NOSE, NASO-PHARYNX, &c.

POTIQUET.—Critical Study of Caseous Coryza. *Gaz. des Hôp., February* 2, 1889

THE author vigorously attacks the opinion of Duplay, who, in 1874, in his treatise on pathology, described a caseous coryza, founding his description on five cases. Potiquet says that of these five cases, one was probably a case of suppuration of the maxillary sinus, two resembled rhinoliths, and two others resembled follicular cysts of the superior maxilla. He then criticises the observations published by Périer, de Bournonville, d'Azambuja, Cozzolino, and concludes that the term "caseous coryza" is an artificial conception, due to errors of diagnosis or inexact appreciation of facts, and that it ought to be abolished. **Joal.**

POTTER, F. H. (Buffalo).—**Notes on the Treatment of Acute Coryza.** *Buffalo Med. and Surg. Jour., January*, 1889.

THE author condemns the practice common in America of sleeping with the windows open. All the lower animals by burying the nose into the body endeavour to get warm air inspired. Rapid cooling of the body also leads to the development of colds. Another hygienic measure of great importance is taking a cold bath in the mornings. Proper clothing is also necessary. It is a mistake to condemn the neck-scarf in all cases. It should be worn by certain patients according to the temperature of the day. Chronic diseases of the throat or nose should be treated. If a cold comes on towards evening, a hot bath should be taken, followed by 1/100—1/60 grain sulphate of atropia. If the latter disagrees even in reduced dose, quinine (about ten grains) may be substituted. During the next day the nose and throat should be washed out with warm alkaline spray or douche, the turgescence of the nasal tissues be reduced with cocaine, and the entire surface be covered with a coating of an unirritating oil, of which the best is oleum petrolina. This should be done about three times a day. If the cold is first noticed in the morning the treatment should be reversed, local treatment being given during the day, and general treatment at night. Colds so treated will only last a couple of days, whereas if left alone they will take two or three weeks.

R. Norris Wolfenden.

ASTIER.—Lactic Acid in the Treatment of Nasal Affections. *Rev. Clinique et Thérap., February* 7, 1889.

THE author has employed lactic acid for a year with success in the treatment of hypertrophies of the nasal mucous membrane. The solution is introduced into the nasal cavities on a wool tampon fixed to the end of a stem, and vigorous friction movements are made over the whole extent of the turbinated body. The susceptibility of patients varies. Astier employs a solution ordinarily of 10 grammes of lactic acid to 15 grammes of water.

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If there is excessive reaction the application should be made only every three days ; in cases, however, in which there is insignificant inflammation it may be applied daily. In five-sixths of such cases the treatment is completely successful, and should be continued for a time varying from two to six weeks. At the end of this time it would be necessary to employ the galvano-cautery, the application of which, though more energetic, is more painful, and often provokes great hæmorrhage. Lactic acid gives good results also as a modifier of diseased surfaces, in cases of suppuration, of formation of crusts in the nasal fossæ. In seven cases of true ozæna the author has obtained marked benefit with this application. **Joal.**

SETTERBLAD.—Bleeding from the Nose. *Swedish Medical Society, Stockholm, June* 19, 1888.

THE author related a case of a young girl aged ten, with heart disease, in whom the blood was sometimes seen to spout vigorously from a ruptured artery at the anterior part of the septum. **Holger Mygind.**

FAUCHON. — Irrigations with Citron Juice in severe Epistaxis. *Bulletin Thérapeut., December*, 1888.

THE case of a patient attacked with bleeding from the nose, for which had been employed compresses of cold water to the forehead, tamponning anteriorly the nasal fossæ, irrigations of hot water, and which was finally arrested by injections of citron juice by means of a small glass syringe. **Joal.**

CHARAZAC.—Rhinoliths. *Rev. Médicale de Toulouse, August*, 1888.

THE centre of the calculus is generally composed of a foreign body which has been introduced intentionally into the nasal fossæ, or which has penetrated the choanæ from vomiting. Around the foreign body are deposited calcareous concretions, carbonate and phosphate of lime. Rhinoliths cause a unilateral purulent, fœtid flow—sometimes tumefaction of the nose, headaches, epistaxis, and different nasal reflexes. **Joal.**

SEILER, C.—The Surgical Removal of Gummatous Growths in the Nasal Cavities. *Int. Journ. of Surgery and Antiseptics, April*, 1888.

