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NOTE.

IT is with great regret that the editors of the JOURNAL announce the retirement of Dr. Milligan after so short a time, and they are equally convinced that their regrets are shared by the subscribers to the JOURNAL. At the same time they wish to tender their hearty thanks to Dr. Major for his able assistance as collaborator, and to express with sincerity their sorrow that his health precludes his remaining with them longer.

RETROSPECT OF THE YEAR 1895.

NOSE AND NASO-PHARYNX.

Although, during the past year, there has been, if possible, more work than usual done in this section, yet, maybe, it is less absolutely original than usual, the larger discussions being more an elaboration of the methods of treatment already in vogue, with more precise ideas as to their uses and relative applicability.

Atrophic Rhinitis.—Hajek ("Sixty-sixth Cong. Berlin Nat. and Phys.") distinguishes between atrophy and pseudo-atrophy of nasal mucosa; in the latter only is there hypertrophy of the middle turbinated and middle meatus, and in typical atrophy disease of the accessory cavities is rare. Sanger ("Therap. Mouth," Oct., 1894) believes broadness of the nose to be the cause of ozæna, and recommends artificial narrowing of the meatus by vulcanite diaphragms. Cheval ("Journ. Laryng.," Nov., 1895) advocates cupric electrolysis in this disease, and J. P. Clark ("Boston

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M. and S. Journ.," Oct. 3, 1895) points out that atrophic rhinitis is more common in phthisical than in non-phthisical people.

Purulent Rhinitis in infants is said by Dedieu ("Thesis de Paris," 1895) to be due to the gonococcus. Tilley ("Lancet," Oct. 12, 1895) reports three cases of parosmia, which he treated with local applications of strychnine, curing one and relieving another. C. Jones read an extremely instructive paper on *Turbinotomy in Relation to Deafness* at the British Medical Association meeting in August, believing the hypertrophic mass kept up Eustachian catarrh, by acting as a foreign body. Coakley describes a case of *Syphilitic (inherited) Osteomata of the Turbinates*, which were improved by anti-syphilitic treatment.

Collier ("Med. Press and Cir.," Nov. 20, 1895) contributes a most valuable paper on *Chronic Nasal Obstruction*, in which he demonstrates the suction action in a closed nostril by the act of inspiration through the patent one. When a concavity is found in the septum it is pathognomonic of nasal obstruction at night, even if there is none present during the day.

Wolfenden showed two interesting cases of *Malformation of the Pharynx* ("B. L. A.," June, 1895).

Thomson and Hewlett, in a paper ("Med. Chir. Soc.," May 28, 1895) on *Micro-Organisms*, say the vestibule contains micro-organisms, but they are exceptional elsewhere.

Scheff ("Berlin Nat. and Phys.") thinks he has proved the middle meatus is that used for respiration.

Septum.—Romper ("Monats. Ohrenheilk.," Nov. 9, 1895) reports a case of *Lipoma of Septum.*

Bresgen recommends electrolysis in deflections of the septum and thickenings of the nasal mucosa in delicate people when radical measures are contra-indicated.

Mayer ("N. Y. Acad. Med.," Oct., 1895) reports a case of *Asthma, with maniacal attacks*, cured by removal of a septal spur.

Freudenthal reports a case of *Hæmorrhage from an Angioma of Septum* ("N. Y. Acad. Med.," Feb., 1895).

Casselberry ("Amer. Laryng. Assoc.," June, 1895) discusses very fully the indications for the use of *Electrolysis for the reduction of Nasal Spurs.* He obtains good results even in bony spurs.

With regard to the accessory sinuses there has been little original work done, though, as previously stated, the indication for operation and applicability of recognized methods of treatment have been brought to a focus. The year has seen many fruitful discussions at societies and congresses, notably in America, France, Germany, and England. At the London Laryngological Society the discussion was kept entirely to the treatment of empyema of the antrum of Highmore, and was not productive of any markedly original matter, the various speakers adhering more or less to their previously expressed and well-known opinions.

Frontal Sinus.—Luc (558), following Collier closely, has obtained almost equally brilliant results, the chief difference between the two operations being in the incision, Luc's being L-shaped. Moure (565) lays

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great stress on latent empyema being more frequent than is generally supposed, and advocates the removal of the anterior end of the middle turbinate in order to permit of free drainage from the sinus. Kahn (781) showed a specimen of necrosis of the frontal sinus. Schech (781) considers pain on pressure of the lower orbital wall is a valuable symptom in latent frontal empyemata.

