küster or that of Robertson, and of sufficient size to permit exploration with the little finger and the small incandescent lamps; if necessary this is to be followed by curettage and the dry method of Krause-Friedländer.

2. In sphenoidal suppuration the method of Schäffer is to be commended, viz., enlargement of the normal openings by breaking through the anterior wall of the sinus with the curette, and by thorough curettage.

3. In frontal suppuration the choice of operative procedure depends upon the indications: if there is bulging of the inner and upper wall of the orbit that site should be selected for the artificial opening. The point usually selected for the latent form is immediately below the superciliary ridge, and near the bridge of the nose; the opening should be of sufficient size to give free access to the sinus, for the purpose of exploration, thorough drainage, and re-establishing communication with the nasal cavity.

4. In suppuration of the ethmoidal cells, guided by the indications of the probe as to the presence of caries and pus, we should proceed to open up all suppurative foci by means of the snare, hot or cold, the nasal cutting forceps, the curette, trephine, gouge, or the galvano-cautery knife.

5. A thorough knowledge of the topography of the ethmoid, its anatomic relation to the cranial and orbital cavities, together with a high degree of manipulative dexterity, will enable one to proceed with the assurance and rapidity that are so desirable in view of the free and annoying hæmorrhage that is usual in intra-nasal surgery. *B. J. Baron.*

https://doi.org/10.1017/S1755146300151066 Published online by Cambridge University Press

Major, George W.—*An improved Method of Draining the Antrum of Highmore.* "New York Med. Journ.," Aug. 19, 1893.

WHEN a suitable space is found in the jaw from which a tooth has been previously removed, a ten per cent. solution of cocaine is applied and the bone drilled. The author uses two sizes of drills, one five thirty-seconds of an inch and the other three-sixteenths of an inch in diameter. These are worked by an electro-motor. After having withdrawn the drill and cleansed the cavity, a piece of soft pine wood, previously prepared, is inserted into the opening. An impression of the upper jaw in plaster of Paris is now taken. When ready for removal it is withdrawn, and with it the wooden plug firmly held in the cast. A model of the upper jaw in metal alloy is now made. The tube for insertion into the antrum is made of pure gold. A sheet of gold beaten out on the metal model will be an exact fit for the gum in the neighbourhood of the opening. The gold tube passed through the opening in the model is soldered to the plate, and the drainage tube proper is complete. For washing out the antrum the author uses a watery solution of boric acid, and for dry dressing insufflations of iodol or of iodol and boric acid.

W. Milligan.

Hamburger, S.—*Deviations of the Nasal Septum, and their Operative Treatment.* Inaugural Dissertation. Breslau, 1893.

RESEARCHES upon sixty children from one day to two years of age have shown that in no case was deviation at this early age observed; the author, therefore, concludes that this anomaly is not congenital, but acquired. *Michael.*

Schmidt, Moritz (Frankfurt-a-M.).—*Treatment of Deviations and Tumours of the Nasal Septum by Electrolysis.* Versammlung der XII. Med. Congress in Wiesbaden.

RECOMMENDATION of this treatment. *Michael.*

Dunn.—*A Case of Unilateral Membranous Rhinitis.* "New York Med. Journ.," Aug. 26, 1893.

THE case is that of a child, five years of age, in whom there had been "amygdalitis with some white patches in its throat" some time before the nasal trouble. The membrane in the nose was firmly attached to the mucous surface, and, on detaching it, left the latter raw and bleeding. A warm solution of bicarbonate of soda was found useful as a spray to detach the false membrane. The unilateral distribution of the mischief is thought to be due to the fact that the mother of the child used an injection of hot water into that side which was partially occluded posteriorly by a deviation of the septum. *B. J. Baron.*

Bernstein.—*Hypertrophic Rhinitis producing Ocular Asthenopia.* "Med. News," July 22, 1893.

THREE cases are published in which hypertrophy of middle and inferior turbinates with coincidental pharyngeal troubles was the cause of asthenopia, which was only cured when the nose was carefully treated.

B. J. Baron.

https://doi.org/10.1017/S1755146300151066 Published online by Cambridge University Press

Cox —*The Treatment of Atrophic Rhinitis.* "Brooklyn Med. Journ.," Sept., 1893.

THIS is local and general. The local consists in cleansing by sprays of Dobell's or Seiler's solution, deodorizing by means of aristol used with an auto-insufflator two or three times a day, or a spray of one in ten thousand of bichloride of mercury. Nitrate of silver gr. x. ad. ʒi. is a useful stimulating spray. Gottstein's plugs are not highly commended, and various other agents, as calendula powder, trichloracetic acid, a snuff of iodol, tannic and boracic acids, saccharine in solution as a douche, the galvanic current applied to the nose, as suggested by Delavan, electro-cautery, and massage, are all mentioned. *B. J. Baron.*

Rice, Clarence C.—*The use of Ozone in Atrophic Catarrh.* "New York Med. Journ.," Aug. 19, 1893.

