THE author recommends local application of the solution. He has treated sixty-two cases, which have all been cured. **Michael.**

EDITORS OF LANCET (London).—**Alcohol in Diphtheria.** *Lancet, December* 29, 1888.

AN annotation referring to a recent discussion of this subject by the King's County Medical Association. Early and free administration is recommended. **Hunter Mackenzie.**

STRONG. — Large Doses of Calomel in Pneumonia and Croup. *The Medical Record, March* 16, 1889.

THE author has treated cases of croupous pneumonia with calomel in doses of twenty grains every three hours, and even began with sixty grains, followed by thirty grains every three hours, until three hundred and sixty grains had been taken, with good results, and with very little catharsis, and no ptyalism. Also he tried the same plan in three cases of croup, giving eighty grains to an infant in ten grain doses, to a boy of six twenty grain doses ; all the cases recovered. **Barclay J. Baron.**

SONNENBURGER (Worms). — **Treatment of Whooping Cough with Antipyrine.** *Deutsch. Med. Zeitsch.*, 1889, *No.* 68.

RECOMMENDATION of the internal use of this drug. **Michael.**

NAEGELI.—A Method of Suppressing the Attack of Whooping Cough. *Correspondenzbl. für Schweizer Aerzte, July* 15, 1889.

THE author describes his own whooping cough. At the beginning of the attack there is a spasm of the laryngeal muscles, including the muscles of the face and jaw, which closes off all air and hinders its entrance into the lungs. If the mouth can be opened, and inspiration can be made, the attack is terminated. The attack can be interrupted by traction of the under jaw if the physician stands before the patient, or by protrusion of the jaw if he stands behind him. By regularly interrupting the attacks in this manner, the whole disorder is ameliorated. **Michael.**

NOSE, NASO-PHARYNX, &c.

ALLEN, HARRISON.—The Anatomy of the Nasal Chambers. *The New York Medical Journal, February* 2, 1889.

THIS essay is divided into four sections, and amongst a good deal of anatomical description that is not new, we note the following points :—

1. The shape of the anterior part of the middle turbinal. The inferior free border may be abruptly bent, and be free from surrounding parts, or be pressed against them. The anterior part is distinguished clinically

https://doi.org/10.1017/S1755145500152285 Published online by Cambridge University Press

from the posterior by the disposition shown for the bone to be covered with spicules, or the whole region to be hyperostised. The membrane is often abnormally thickened at this point alone.

The anterior border may not be inflected, but be of water-like thickness, yet the bone may be greatly inflated a short distance back.

The anterior ethmoid cells often form a distinct structure, and may be seen projecting like the end of a distended pea pod into the nasal chamber at the widened anterior part. The inflated parts at the places of junction with the turbinals with the main portions of the ethmoid may exert injurious pressure against the septum, especially in the case of the surperior turbinal.

2. The shape of the posterior part of the middle turbinal of the right side is commonly less inclined towards the middle line than the left, and it may be horizontal at its upper part, which is very rare on the left side. The left one is often nearly vertical, and held in a narrow choana. If a careful inspection shows an irregular or triangular swelling on the septal side of the smaller of the two images of the nares, and that this swelling is associated with a middle turbinated bone which inclines to the vertical, a diagnosis of posterior deviation of the septum can be made, although the septum may be normal as seen from the front.

3. The diameters of the chambers.

The author examined one thousand seven hundred and fifty skulls of many nationalities in Philadelphia, and found eighteen examples of left choanal asymmetry. Of this number only two showed septal deviation, and three only presented angularity on the left contour line of the septum. In all the above the left choana was distinctly smaller than the right. In nine examples the right nasal chamber was the smaller, and in one only was the septum deviated to the right. These observations, the author considers, contravene Sir Morell Mackenzie's statistics.

Recent European skulls show a greater number of differences in the measurements of the choanæ than those of other races.

Asymmetry is determined by causes which exist independently of the deviation of the septum, always assuming that the posterior free border does not deviate from the vertical.

The study of crania is not the test standard for clinical study, assymmetry of choanæ being really much greater than can be gleaned from ethnological cabinets. The left choana is, as a rule, smaller than the right, and the left middle turbinal is commonly more vertical than the right.