Ethmoidal Sinuses.—Grünwald still supports the views originally advanced by Woakes, which he considers he has demonstrated conclusively. All authorities are agreed that in disease of this sinus removal of the anterior extremity of the middle turbinate is necessary as a preliminary measure. Gleitsmann has invented a most useful instrument by which this may be most easily accomplished, one which is superior to most of, if not all, its predecessors; Bosworth ("Journ. Laryng.," 471) has reported a case in which death occurred shortly after the ethmoidal cells had been attacked by means of the burr, and it seems not unreasonable to suppose that the sequel in this case was not entirely uninfluenced by the treatment. Bryson Delavan, Schaefer, and others use scoops or curettes to break down the partitions between the cells and to remove disease. All these authors, as well as others not quoted, agree that the important point is that the dependent opening shall be of sufficient magnitude, forceps being used for this purpose. Bosworth recommends that after his operation the patient be not allowed to blow the nose for some time afterwards. Macdonald advocates the following ingenious method of irrigating these cavities. The patient lies down on his back in the head-down position; the irrigating fluid is then poured into the nostrils, where it is allowed to remain for a short time.

Sphenoidal Sinus.—Krause (643) maintains that it is easy, or at all events not difficult, in a large proportion of cases, to introduce a probe into its cavity. Hajek says ("Wein. Laryng. Ges.," June, 1895) that the presence of pus in the fissura olfactoria is pathognomonic of suppuration in this sinus if it is not caused by a local process.

The antrum of Highmore has received an enormous amount of attention, there being, perhaps, a greater tendency to conservative surgery here than elsewhere amongst the accessory sinuses. Semon ("Lond. Laryng. Soc."), Ziem ("Journ. Laryng.," Oct., Nov., Dec., 1895), and, perhaps, Mackenzie ("Journ. Laryng.," 629) spoke most loudly against too radical measures.

Antrum of Highmore.—J. W. Mackenzie considers Freeman's operation the best intra-nasal method of dealing with suppurative disease of this cavity, although for various reasons he does not accord it the first place, chiefly as it is impossible for the patient to carry out his own treatment. It is often painful, and by no means universally applicable. He is in favour of the alveolar operation as a rule, believing the chief cause of the trouble arises in connection with the teeth.

W. H. Daly enters the antrum above the first molar in chronic cases. He also recommends as an antiseptic the following mixture:—Oil of eucalyptus, one part, and nine parts of Friar's balsam. He has often seen fairly acute inflammation after these operations. De Roaldes ("Brit. Laryng. Assoc.," July, 1895) has made some very interesting observations

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with regard to the rarity of inflammatory affections of this cavity in the negro race compared with that of the white races. Stoker ("Brit. Laryng. Assoc.," July, 1895) expects to obtain brilliant, or, at all events remarkable results by the oxygen treatment, basing his deductions on investigations in open wounds, in which the presence of micro-organisms, rather contrary to the general idea, act beneficially. He has at present, however, recorded no cases. Ziem ("Journ. Laryng.," Oct., Nov., Dec., 1895), in a most admirable monograph, reviews the history of the various operations, commencing in the last century; next deals with the various accidents liable to be met with, dealing especially with the dental burr. The objections against Cooper's method are: a sound tooth is often sacrificed; the space is not sufficient; re-infection may take place from the mouth. He deals with these objections *seriatim*, showing how even local anæsthesia is not necessary, and that, by means of a force-pump, washing out can be accomplished through the smallest opening. He has even in one case penetrated to the depth of forty-five millimètres without striking the cavity. One should always work slowly and carefully. Another thing he is very emphatic about is that by far the best irrigating fluids for this purpose are boiled water, Tavel's solution, or a weak solution of Kreuznack salt—that is to say, he is in accord with Krieg that chemistry will not assist us here. Most unfortunately, he gives no detailed statistics of his cases. He also points out that fluid is able to escape quite freely from the antrum if the normal opening is patent.

R. Lake.

PHARYNX.

In our last retrospect we pointed out that each year's review of the work done was a matter of increasing difficulty, and the same might be said again. Every part of the upper respiratory tract has been more and more investigated, details and elaborations are constantly being recorded, and a retrospect covering the whole ground would occupy more space than we have at our disposal. The importance of etiology is being more than ever recognized, and it is extremely interesting to note the change which has come over our views on the subject from the literature of the past year. The most important work of all, of course, has been shown in the influence of bacteriological research, which in this department, as in many other branches of surgery, has practically revolutionized our ideas of causation. Not only is this the case, but the reports of recent discussions and papers during the year show the keenest interest centred in the classification of disease.

Prof. Fraenkel, of Berlin, and Macintyre, of Glasgow, introduced a discussion upon the *Causation of Follicular Tonsillitis* at the summer meeting of the British Medical Association, and the remarks which followed showed how much the majority of observers are impressed with the importance of studying the pathogenic micro-organisms to which most acute affections are now attributed, although their identity has not yet always been established. No doubt, as pointed out elsewhere, the subject of greatest interest in diseases of the region has been associated

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