NOSE.

LUBLINSKI, W.—Asthma and Nasal Disease. (L'Asthme et les Affections Nasales.) *Read before the Medical Society of Berlin*, 1886.

AFTER answering affirmatively the question as to whether there really exists any intimate relation between asthma and nose disease, the author proceeds to examine the various prevalent theories. He dismisses, without comment, such as attribute the asthma to occlusion of the nose or to extension downwards of the nasal affection, and devotes the bulk of his paper to discussing the theories of Hack. But although holding with this observer in the main, he objects to the narrow limits to which he has tied himself. For while Hack teaches that reflexes produced by irritation of portions of the nasal mucous membrane other than the erectile tissues, are consequent upon a secondary swelling of the latter, Dr. Lublinski points out that the *nervi erigentes* are purely hypothetical. Further, the author indicates that the impossibility of separating the mucous membrane from the erectile tissue with which, according to Zuckerkandl, it is in direct continuity, destroys his theory that hypertrophy of the mucous membrane prevents the development of reflexes due to turgescence of the erectile bodies, as well as his conclusion that the frequency of nasal asthma is in inverse proportion to inflammation of the mucous membrane. The paper ends with an account of the author's methods of treatment, which, however, do not differ from those usually adopted. GREVILLE MACDONALD.

MENOCAL.—Naso-pharyngeal Fibroma. (Fibroma naso-faringeo.) *Revista de Medecina y Cirugia Prácticas. Madrid, December*, 1886.

THE fibroma was attached to the basilar process, and was of the size of a small orange. The soft palate was cut transversely, near its junction with the hard palate, by the thermo-cautery, and through this opening (of 4 centimètres) Menocal introduced a small sharp Volkmann's spoon, and vigorously separated the tumour from its basilar insertion, and drew it out through the mouth. There was much hæmorrhage, which, however, was controlled by cotton plugs, and strong solutions of chloride of zinc. The site of the tumour was scraped. A month after the patient was thoroughly cured.

RAMON DE LA SOTA Y LASTRA.

HEYMANN (Berlin).—**On Nasal Polypi.** *Berlin Klin. Woch.*, Nos. 32 and 33, 1886.

A GENERAL review of the methods of operating for nasal polypi.

https://doi.org/10.1017/S1755145500159032 Published online by Cambridge University Press

The author recommends the cold wire, and, in case of need, the galvano-cautery. MICHAEL.

LOEWY (Berlin).—**On Curvatures of the Septum Narium. (Ueber Verkrümmungen der Nasenscheidewand.)** *Berlin Klin. Woch.*, No. 47, 1886.

A LARGE number of examinations by the author prove that curvations of the septum are often co-existent with a very small and arched hard palate. There is also a prominence of the median part of the palate, and of the teeth. A similar state of the palate has already been described (first by David), as associated with adenoid vegetations. The author believes that rickets is the cause of both affections. MICHAEL.

HABERMANN (Prag).—**The Pathological Anatomy of Ozæna Simplex seu vera. (Zur pathologischen Anatomie der Ozæna seu vera.)** *Zeits. fur Heilk.*, Bd. VII.

FROM a very exact microscopical examination of two cases, the author concludes, that the nature of ozæna consists in a fatty degeneration of the acinous glands of the nasal mucous membrane, and of Bowman's glands, along with an inflamed and infiltrated mucous membrane. The fibrous degeneration of the neighbouring membrane, and the atrophy, are caused by this condition inducing reaction in neighbouring parts. MICHAEL.

FRAENKEL, B. (Berlin).—**Diseases of the Nose, Larynx, and Trachea. (Krankheiten der Nase, des Kehlkopfs, und der Luftröhre.)** *Virchow-Hirsch Jahresbericht, ueber die Leistungen und fortschritte der ges. Med.* 1886.

AN annual review of all the papers published in 1885.

MICHAEL.

GONGORA.—Varicose Ulcer of the Posterior Inferior part of the Nasal Septum. (Ulcera Varicosa de la parte Posterior Inferior del Tabique Nasal.) *Revista de Laryngologia, Otol. y Rinologia. Barcelona, November*, 1886.

THE author read, at the Spanish Laryngological Association, the history of a patient, who for three years had hæmoptysis; there was no thoracic condition to account for it, but Gongora discovered a coagulum on the posterior part of the septum, under which was an ulcer of one centimètre in diameter. The galvano-cautery and the sulphuretto-iodated waters of La Puda cured the condition.

RAMON DE LA SOTA Y LASTRA.

https://doi.org/10.1017/S1755145500159032 Published online by Cambridge University Press

GONGORA.—Contribution to the Study of the Affections caused by Hyperæmic States of the Cavernous Tissue of the Inferior Turbinated Bones. (Contribucion al Estudio de las Afecciones Sostenidas por Estados Hiperémios del Tegido Cavernoso de los Cornetes Nasales Inferiores.) *Revista de Laringologia, Otol. y Rinol. Barcelona, December*, 1886.

THE author has examined 537 individuals with various complaints of the air-passages, and has found in 342 hypertrophy of the cavernous network covering one or both turbinated bodies; so marked as to be without doubt the principal cause of the pathological symptoms, or a sufficient hindrance to recovery of health.

RAMON DE LA SOTA Y LASTRA.