4. The boundaries of the naso-pharynx directly behind the choanæ.

The presence of the posterior ends of the turbinals in the naso-pharynx is not unphysiological, and perfect comfort is compatible with the existence of such masses, their reduction being demanded only if they exert pressure and cause obstruction. **Barclay J. Baron.**

RICE.—The Efficacy of the Older Method of Treating Nasal Disease Contrasted with those of To-day. *Medical News, April* 6, 1889.

THIS is an instructive paper dealing principally with affections of the erectile mucous membrane of the nose, and contrasting the failures of the

https://doi.org/10.1017/S1755145500152285 Published online by Cambridge University Press

past, under a stringent treatment, with the successes of to-day under galvano-cautery, trephine, saw and drill.

The author alleges that it has been positively demonstrated that laryngeal and bronchial inflammations are secondary in the majority of instances to nasal disturbances, which is, we consider, not a correct representation of the present position of rhinologists on this question.

Barclay J. Baron.

MEREDITH, JOHN (Wellington).—**The Relation of Hæmorrhages to Unhealthy Surroundings.** *British Medical Journal, February* 16, 1889.

THE author describes two cases of epistaxis—one in a girl of nine, and the other in a man of seventy—which he believes to have been due to "malsany" (a term he proposes to introduce to express insanitary surrounding conditions). In the first case the "malsany" consisted of polluted drinking water, and in the other of this same water, *plus* the exhalations from decaying vegetable matter. Both patients recovered on the removal of the apparent causes of their complaint.

The author's explanation of the direct causations of such cases is—"the vascular system, in the first instance, was imbibing through the "digestive system a deleterious element, which vitiated the quality of the "blood, and this in its turn, the quality of the vascular coats, producing "vascular tension, and this pressing, the vessels gave way at their weakest "part, which was the Schneiderian membrane. In the second case the "vitiation ensued through the pulmonary system, and very likely through "the digestive as well."

Hunter Mackenzie.

LOEWENBERG (Paris).—**Acoustic Examination of the Nasal Vowels.** *Deutsch. Med. Wochenschr.*, 1889, *No.* 26.

THE results recorded in this treatise (which should be read in the original) show that the over tones of the French nasal vowels (*an*, *ein*, *on*) are like the under thirds of the relative pure vowels (*a*, *e*, *o*), and that the non-French nasal vowels (*ang*, *eng*, *ong*) are half a tone higher than the lower octave of the relative pure vowels (*a*, *e*, *o*).

Michael.

V. BÜNGNER.—Extensive Kerato-papilloma of the Nose. *Freie Vereinigung der Chirurgen Berlins Meeting, June* 3, 1889.

ONLY three cases of this neoplasm are recorded in literature. In this case it was combined with ozæna and psoriasis of the nasal mucous membrane. This is also the first case of psoriasis of the nasal mucous membrane on record. The patient, sixty-five years old, had always had an ozæna, and for a half year obstruction of the nose. The nasal passages were on both sides closed by a very hard, white-coloured cartilaginous tumour, of size larger than an egg. The septum was perforated from pressure of the neoplasm. The tumour was removed by Prof. Volkmann by an incision into the nose. It also affected the frontal bone, but did not affect the anterior nasal wall and the lateral mucous membranes changed by ozæna and psoriasis. The greater portion of the septum had to be removed. The defect was filled with iodoform gauze, and the

https://doi.org/10.1017/S1755145500152285 Published online by Cambridge University Press

patient was cured in a short time. The very carefully-made microscopical examination showed that the tumour was not carcinoma but a so-called verruca cancrosa. Such neoplasms of plaster-epithelium only can arise in a nose affected by ozæna, because in this condition the cylinder epithelium is changed in plaster epithelium. Michael.

BLOCH.—The so-called Nasal Form of Bronchial Asthma. *Volkmann's Klin. Vorträge, No.* 344.

THE author believes that normal respiration by the nose makes respiration by the mouth impossible. Those who are accustomed to apply the nasal method cannot respire during sleep by the mouth. If the nose is now closed by pathological processes, such individuals get, if they are also neurasthenic, attacks of dyspnœa during the night. Upon waking the lungs are already hyperæmic from these attacks. These are the first signs of bronchial asthma. He therefore concludes that these are primarily mechanical disturbances which produce, when combined with neurasthenic conditions, the first spasmodic attacks, and end in typical asthmatic attacks. Treatment must be directed to making free the respiratory passages, but no more. Michael.