IN several cases of atrophic nasal catarrh the treatment resorted to consisted in inhalations of ozone. The patients were instructed to breathe the gas into the nose and lungs, and exhale it through the mouth. The immediate effect of the gas was to produce a mild smarting of the nasal mucous membrane for several hours. The secretion of mucus was increased for from eight to ten hours. The congestion of the nasal mucous membrane was also increased. For the first twenty-four hours after the patient had used the ozone symptoms of cold in the head were present, but afterwards the nose felt unusually clear and the mucous membrane more comfortable than before the application. In mild cases considerable and rapid improvement followed. In more severe cases benefit was not obtained so quickly. *W. Milligan.*

Hopman (Köln).—*On the Measure of the Diameter of the Nasal Septum and Naso-Pharynx: a Contribution to the Etiology of Ozæna.* "Archiv für Laryngologie," Band 1, Heft 1.

NUMEROUS researches have proved to the author that the diameter of the nose is much less in ozæna than in normal conditions, and he concludes, therefore, that this disease is produced by congenital conditions.

Michael.

Heymann, Paul (Berlin).—*Application of Galvano-Cautery to the Treatment of Diseases of the Nose and Naso-Pharynx.* "Berliner Klinik," 1893, Heft 7.

OPINIONS as to the application of the galvano-cautery have been much modified during the last few years. For removal of nasal polypi the cold wire, and for adenoid vegetations other instruments must be preferred; for nasal bleeding the caustic medicaments produce a better effect. The galvano-cautery should be applied for the treatment of hypertrophies of mucous membranes, for destruction of the remaining traces of polypi, for treatment of pharyngitis granulosa, fibromata of the naso-pharynx, and tonsillotomy in broad tonsils and in hæmophilic patients. *Michael.*

Schmidt, Moritz (Frankfurt-a-M.).—*Lateral Diverticula of the Naso-Pharynx.* "Archiv für Laryngologie," Band 1, Heft 1.

THE author has observed this anomaly in three cases. It is, however, without any practical value. *Michael.*

https://doi.org/10.1017/S1755146300151066 Published online by Cambridge University Press

Sympson.—*Adenoid Vegetations of the Naso-Pharynx.* "Arch. of Pediatrics," Sept., 1893.

NOTHING new. *B. J. Baron.*

Hardie.—*The Treatment of Adenoid Vegetations.* "The North American Practitioner," May, 1893.

THIS is discussed under the following heads :—

1. *Cauterization.*—Which is not to be commended.

2. *The Snare.*—Confined to adults ; the hollow stiff ring of Hartmann being introduced through the mouth, or a straight snare through the nose. The galvano-cautery snare has no advantage over the cold one. Electrolysis is protracted, and therefore unsatisfactory.

3. *The Curette.*—Gottstein's instrument is to be preferred. Cocaine ought to be applied in adults.

4. *The Forceps.*—Woakes' modification of Löwenberg's instrument is very useful.

5. *The Finger-Nail.*—This ought not to be done with any artificial nail on the finger, because we ought to be able to feel what we are doing. The patient ought to be anæsthetized, and good work can then be accomplished in this method of operating.

As regards anæsthesia, the position in which the patient's head hangs over the edge of the table is thought to be safest.

Cocaine in children ought to be used as sparingly as possible.

An alkaline spray is advisable after the operation. *B. J. Baron.*

LARYNX.

Neumann (Buda-Pesth).—*Remarks on the Researches upon Laryngeal Paralyses of Onodi.* "Berliner Klin. Woch.," 1893, No. 37.

POLEMICAL article. *Michael.*

Finlayson.—*Recurrent Laryngeal Nerve Paralyzed, in a Child, from its Implication in Scrofulous Glands.* "Arch. of Pediatrics," Sept., 1893.

THIS occurred in a child aged four-and-a-half years, and the left vocal cord was paralyzed as regards abduction, being fixed near the middle line. There was no tubercular disease in the larynx, but consolidation of the left lung, and the patient was very rickety. *Post-mortem* examination revealed caseating bronchial glands involving the left recurrent nerve.

B. J. Baron.

Porcher.—*A Case of Complete Glottic Spasm in an Adult followed by unconsciousness and prolonged drowsiness.* "New York Med. Journ.," Aug. 26, 1893.

THE patient was a maiden lady, fifty-two years of age, who had both tonsils cauterized, because it was assumed that their enlargement was the cause of attacks of cough and suffocation occurring at night. The day

https://doi.org/10.1017/S1755146300151066 Published online by Cambridge University Press