THERE are circumstances in which the general rule not to remove such growths surgically may be departed from. The author relates two cases in which he operated. In one case purple red, soft elastic growths sprang from each side of the septum, occluding the left nasal cavity completely, and the right partially, obstructing respiration, and accompanied with head pains, especially on the left side. The growths looked like sarcoma. They were scraped off with a sharp spoon, with very little bleeding or pain. Microscopically, the growths proved to be gummatous. The author was afraid on discovering the nature of the tumours that his surgical interference would lead to extensive ulcerations, but the patient rapidly recovered. The second case showed reddish masses of tissue springing from each side of the septum, and occluding the nares, and the had constant headache, sleeplessness, and muco-purulent and offensive

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discharge from the nose. She had been for a long time under treatment for syphilis. The growths were removed, as in the previous case, by the sharp spoon. Two months after the growth had recurred. It was again scraped off, and by frequent treatment has been prevented from again recurring. The nasal cavities are now free from obstruction, and there has been no ulceration anywhere.

The history of these two cases teaches the author "that when a "gummatous growth is situated so as to interfere by its presence with "the physiological function of an organ, and it is possible to remove the "tumour by surgical means, thereby establishing the normal functions of "the organ, it is better to proceed surgically than to wait for the often "slow action of internal medication." **R. Norris Wolfenden.**

ROSENTHAL.—Malformations of the Nasal Septum, and their Surgical Treatment. *Thès., Paris*, 1888.

FROM researches upon the cadaver the author divides malformations into six kinds :—

1. Simple curvature without thickening.
2. Curvatures with thickenings or spurs.
3. Sigmoid deflections in vertical or antero-posterior direction.
4. Sigmoid deflections of one or other kind, with spurs.
5. Spurs without deviations of the septum.
6. Zig-zag deviations.

The author's anatomical researches have been conducted on 11 fresh crania, upon which he has made diverse sections, and on 2018 crania besides, in the Museum of the Anthropological Society of Paris. The etiology of the affection is very variable—*e.g.*, traumatism, obstruction of a nasal fossa, faults of development, &c. The author reviews the different methods of treatment in vogue. **Joal.**

STRAZZA.—A Rare Case of Tumour of the Nasal Septum. *Annales des Mal. du Larynx, December*, 1888.

THE case of a child who attended Gougenheim's clinic at the Lariboisière fifteen days after having fallen upon the nose. In the left nasal fossa a tumour was found implanted upon the septum, with a very large base. After having penetrated into it with a Pravaz syringe, thin rosy-coloured liquid was drawn off. Three days after this the operation was repeated, then the patient blew out a small piece of clot and was cured. The case was a hæmatoma of the septum, interesting on account of the nature of the fluid drawn off, which did not permit one to think of sanguineous origin. **Joal.**

GARRIGOU-DESARÈNES.—The Treatment of Deviations of the Nasal Septum. *Journ. de Méd. de Paris, February* 3, 1889.

AFTER studying the etiology and symptomatology of this condition, and indicating the sanguinary operations sometimes necessary for its cure, the author describes a new instrument which he has devised, composed of two blades, with corresponding convexity and concavity, which are placed in each nostril ; these two blades are tightened by a screw, and

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break the cartilage. Ordinarily the author leaves the instrument *in situ* for about five minutes, then makes antiseptic irrigation and places in the obstructed nostril small lamellæ of laminaria. The operation is painful only at the moment of fracturing the cartilage. **Joal.**

ROBERTSON, WILLIAM (Newcastle-on-Tyne).—**A Plea for the use of the Rhinoscope.** *Lancet, August* 18, 1888.

NOTES of two cases. In one, tertiary syphilitic ulceration of the posterior nares, causing deafness, was found. In the other, a nasal polypus in the same region was discovered. In both cases discovery of the lesions indicated appropriate and successful treatment. **Hunter Mackenzie.**

RANGÉ.—Tornwaldt's Disease and the Bursa Pharyngea. *Bulletin Médicale, January* 13, 1889.