ONODY (Budapest).—**A Curious Case of Congenital Occlusion of the Choanæ.** *Berl. Klin. Wochenschr.*, 1889, *No.* 33.

THE patient, eighteen years old, had always had occlusion of the right choanæ. The examination showed that this was due to a synechia between the septum and the lower turbinated. A portion of it was membranous, and could easily be perforated by the galvano-cautery; another portion was osseous, and had to be removed by chisel and saw. A similar case has not yet been described, except in Zuckerkandl's anatomy of the nose, where such a case is described with similar formation. [*Ref.* has just lately observed a very similar case.] Michael.

ROUGHTON, EDMUND (London).—**A Cause of Nasal Obstruction.** *British Medical Journal, February* 16, 1889.

THE author directs attention to the projecting band of tissue on the outer wall of the nasal cavity at the junction of the skin of the vestibulum with the mucous membranes of the anterior nares, as a cause of nasal obstruction. In such cases, the alæ nasi fall in at each inspiration, and this band and the septum come into apposition so as to completely block the nose.

He recommends the introduction of two hollow vulcanite tubes into the anterior nares at nights; these in time might lead to permanent removal of the obstructing cause. Hunter Mackenzie.

SPICER, SCANES (London).—**Recent Advances in the Treatment of Obstruction of the Nose.** *British Medical Journal, February* 9, 1889.

A PAPER read before the Harveian Society of London, January 31, 1889, which contains nothing new. Hunter Mackenzie.

https://doi.org/10.1017/S1755145500152285 Published online by Cambridge University Press

BRESGEN (Frankfort-on-Maine).—**On the Damage of Obstructed Nasal Respiration, especially in School Children.** *Zeitschr. für Schulgesundheitspflege*, 1889, *No.* 10.

IMPOSSIBLE nasal respiration produces bad development of the thorax and the lungs, impossibility of work, decrease of mental capacities, chronic catarrh of the respiratory passages, headache, etc. **Michael.**

KAMMERER, FRED. (New York).—**On Osteomata of the Nasal Cavity.** *Annals of Surgery, August*, 1889.

THE author, after referring to cases recorded by Legouest, Tillmanns, Habermaas, Mott, and Fenger, relates a case which came under his notice at the surgical clinic in Freiburg. The patient was a girl, aged seventeen, who had sustained an injury to her nose by a fall six years before. Symptoms of right nasal obstruction occurred about four and a half years after the fall. When admitted to the clinic the right nostril was completely blocked by a tumour covered with mucous membrane, which was visible both anteriorly and posteriorly, and could be felt by the finger passed behind the soft palate. On opening into the nasal cavity, the tumour was found attached to the frontal or ethmoid bone only, and this attachment was readily severed by a few strokes of the mallet and chisel. Before it could be removed the soft parts had to be reflected from the superior maxilla, about half an inch of which was then chiselled off between the infra-orbital margin and the nasal spine, after which the aperture was found sufficiently large to admit of the tumour being seized by a forceps and removed. The turbinated bones had disappeared, as also the antrum of Highmore, while the septum was deflected to the left. The orbital plate of the ethmoid and the lachrymal bones had also disappeared. The patient made a good recovery. After maceration and section the tumour proved to be an ivory osteoma, weighing $2\frac{1}{4}$ oz., in which no nucleus of spongy tissue was discernible. **Maxwell Ross.**

KRIEG (Stuttgart).—**On the Methods of Operation for Skoliosis of the Nasal Wall.** *Würtemburg Correspbl.*, 1889, *No.* 26.

THE author has operated upon 23 cases with the best results. **Michael.**

NIKIFOROW.—**The Bacillus of Rhinoscleroma.** *Archiv. für Experimentelle Pathologie, Bd.* 24, *Heft* 6.

BACTERIOLOGICAL researches upon the nature of this micro-organism, confirming the results of former examinations. **Michael.**

ABRAHAM (London).—**Nasal Meningocele.** *British Medical Journal, February* 9, 1889.

