NOSE AND NASO-PHARYNX.

COOMES, M. F.—Improvements in Nasal Surgery. *Kentucky State Medical Society, July,* 1888.

IN cases of stenosis, either bony or cartilaginous, the Morrison dental engine with suitable drills was most valuable, and its application was painless. Trephines were most conveniently used with the engine for the removal of certain cartilaginous and other growths. This galvano-cautery was very valuable, but the speaker knew of no instrument which was calculated to do so much injury by its improper use. He found it rarely necessary to use it in the nose. It is quite mythical to suppose it able to cure hay fever, and large areas of mucous membrane might be destroyed in the nose, leaving conditions which would set up dry catarrhs. The author mentioned a number of instruments devised by himself.

R. Norris Wolfenden.

HINDE, A. (Chicago).—**Two cases of Intra Nasal Disease.** *Medical Record, August 11th,* 1888.

(1) RHINOLITHIASIS.—This occurred in a little girl five years old, who had suffered from increasing nasal discharge for some time. In the left naris a yellow white object was plainly visible: it was movable, its surface slippery and soft, without grating sensation, and it occupied the inferior meatus. It was impossible to remove it through the anterior naris, but on attempting to rotate it, it most probably had passed beyond the posterior nasal opening and had been swallowed. This was most likely the case, because three days after, when an attempt was to be made to extract the calculus, no rhinolith could be found.

(2) PRIMARY INTRA NASAL CARCINOMA.—This occurred in a man aged twenty-nine, in whom two operations had been performed for what were supposed to be simple polypi. Latterly the case had been thought to be fibro sarcoma. When Hinde first saw him, he found complete stenosis of the right nostril, which was almost entirely filled with a gelatinous-looking vascular growth, bleeding freely on the slightest touch. There was a tumour just below the right internal canthus about the size of a hazel nut. The tumour was also seen to extend through the posterior nasal opening, and the roof of the pharynx was red and swollen. The facial growth on being removed, proved to consist of alveoli of glandular epithelial cells embedded in a matrix of connective and myxomatous tissue. Dr. Parkes removed the intra nasal growth by Langenbech's method. The growth was found to extend to the anterior ethmoidal cells. Six weeks afterwards the patient was again examined, and the tumour was again found to be growing. At the end of three months from the operation, the nasal stenosis was again complete, the condition of the patient being the same as when first seen, and the facial growth was again the size of a hazel nut. Microscopical examination proved the tumour to be of the same nature as the piece previously examined.

R. Norris Wolfenden.

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WRIGHT, J. (Brooklyn).—**A Pathological Condition of the Middle Turbinated Bone.** *Medical Record, September* 8, 1888.

THE author discusses in this paper the causes, symptoms, and treatment of the pressure exerted by the middle turbinated bone upon the septum. Though many cases occur in which the mucous membranes of the septum and turbinated bone are in contact they present no symptoms. The author believes bony pressure to be always pathological, and to give rise to more or less severe symptoms sooner or later. In these conditions there is usually atrophy of the mucous membrane, associated with condensing osteitis, and it is often associated with nasal polypus. The close apposition of the bone to the septum must be explained by the fact of such patients, when suffering from an exacerbation of their coryza, making exaggerated expiratory efforts which force upwards and inwards the middle turbinated bone against the septum. The condition becomes permanent, and union may take place between the parts. The subjective symptoms caused by this condition are headaches, neuralgia, and the various reflex neuroses. The author relates a case of spasmodic sneezing relieved by boring through the right middle turbinated with the electric trephine, and removing pieces of the bone from the middle and posterior ends. In addition to ethmoidal suppuration accompanying this condition we may have general atrophic or hypertrophic rhinitis, nasal polypi, post nasal and Eustachian catarrh, adenoid vegetations, and deviations of the septum, each of which conditions must be treated before attempting relief of the turbinated pressure. Sometimes the author has made use of scissors, and has sometimes succeeded in enclosing the bone in the loop of a snare by forcing it between the septum and bone by means of a notched probe. This operation is not desirable, however, since it destroys the whole middle turbinated bone, and should only be undertaken in order to remove obstruction to free drainage in extensive suppurative inflammation of the ethmoid cells, frontal or maxillary sinuses. The author prefers the use of the nasal trephine, worked by the electro motor, making openings through the bone, so as to honeycomb it when the line of contact can be broken by forceps, probes, scissors, or snare. Even when the operator has not succeeded in removing the bone from its contact with the septum, excellent results are obtained by breaking up the firm bony framework and relieving the pressure. The bone must also be forced away from the septum by tampons. After treatment is most important