THE author has made numerous rhinoscopical examinations, and has made anatomical researches upon seventeen subjects, and at the spots indicated by Luschka and Tornwaldt he has not found any cavity which can be differentiated by any special characters from other glandular crypts. On the posterior wall of the pharynx he has not found anything recalling the ampulla of fifteen millimetres, which Luschka calls the *bursa pharyngea.* He thinks also that there cannot be a question of "bursa" in any sense of the word, even admitting that the term "bursa" designates a broad and superficial recess (Ganghofner), for this median recess is far from representing any anatomical constancy in adults. **Joal.**

ANNANDALE (Edinburgh).—**The Removal by Operation of Naso-Pharyngeal Tumours.** *Edinburgh Medico-Chir. Soc., January 16, 1889.*

HE described an operation which he had lately employed with success in three cases of this kind. Though some of the steps were not original, it had not as a whole been practised before. It consisted in the free exposure of the anterior nares by the separation of the upper lip from its attachments, and by division of the nasal septum. The hard palate was then sawn through, the soft palate divided, and the two superior maxillæ forcibly separated. It was found that this forcing apart of the jaws increased the available space to a remarkable degree. In the cases where he had operated, he reckoned there was a clear gain of one inch. The finger was thrust through the gap and the connections of the mass exactly ascertained. The tumour might be dragged away by the finger or by forceps, or scraped with a sharp spoon. The space was then plugged antiseptically, and the hard and soft palates brought together. Professor Annandale claimed for the method the following advantages: (1) It was simple and produced no deformity. (2) The procedure formed the preliminary stage for further operation, if it were deemed necessary to remove the whole or part of the upper jaw. (3) The central section was accompanied by less bleeding. He had already removed three tumours in this way. The first, a fibroma, bled so much that transfusion had to be performed about ten hours after the operation; but the patient made a good recovery and was now well. The second case was that of a young man,

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on whom he had operated when in America, at the International Congress. The tumour turned out to be a sarcoma, and recurrence had taken place. The third was a lad from whom he had removed a fibroma of considerable size. This patient was shown with the wound practically healed.

Prof. SIMPSON said he had seen Middledorpf, of Breslau, operate a great many years ago on a tumour such as those described by Prof. Annandale by means of the galvano-caustic wire. Mr. Annandale's paper was of value because of the original procedure he had devised for getting access to the root of the disease. It was new to him that so much space could be gained splitting in the centre the palatal portions of the superior maxillæ, and he considered a supplemental anatomical research would add to the value of the paper.

Mr. CATHCART thought the amount of space gained depended on the age of the patient. With a full grown hard skull it would be very difficult to wrench aside the cut parts to such an extent, but with a young skull he thought it would be easy. A greenstick fracture bending the wings of the sphenoid and the zygomatic arch probably occurred. One advantage over the galvano-caustic wire of this operation was that they could be pretty certain of getting away the whole of the gowth. He did not, however, know whether recurrence had been observed after the use of the wire. He asked Mr. Annandale if he did not think he could accomplish all he desired by incising the soft palate alone. If he could do so it would be a great gain.

Dr. MACKENZIE JOHNSTONE said Prof. Annandale had brought before them three successful cases, but the statistics of these cutting operations were very formidable. He considered that since the introduction of cocaine a large amount of space for manipulative procedures could be obtained behind the soft palate, and that therefore no case should be submitted to the cutting operation till these manipulative procedures had been tried and had failed.

Mr. ANNANDALE said Esmarch and the American surgeons who witnessed his second operation were astonished at the amount of space gained. Before he tried it in his first case he asked Sir William Turner if it could be done in the dead body, and was told it could not. Division of the soft palate had been tried and had failed to give the necessary access. His best answer to Dr. Mackenzie Johnstone was the fact that his third case had been sent to him by Dr. M'Bride. He believed that in the majority of these cases a cutting operation would be found necessary.

Maxwell Ross.

NETCHAIEFF, Dr. PIOTR M. (Moscow).—**On Reflex Neuroses Depending upon Naso-pharyngeal Disease.** *Meditzinskoïe Obozrenïe, Nos.* 9 *and* 10, 1888, *p.* 864.

