NOSE AND NASO-PHARYNX.

MACKENZIE, J. N. (Baltimore).—**The Pathological Nasal Reflex. An Historical Study.** *New York Med. Journ., August* 20, 1887.

THE connection between the nose and diaphragm was known to Plato and Hippocrates, and that between the nose and eye to Aristotle. The dependence of catarrh, coryza, asthma, syncope, convulsions, &c., upon the odours of certain flowers was well known to the ancients, and Galen was acquainted with the fact that various foods in certain people produced coryza. Bostock was certainly not the first to describe "hay fever," which was perfectly well known to the ancients. It is true also that Aurelian, Zecchius (1650), Schneider, Floyer (1726), Bree (1811), Trousseau, Follin, Duplay, and Ferber (1869) were thoroughly well acquainted with the connection between asthma and inter-nasal disease long before Voltolini, in 1871, wrote of the connection (and to whom is erroneously attributed the credit of this observation). Epilepsy was known to be associated with intra-nasal irritation by the ancients, and Fernelius, in 1668, showed the connection between hemicrania and catarrh. In 1682 Wedel treated of the connection between vertigo and sneezing, and Helmont in the same year, described the production of asthma, hemicrania, palpitation, syncope, epilepsy, cough, vomiting, and other complaints from the inhalation of odours. "Rose cold" was recognized towards the close of the seventeenth century by Binningerus and Ledelius. Gumprecht, in 1717, attributed these troubles to affection of the fifth pair of nerves.

J. J. Wepfer, in 1728, published a large work full of illustrative cases of various pathological phenomena related to nasal inflammation and obstruction. Langhaus, in 1749, attributed these reflex phenomena to the superior cervical ganglion. Whyte, in 1765, advanced to the doctrine that the peripheral impressions were conveyed to the sensorium before being reflected to other parts of the body. Quotations from other authors bring the historical essay down to 1819, when Bostock was supposed to have discovered "hay fever."

[The author must be congratulated upon having produced a most scholarly and instructive essay, and we can only hope that he will be encouraged to produce others of the same kind. Though we know that the labour and patience necessary for the undertaking of such literary researches are immense, Dr. Mackenzie may be assured of the appreciation in which such efforts are held.] (See p. 387.)

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GLASGOW, W. C. (St. Louis).—**On Certain Measures for the Relief of Congestive Headaches.** *New York Med. Journ., Sept.* 3, 1887.

THE author means the pain and sense of constriction felt at the forehead and temples due to over-distension of nasal vessels. It is frequently associated with the menstrual period, and is due then to distension of the cavernous bodies. The degree of tension of these bodies corresponds with the severity of the headache. The author treats these cases by abstraction of blood by pricking the cavernous body so as to permit of the free flood of a drachm to an ounce or even more. Cases in illustration of the point are given. (See p. 391.)

DELAVAN, B. (New York).—**The Treatment of Atrophic Rhinitis by Applications of the Galvanic Current.** *Medical News, June* 4, 1887.

THE treatment of this complaint is very discouraging. The author has therefore adopted the treatment recommended by Dr. E. L. Shurly—viz., by the use of the galvanic current. The positive pole of the constant current battery was applied to the nape of the neck, and the negative pole directly to the mucous membrane by an electrode consisting of a copper wire round which absorbent cotton is wrapped. The strength of the current employed varies from four to seven milliampères. In recent cases of the affection the effect is marked, and in the older cases is also beneficial. The objection is the time that it employs. (We have ourselves used this plan of treatment with much benefit, but have seen bleeding and much soreness, and even considerable after-pain, more than once, resulting from the use of the Faradic current. (See p. 388.)

JARVIS, W. C. (New York).—**Two Unique Cases of Congenital Occlusion of the Anterior Nares.** *Medical News, June* 25, 1887.

THE first case was a man eighteen years old with complete closure of both nostrils. On each side a cup-shaped depression of white glistening membrane within the anterior nares was seen; a small hole perforated the left one. The cartilaginous occlusion was cut through at two operations with the author's burrs and engine. A year later the operation had to be repeated in the right nostril. In the second case the occlusion of the nostrils was due to an osseous formation, and the same operation was successfully performed. (See p. 396.)

MacCOY, A. W. (Philadelphia).—**A Comparative Study of some of the Methods of Treatment best adapted to the Relief of the Posterior Nares.** *Medical News, June* 25, 1887.