EXHIBITION of a man, aged thirty-one years, before the West London Medico-Chirurgical Society, February 1, 1889, with a meningocele, occupying the greater part of his nose, and springing from beneath the nasal bones. **Hunter Mackenzie.**

https://doi.org/10.1017/S1755145500152285 Published online by Cambridge University Press

HARTMAN.—Some Results in the Treatment of Atrophic Rhinitis with the Galvanic Current. *The New York Medical Journal*, *March* 16, 1889.

THE method of application is that suggested by Dr. Delavan, the negative pole being placed in the nape of the neck, and the positive in the nostrils, using pledgets of cotton wool on insulated wire stems. The strength of the current ought to be very mild at first, and gradually increased. The nasal mucous membrane ought to be thoroughly cleansed before the application, and the length of time varies from four to twenty minutes in different patients. Three or four sittings a week usually suffice. The author's theory of the action of the current is that it is a stimulant one, which sets up molecular change and alters the secreting functions of the tissues. Twenty-one cases have been treated; fourteen are cured, five are under treatment, and two refused to go on with it. **Barclay J. Baron.**

REYNOLDS and LOVETT.—The Treatment of Post-Nasal Catarrh by the Removal of Nasal Obstructions; with an Analysis of One Hundred and Ten Cases. *Boston Medical and Surgical Journal*, *February* 28, 1889.

THE importance of breathing through the nose, in order to warm, clean, and moisten the inspired air, is once more insisted on, and the evils of mouth breathing, necessary if the nose be obstructed, are pointed out. The various pathological conditions causing nasal stenosis are enumerated, and the paper especially treats of the methods of removal of hypertrophies of the mucous membrane of the external wall of the organ. After careful cleansing with Dobell's solution and water, a four per cent. solution of cocaine, or pure powdered cocaine in small quantity is then applied, and deliquesced chromic acid freely used. The result of cauterization with this substance is said to be sub-mucous cicatrisation, the scar of the mucous membrane being so superficial that it reproduces itself. Of 75 cases thus treated 16 were cured, 38 much improved, 2 not benefitted; 19 did not report; 16 were burnt once, 18 twice, and 12 three times. The slough separated usually in about ten days, and, if necessary, the mucous membrane was then burnt again. Thirty-three cases were treated with cleansing solution, followed by spray of sulphate of zinc, iodoform, and ether, or topical application of glycerite of tannin, or iodine and glycerine. The results were most discouraging. The above cases were mostly throat cases, the patients being unaware that they had nasal obstruction, and the presence of turbinated bodies, large enough on either nostril to cause obstruction to free nasal breathing, is the indication for removing them. **Barclay J. Baron.**

ZIEM (Dantzig). **—Intra-Ocular and Nasal Diseases.** *Monatssch. für Ohrenheilk.*, 1889, *No.* 8.

BY preventing the normal circulation nasal diseases may produce severe ocular affections. The author describes the case of a man, in whom one eye was extirpated on account of disease and failure of vision, and to whom it was said that these measures would save the other eye. But this eye was also affected, and vision much diminished. After treatment

https://doi.org/10.1017/S1755145500152285 Published online by Cambridge University Press

directed to an empyema of the antrum of Highmore, chronic coryza, and adenoid vegetations, the eye became normal again. **Michael.**

KAFEMANN (Königsberg). — **Catarrh of the Recessus Pharyngeus Medius (Bursa Pharyngea, Tornwaldt's Disease) — its Meaning and simple Surgical Treatment.** *T. F. Bergmann, Wiesbaden,* 1889, 60 *pf.*

THE author presents a complete review of the literature of the question, and agrees with Schwabach that the so-called bursa is merely a space between adenoid vegetations, and no special organ. He, however, acknowledges the worth of Tornwaldt's paper, inasmuch as he was the first who described the symptoms of the disorder, and a method of curing it. He treats the disease with the sharp spoon, and prefers that to the galvano-cautery treatment, which is often followed by dangerous symptoms. He relates twenty cases from his own practice in which he has applied this treatment with good results. **Michael.**

EULENSTEIN (Frankfort-on-Maine). — **Congenital Bilateral Osseous Occlusion of the Choanæ—Method of Operation.** *Deutsch. Med. Wochenschr.,* 1889, *No.* 39.