The author describes, with minute details, three cases of an extremely instructive kind.

CASE I.—A well-made and well-nourished busy advocate, aged forty, had been enjoying excellent health up to November, 1886, when one day, after much excitement and anxiety in connection with some professional

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affairs, he had been suddenly attacked by aphasia with numbness and pricking about his right hand, right cheek and tongue. In a couple of minutes, aphasia had permanently disappeared, but from that time he had commenced to suffer very often from attacks of numbness in the said parts, associated with twitchings about the left eye. The paroxysms had been induced especially by any attempt at reading or writing, which had been invariably followed, in about ten or fifteen minutes, by the feeling of excessive fatigue, obfuscation of sight, and numbness. Ultimately the gentleman had become utterly unable to work, and hence had fallen into a state of profound hypochondriacal depression. After having been unsuccessfully treated by a series of doctors, he sought at last, in the summer of 1887, Dr. Netchaieff's advice. A minute physical examination failed to detect anything abnormal about the patient's organs, except a slight nasal catarrh, from which he had been suffering of late fairly frequently. The naso-pharynx, however, was not examined on that occasion. The gentleman's state remained about the same up to February 1, 1888, when the author was hurriedly summoned to him on account of an extremely severe attack of numbness and pricking pain, which this time appeared in the left hand and cheek, and were accompanied by a peculiar sensation about the head, aural noises, cardiac pain and palpitation, and general prostration. A careful examination again and again did not elicit anything wrong, except an apparently trifling catarrhal rhinitis and pharyngeal catarrh with a scanty mucous expectoration. Luckily for the patient, the nasal cavity was looked into this time. There were found, general congestion of the mucous membrane, especially pronounced on the nasal septum and the fornix of the cavity; considerable enlargement of the right middle turbinated body with stenosis of the corresponding meatus; slight injection and atonic state of the pharyngeal mucous membrane; and a papilloma, of the size of a cherry stone, situated between the left Eustachian tube and choanæ. Having now arrived at the conclusion that the patient's sufferings might be, after all, caused by the naso-pharyngeal lesions, the author painted the whole cavity with a 10 per cent. solution of cocaine. A striking relief followed almost immediately. About ten days later, the hypertrophied tissue over the turbinated body was removed by means of a galvano-cautery. On the next day, the gentleman was found to be in excellent spirits and free from all traces of his former sufferings; he was now able to work without any fatigue, etc., and he has remained perfectly well ever since.

CASE II.—A lean, but generally healthy, merchant of thirty-eight had been suffering since his twentieth year from frequently recurring (four or five times a year) angina and catarrhal rhinitis, accompanied with fever, and usually with moderate nasal bleeding, and since his twenty-third year from most agonising spasms of the gullet, occurring especially on swallowing fluids, and associated with an extreme difficulty of breathing, and sensation of immediate suffocation. Of late the spasms had been occurring even on the patient swallowing his saliva, and sometimes on his performing rapid movements. Notwithstanding his having been incessantly under treatment (by all possible means), the man "had been living in an unabated intolerable fear of death from suffocation." The

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examination (by the author) revealed nothing abnormal, except an enlargement of the right inferior turbinated body and chronic swelling of the right half of the posterior wall of the pharynx. To elucidate the matter, Dr. Netchaieff painted the pharynx with the cocaine solution, and then made the man swallow a mouthful of water. No spasms occurred. The parts were, without delay, thoroughly burned with a galvano-cautery, Several hours later all the symptoms disappeared, leaving no traces. Recovery proved to be permanent.

CASE III.—A well-nourished and generally healthy-looking married lady of thirty-eight applied to the author on account of attacks of dyspnœa, palpitation, headache, and giddiness of one and a half year's standing, induced by any attempt at walking, and intensified during her catamenia, all possible treatment having proved of no avail. The only physical morbid change found by the author was an enlargement of the right lower turbinated body. Two applications of chromic acid were rapidly followed by a complete and permanent recovery.