R. Norris Wolfenden.

ROE, J. O. (Rochester).—**The frequent dependance of Persistent and so-called Congestive Headaches upon abnormal conditions of the Nasal Passages.** *Medical Record, August* 25, 1888.

IN one case headache which had lasted for fourteen years was cured by removal of a bony ridge from the septum which pressed firmly into the middle turbinated body. Another case of severe occipital pain with intermittent chest pain, in which the same condition existed, with the removal of the nasal abnormalities the pains were cured. Details of five other cases are given, successfully treated by the removal of intra-nasal hypertrophy. The author regards these headaches as reflex, and discusses

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the physiology of their origin. With regard to the pain, this varies from a dull ache to neuralgia ; it may be intermittent, transient, recurring at intervals, or may be persistent and continuous. In the latter case it is generally due to constant pressure between parts which are found to be more or less bony or firm ; when transient the pressure is between soft tissues, and with the subsidence of the engorgement the pain disappears. The location of the pains in the head has no constant relation to the disease, nor to its seat in the nose, but from the inferior turbinated body and lower portion of the septum the pain is oftenest reflected to the lower and posterior portions of the temporal, parietal, and occipital bones. Pain originating from the region of the middle turbinated bone is commonly referred to the temple, sometimes invading the whole region from the nose to the parietal eminence, and extending to the vertex. Pain originating in the superior turbinated region is commonly felt in the frontal and supra-orbital regions, sometimes completely surrounding the eye, or centred in the back of the eye-ball. In all cases of persistent congestive headache, the nasal passages should be carefully examined ; in case there is pronounced nasal irritation and the absence of any constitutional cause, or drugs fail to control it, we have presumptive evidence that the condition originates in the nose. The treatment consists in the removal of the intra-nasal causes. **R. Norris Wolfenden.**

BISCHOFSWERDER (Berlin). — **On Primary Rhinitis Fibrinosa.** *Archiv. für Kinderheilkunde. Band* 10, *Heft* 2.

A REVIEW of cases reported, with communication of two original cases. **Michael.**

FARAVELLI and KRUCH.—The Relation between Diseases of the Lachrymal Apparatus and Diseases of the Nose. *Pavia.* 1888.

PLATNER, Desmarres, Schinner, Rampololi, and Wieden have occupied themselves with this subject, and Bresgen has a few allusions to it. Ziem, Harrison Allen, Gruening, and Bosworth also refer to it. Faravelli and Kruch, from their investigations, arrive at the following conclusions :—

1. Diseases of the lachrymal apparatus arise in the greatest number of cases from nasal conditions.

2. The most frequent cause is circumscribed or diffused hypertrophy (growths included), simple atrophy, deviations of the septum, acute catarrhal rhinitis and ozœna are also causes. **Massei.**

SCHUSTER (Groningen).—**Contribution to the Study of Empyema of the Frontal Sinus.** *Monatssch. für Ohrenheilkunde*, No. 10, 1888.

IN two cases the author diagnosed from headache and feeling of pressure in the frontal sinus that there was empyema of the frontal sinus, and he applied the probe in the manner recommended by Jurasz ; he then introduced a cannula in the same way, removing the pus and injecting antiseptic fluids. By the injection of air through the cannula, the discharge of pus was much relieved. Both cases were cured. **Michael.**

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KRIEG.—On Empyema of the Antrum of Highmore. *Würtemberg Med. Corresp. Blatt.*, Nos. 34 and 35, 1888.