THE remarks were confined to obstructions due to enlargement of the soft parts. The author highly recommended the use of

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chromic acid, fixed on the end of a probe the end of which is covered with a tube, which can be withdrawn when the probe has reached the position required. An antagonistic solution is then used. The author finds this better than the use of the galvano-cautery. The cold wire snare could not be used after application of cocaine, on account of the contraction caused by this drug. Jarvis's needles were applied with difficulty. (See p. 396.)

ROBINSON, BEVERLEY.—Note on a Frequent Cause of Nasal Hæmorrhage. *New York Med. Journ., Sept.* 24, 1887.

THE author refers to the epistaxis, often very troublesome and recurrent, occurring in the course of atrophic rhinitis. Frequently plugging is resorted to; but anterior plugging often allows oozing alongside the plug. Posterior and anterior plugging arrests the hæmorrhage for a time, but it recurs after withdrawal. The cause of the hæmorrhage is erosion or ulceration of the mucous membrane covering the nasal septum, often perforating a septal artery. Sometimes there is no erosion at all. The author relies upon the internal administration of ergot and digitalis (ext. ergot two or four parts, tinct. digitalis one part; guttæ x.—xx., every few hours in the intervals of the hæmorrhage, every ten to fifteen minutes, or in one or two large doses, during continuance of the hæmorrhage). He has had good results from antipyrin, in five, ten, or fifteen-grain doses. Locally he relies upon hot water, and principally upon plugging the anterior nares, with strips of the oak agaric (Boletus igniarius). It is rarely necessary to introduce a posterior nasal plug. For the application he prefers Steele's flexible probe. Curative local treatment is:—1. Abandon the use of every kind of spray or douche to separate the crusts. 2. Rely for this purpose on ointments which soften the crusts in a few days so that they can be removed by blowing the nose. The best ointment is white precipitate made with vaseline, and which is applied three times daily with brush or index finger. After removal of the crusts, make occasional applications of copper, silver nitrate, or compound tincture of iodine, to the erosion. A cure of the erosion and epistaxis occurs in one or two months. The galvano-cautery is very pernicious, rendering a slight affection lasting and troublesome, by production of new surfaces which will not heal. (See p. 395.)

ROE, J. O. (Rochester).—**Hay Fever.** *New York Med. Journ., Sept.* 3, 1887.

THE author reports forty-four cases, twenty-seven in males, and seventeen in females. His conclusions are as follows:—

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1. That all cases of hay fever have their initiatory lesion in a diseased condition of the tissues of the nasal fossæ.

2. That the disease of these tissues induces, in the ganglionic centres connected with them, an abnormal activity, which is reflected to other tissues and organs.

3. That the sensitive areas in the nose are not confined to any particular locality, and that there are no zones in the nose which when irritated invariably produce the same manifestations.

4. That the direction in which the irritation is reflected is, like an electric current, always along the line of least resistance, and that from the same region it may be reflected in one direction at one time, and in the opposite direction at another time.

5. That the disease in the nose may produce disease in other portions of the respiratory tract, which may become independent centres of irritation.

6. That the affection distinctly recognized as hay fever is due to the effect of a local irritant, brought by the atmosphere in contact with the sensitive regions of the air-passages.

7. That the affection is not *per se* a neurotic disease, nor necessarily associated with a nervous temperament, although persons having a highly nervous temperament or a neurosis are much more susceptible to the influence of a local irritant.

8. That the neurotic condition which is often regarded as a cause of hay fever is itself often developed as the result of the local irritation.

9. That by carefully correcting all abnormal conditions found in the nasal or other portions of the respiratory passages, and the use of such systematic medication as may be required to remove any associated or consequent general derangement, we need not fail to cure hay fever. (See p. 387.)

LINCOLN, RUFUS P. (New York).—**Case of Recurrent Naso-Pharyngeal Tumour cured by Electrolysis.** *Medical News, June* 25, 1887.

A GROWTH had been removed from the posterior nares one year previously, and the operation was repeated six months later, the patient again coming under observation. A large growth was now found to occupy the left half of the posterior nares; this was treated by electrolysis with two needles of the negative pole introduced through the anterior nares, the positive pole being applied to the chest. Sixteen applications were made, at intervals of three or four days, and the growth entirely disappeared. (See p. 396).

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