Discussing his interesting cases, Dr. Netchaieff dwells mainly on the following points :—(1.) The cases represent typical instances of reflex neuroses, starting from a neglected diseased state of the naso-pharynx. Case I. is that of an intermittent one-sided reflex spasm of cerebral vessels, with consecutive anæmia of the corresponding hemisphere. It is yet unique in international literature. The same may be said in regard to the Case II., characterised by reflex œsophageal spasm. (2.) Anatomy and physiology furnish a satisfactory explanation for the mechanism of the neuroses. The turbinated mucous membrane contains the so-called cavernous bodies (Zuckerkandl), regulated mainly by the spheno-palatine ganglion (Aschenbrandt). The latter structure constitutes a link, communicating the sensitive nerves of the nasal mucous membrane (supplied by the first and second branches of the fifth nerve) with the carotid plexus and vagi. Irritation of the trigeminus (Kratschmer) and olfactory (A. Gurevitch) regions of the nasal mucous membranes gives rise, in a reflex way, to an expiratory tetanus and retardation of the cardiac action, with increased arterial tension. It is well known, further, that the nasal circulation stands in an intimate connection with the cerebral one. The same holds true with regard to the lymphatic tracts (Axel-Key, and Retzius). (3.) That reflex neuroses may be caused by morbid states of the naso-pharynx has been demonstrated clinically (and that beyond any doubt) by a series of authors, especially by Voltolini, Schaeffer, Hack, Goetze, Sommerbrodt, Guye, Robinson, Ruault, Joal, Fraenkel, &c.

Valerius Idelson.

LUC.—Note on a case of Naso-Pharyngeal Tuberculosis. *Archives de Laryngologie, February,* 1888.

THIS was the case of a patient with phthisis, having at the same time double epididymitis, induration of the pulmonary apex, and ulcerations in the pharynx. There was also an ulceration on the inferior turbinated of the right nasal fossa.

The ulcerations of the pharynx healed under scarifications and local application of lactic acid, and the nasal ulceration improved under the

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same treatment. Luc is of opinion that many patients who would have been formerly condemned to certain death can be saved, if physicians will realise the necessity of destroying from time to time the infecting foci (bone, testicle, larynx, nasal fossæ, etc.). **Joal.**

BRONNER, ADOLPH (Bradford).—**The Local Treatment of Empyema of the Maxillary Sinus.** *Lancet, August* 25, 1888.

ALTHOUGH bearing a different title, the substance of this paper, and the cases recorded in it, appear identical in all essentials with one previously published by the author, and already abstracted for this Journal (Vol. II., p. 375). **Hunter Mackenzie.**

BAYER.—Contribution to the Study and Treatment of Empyema of the Antrum of Highmore. *Rev. Mens. de Laryng., January*, 1889.

THE author complains that specialists who have written on this subject have ignored the existence of a work read by him in 1886, at the fifty-ninth meeting of German naturalists and physicians. In the *compte-rendu* of this meeting is to be read, "Bayer recommends enlarging the natural "orifice, by which the maxillary sinus communicates with the nasal fossa "in the semilunar hiatus; and for this purpose he recommends the em-"ployment of the galvano-cautery. It then suffices to make the patient "lie on the stomach, with the head low, in order to empty the antrum of "Highmore, and to make use of antiseptic injections."

Then the author relates the case of the first patient he has cured by this method. He adds that he has observed twenty-five cases of this affection, and, with regard to etiology, remarks, that seven times the patient had coincidently numerous polypi, a fact which has not been tested by authors; the polypi and the catarrh closed the opening of the sinus, the secreted liquid was retained in the cavity, where it served for development of all kinds of bacteria, and particularly those which produced that mixture of trimethylamine, methylamine, and dimethylamine, which one meets with in old herring sauce, and the odour of which is identical with empyema. It is in these cases, in which the empyema has not an alveolar origin, and is due to a nasal affection, that Bayer's process should be employed. In other cases the author gives the preference to Cooper's method. **Joal.**

LARYNX.

HUNT, J. M. (Liverpool).—**Clinical Paper Illustrating some Affections of the Respiratory Passages.** *The Liverpool Medico-Chirurgical Journal, January*, 1889.

THE author relates four cases. The first was one of a *foreign body in the trachea*, a piece of bone. At first there was severe dyspnœa, which was succeeded by spasmodic cough and inspiratory stridor. There was

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