THE author describes twenty-three cases of this disorder, in nearly all of which the cause was due to carious teeth. He recommends the extraction of the bad tooth and perforation of the antrum through the alveolus. One of the cases was of great interest, because the case was one of acute empyema of the antrum occurring in the author himself. The condition originated in an acute coryza, great pain suddenly occurring in the upper jaw, followed by swelling of the skin and a feeling of weight in the antrum. Perforation was performed, and there was a sudden copious discharge of yellow viscid secretion through the nose, which was followed by instantaneous relief and speedy cure. Some years after the author had two relapses of the condition. **Michael.**

NIEDEN.—The Connection between Diseases of the Eye and Diseases of the Nose. *New York Med. Jour.* July 14th, 1888.

HE considers that one of the chief causes of anisometropia lies in the general symmetry of the orbital and nasal region and cavities which is so often found to exist. He also recognizes the fact that various affections of the eye are due to a previously diseased condition of the nasal mucous membrane. Some of these processes are propagated by direct intermediation of the nasal portion of the lachrymal canal, and so introduce infectious inflammation of the neighbouring lining membranes that are similarly constructed. Reflex processes, excited by the nerves of the nasal mucous membrane, also give rise to reflex sympathetic affections in the eye and its neighbourhood. These reflex processes depend upon the anatomical fact that both cavities are supplied by twigs of the first and second trigeminal branches of the naso-ciliary and spheno-palatine nerves. They can also be explained by the associated action of the ciliary and rhinic ganglia. Nieden thinks that chronic inflammation of the nasal mucous membrane, in which a thin secretion desiccates upon the surface in the shape of brown or greenish crusts of dried mucous, which readily decompose and give rise to the repulsive characteristic odour, together with the atrophy of the turbinated bones, are considerably influenced by the absence of the constant though slight moistening of the nasal passages normally excited by every motion of the eyelids. The development of chronic rhinitis into ozœna is largely due to the absence of this regular lachrymal secretion. He considers that phlyctenular keratitis almost invariably has its origin in a disease of the nose, and that the trouble can only be permanently and certainly relieved when simultaneously the pathological condition of the diseased mucous membrane of the nose has been treated and restored to its normal state. Nieden concludes his paper by reporting in detail four very interesting cases :—The *first* was a case of polypus, starting from the upper portion of the nostrils, first perforating the median left and then the right orbital wall, and causing bilateral exophthalmus, and finally death, with cerebral symptoms. The *second* case was one of myxo-sarcoma of the mucosa of the superior nasal sinus, rupture of the ethmoid plate, extension of the cranial cavity, and thence to the base of the brain and into both orbits, with neuro-retinitis, bilateral

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exophthalmus, amaurosis, and death in coma. The *third* was a case of chronic empyema of the right frontal sinus and ethmoid labyrinth, with rupture into the right orbit, dislocation of the eyeball outward, and direct communication of the abscess with the nasal antrum. The *fourth* was a case of diffuse hypertrophy of the nasal mucous membrane, empyema of the maxillary sinus, infra-orbital neuralgia, right blepharospasm, with a cure following evacuation of the abscess and cleansing of the nasal and maxillary cavities.

R. Norris Wolfenden.

GRADLE.—Ocular Symptoms due to Nasal Disease. *New York Med. Jour.*, July 14th, 1888.