A PATIENT, fifty-six years old, with symptoms of occlusion of the nose was first operated upon for nasal polypi, but without success. Posterior rhinoscopy now showed that the polypi were only secondary, and that the true cause of occlusion was two membranes covered with mucous membrane which closed both posterior nasal apertures. The author now perforated the membranes, which the probe showed to be osseous, by a drill, and enlarged the opening by a nasal saw, and then by dilating with forceps. The patient was cured, and has had no recurrence of the occlusion. **Michael.**

ZAUFAL (Prag.).—**Colossal Naso-Pharyngeal Polypus.** *Centralverein deutscher Aerzte in Böhmen, July* 14, 1889.

THE polypus was of the length of eleven centimètres, and six centimètres broad. It had protruded below the soft palate, and produced difficulties in swallowing. The obstruction of the nose had dated from seventeen years before. The tumour was removed without any instrument—merely with the fingers. The bleeding was at first very slight, but some days later a hæmorrhage followed, so excessive, that tamponning with Belloq's sound had to be employed. Some blood entering the Eustachian tubes, produced inflammation of the ears. Cure resulted. **Michael.**

MICHELSON. — **1. Naso-Pharyngeal Fibroma. 2. Tuberculosis of Tongue, &c.** *Verein für Wissenschaftliche Heilkunde in Königsberg, July* 29, 1889.

THE author exhibited a naso-pharyngeal fibroma occurring in a patient sixteen years of age, and also showed a patient in whom tubercular ulcers of the tongue and larynx had been cured by injections of menthol.

Michael.

https://doi.org/10.1017/S1755145500152285 Published online by Cambridge University Press

CLUTTON, H. H. (London).—**A Case of Naso-Pharyngeal Tumour Affecting the Base of the Skull—Removal without External Incision—Recovery.** *Lancet, December* 1, 1888.

IN the case of a boy, aged fourteen years, a large fibroma, occupying the whole of the naso-pharyngeal space, was successfully removed by means of a nasal snare, and a sharp spoon. No recurrence had taken place up to date of publication (two years). **Hunter Mackenzie.**

HERYNG (Warschau).—**The Electric Illumination of the Antrum of Highmore in Empyema.** *Berl. Klin. Wochenschr.*, 1889, *Nos.* 35 *and* 36.

THE author has tried the method of Voltolini for illuminating the antrum of Highmore by electric light, and has also succeeded in illuminating the velum with good result. For the antrum he applied an instrument like Türck's mouth-gag, on which a small Edison lamp was fixed. In ten cases the diagnosis of empyema could be made, and in seven cases it was confirmed by the evacuation of pus by operation. The author then describes the details of his cases. One of them was a case of osteoma of the antrum. In this case the cavity was opened through the fossa canina, and could then be illuminated by an incandescent light introduced through this opening. In other cases there could also be introduced a small light through opening made by the trocar. **Michael.**

MICHELSON.—Diagnosis and Therapeutics of the Antrum of Highmore. *Verein für Wissenschaftliche Heilkunde in Königsberg i. Pr., Meeting June* 21, 1889.

BOTH the operation by extraction of a tooth, and that by perforation of the nasal wall, as recommended by Mikulicz, can be performed with good result. The author demonstrated two cases.

He also exhibited *two patients with lupus of the larynx.* The higher degrees of this disease usually produce very few symptoms, so that the disease is believed to be rarer than it really is. **Michael.**

JELENFFY (Budapest).—**The Question of the Cleansing of the Antrum of Highmore.** *Berl. Klin. Wochenschr.*, 1889, *No.* 35.

THE author says that often in pathological cases the opening of the antrum is much larger than is stated by Zuckerkandl from his researches. It is, therefore, often possible to fill the antrum by filling the nose with fluid during mouth respiration, and closing the soft palate by making the mouth assume the shape of a little round opening. The author believes that a wide opening into the antrum causes a predisposition to empyema. If an artificial opening is made through the nose, the procedure may be of great advantage, since cleansing can be performed by the patients themselves. **Michael.**

https://doi.org/10.1017/S1755145500152285 Published online by Cambridge University Press