HE presents his observations in the following order:—1. Lachrymation is not infrequently the result of nasal disease, without primary lesion of the tear-passage or of the eye. In some instances the persistent and annoying epiphora follows an acute attack of nasal catarrh. In other cases the lachrymation varies with the season, and is preceded by the signs of irritation of the front part of the nasal passages. It is probable that the flow of tears is increased in a reflex manner by the nasal irritation. 2. A marked type of ocular trouble of nasal origin is presented by a combination of a feeling of fulness of the lids and itching, with or without lachrymation, sometimes with more or less pain in the eyes. The ocular symptoms may be intermittent, remittent, or persisting for weeks or months. The diagnosis of nasal reflex is strengthened in such cases by the fact that the correction of any existing refractive anomaly is insufficient to remove the annoyance. Whenever in such instances the eye-strain is persisted in, there usually follows a congested condition of the conjunctiva. In all these cases the nasal disease consists of irritability of the blood vessels in and beneath the mucous membrane on the anterior end of the inferior and middle turbinated bones, and in rare cases the upper and forward part of the septum. Distant reflexes, which sometimes involve the eyes, may arise from almost any part of a diseased nose or throat, but the great majority of nasal reflexes depend on the anomaly termed "irritable nose," with sudden engorgement of the nasal blood vessels. In some instances the irritability of the nose depends upon the presence of some other lesion. Polypi may play this rôle of primary factor, but more often it is a catarrhal inflammation of the nares. In these instances a four per cent. spray of nitrate of silver once a day, preceded by a spray of cocaine, gives relief to the patient. Where there is much discharge, it is better to remove it first by means of a douche of bicarbonate of sodium. Where no cause can be found for the nasal irritability, the only means of relief consists in the destruction of the cavernous tissue, and where the vascular tissue is not much hypertrophied this may be done by chromic acid. The galvano-cautery is more thorough in its action, provided a strong current is employed. 3. Another type of ocular disturbances, also characterized by itching and discomfort in the lids, is peculiar in the periodicity of the attack. The trouble begins between May and July every year, and terminates promptly with the first cold days of autumn. A peculiar conjunctival lesion forms during the course of this affection, appearing first as a slight follicular enlargement, and ending in

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the formation of large, flat, yellowish, follicular granules. 4. A somewhat different type of symptoms results in those instances in which there is less itching or the lids, while photophobia, with or without pain, is more prominent. Such eyes are often bloodshot. There may be more or less asthenopia and lachrymation. 5. In other cases there may be a more or less marked injection of the circumcorneal vessels. 6. Sudden congestion of the lids, varying from an erysipelatoid condition to a mere superficial erythema, is not very uncommon in patients with irritable noses. The attack resembles genuine erysipelas, but it does not spread, and, as a rule, is not accompanied by much rise in temperature. It may last from two to six days, and is followed by more or less desquamation. After its first occurrence it is apt to return at intervals of months or years. 7. In other instances vaso-motor reflexes occur in the form of sudden œdema of the lids. The attack lasts only a few hours, or at the most, a day. **R. Norris Wolfenden.**

MICHELSON.—A case of Fibroma of the Naso-Pharynx. *Verein fur Wissenschaftliche Heilkunde in Königsberg*, 14th May, 1888.

THE tumour in question was removed with the galvano-caustic wire. Two patients were also shown by Michelson with deformities of the nose, resulting from cicatricial processes. **Michael.**

LARYNX.

JACQUES.—Intubation of the Larynx in Croup. *Paris. August*, 1888.

INTUBATION is superior to tracheotomy, and should be performed upon all patients under $3\frac{1}{2}$ years of age. The author, however, realises that the operation presents some inconveniences, and that in certain cases tracheotomy becomes indispensable. **Joal.**

O'DWYER (New York).—**Intubation of the Larynx.** *Deutsch. Med. Woch.*, No. 46, 1888.

A RECOMMENDATION of this surgeon's well-known method, already fully discussed in this journal. **Michael.**

JELENFFY. — On the Anatomy, Physiology, and Pathology of the Laryngeal Muscles. *König. Gesellsch. der Aerzte in Buda-Pest*, 27 October, 1888.

THE author agrees with Krause that the so-called posticus paralysis is caused by irritation, and contradicts the theories of Semon as to the existence of primary paralysis of the abductors. **Michael.**

HOOPER, FRANKLIN H.—Effects of varying Rates of Stimulation on the action of the Recurrent Laryngeal Nerves. *Reprinted from the New York Med. Journal, November* 3, 1888.

PROFESSOR BOWDITCH and the author have previously recorded the fact that the rate of stimulation of these nerves is an important factor

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