CHEATHAM (Louisville).—**Naso and Naso-Pharyngeal Reflexes.** *New York Medical Record, July* 17, 1886.

ELECTROLYSIS is recommended by Dr. Cheatham for the reduction of nasal hypertrophies, as being rapid, efficacious, and much less dangerous than the galvano-cautery or the acids. The after-effect is much more satisfactory, there being no cicatrix left except at the point of entry of the needles. Cocaine is used to differentiate between hypertrophy and engorgement. The author locates sensitive areas in some cases in the larynx, pharynx, and conjunctiva. He also refers to the frequency of trigeminal cough and its proper management. He also divides the causes of hay fever into—(1) External irritation; (2) Predisposition; (3) Vulnerable or sensible area. He recommends to find this latter and destroy it.

BRYER, T. H. (Edinburgh).—**Case of Chronic Poisoning by Bisulphide of Carbon.** *Edin. Med. Journal, August*, 1886.

AMONGST the symptoms was partial anosmia after exposure to the vapour.

HUNTER MACKENZIE.

HALL, DE HAVILLAND (London).—**On the Treatment of Sneezing, Hay Fever, Asthma, &c., by the Galvano-Cautery.** *Lancet*, No. XX. Vol. II. *November* 13, 1886.

A CASE, typical of the class of case in which the author would use the galvano-cautery. The patient suffered during pregnancy from violent fits of sneezing, and for three or four years had suffered from hay fever which lasted a month. The mucosa over the inferior turbinated bone (right) was greatly hypertrophied, and somewhat less so over the left. Two applications of the cautery were made, consisting of two or three deep furrows. The patient experienced "*very great* improvement," though the sneezing attacks recurred about four

https://doi.org/10.1017/S1755145500159032 Published online by Cambridge University Press

times daily, but were arrested by inhalation of carbolized smelling salts. The author cites a case of sneezing, nasal flux, and asthma, which was cured by internal administration of citrate of caffeine and bromide of potash, and another case of excessive sneezing, which was cured by syringing the nose with carbolic acid, borax, and bicarbonate of soda. The author has great faith in the use of carbolized smelling salts.

COZZOLINI, V.—Primary Lupus of the Nasal Mucous Membrane. *Archivii Ital.*, *An.* VI., *Fas.* 1 *e* 2.

THE author gives clinical observations he has completed on five patients with primary lupus of the nasal mucosa in the period of five months.

He begins with an historical survey, lamenting the small attention given by observers, and the poverty of the literature in contrast to that given to primary lupus of the pharynx, fauces, and larynx, which are, in his belief, less frequent than that of the Schneiderian membrane. He then speaks of the general symptomatology of nasal lupus, holding with the opinions of modern authors, and he considers as its characteristic sign the great accumulation of grey or dirty yellow crusts which overlie one another like tiles,—there being no pathognomonic odour,—no less than the tendency of the process to localize itself on the cartilaginous septum. Afterwards he proceeds to discuss the histology and pathology of lupus, holding that histologically it is a granulation-neoplasm, distinct from other granulomata, and, from the bacteriological point of view, he regards it, with Volkmann, as a modification of tuberculous infection of the skin and mucous membrane. The clinical form predominating in the Schneiderian membrane is lupus vulgaris. The author believes that if lupus is not to be considered exclusively as a manifestation of scrofula, yet clinically we must admit that the latter is an almost necessary condition of its development. As for the relation of syphilis to lupus, with regard to which many authors, according to Giovannini, hold that a great number of cases of lupus are the result of hereditary syphilis, the author believes this to be a false assertion, if it is to be taken without reservation, but not if it is to be considered only that the syphilis facilitates the development of the scrofula, and that the two diseases influence each other reciprocally. There is a certain resemblance between lupus and syphilis from the anatomico-pathological point of view, although Kaposi maintains that the nodules are distinguished biologically in an essential manner, but still more from the clinical point of view.

Finally, the author speaks of the cure. He objects to internal

https://doi.org/10.1017/S1755145500159032 Published online by Cambridge University Press

treatment, seeing that it has never afforded appreciable results, and relies on local methods grounded on all those means which destroy, mechanically or chemically, the lupus elements; among which he prefers the method of interstitial cauterization with the galvano-cautery, and sometimes the thermo-cautery. He does not overlook, however, disinfection of the nasal fossæ. The conclusions which close the article repeat, although with some pretension, its principal points.

The ages of his five patients are scarcely mentioned by the author, while the special form, the locality, and intensity of the lupoid process are not described. The reader would rather have nasal lupus presented to him as seen in the patients, than an abstract account of the pathological history, which, moreover, was already sufficiently understood. MASSEI.

TONSILS, PHARYNX, &c.

BOTTINI.—Tonsillotomy and Two Cases of Malignant Tumours of the Tonsils. *Gaz. degli Osp.*, An. VII.—43. MASSEI.

LABORDERIE,[1] DUBOUSQUET.—Infectious Amygdalitis. (Des Amygdalites Infectieuses.) *Congrès de Nancy*, 1886.

A PATIENT, enfeebled from any cause, is seized with sore throat, shivering, fever, prostration, headache, &c.; swelling of the throat, pain on deglutition; the ganglia of the neck are swollen and painful; the urine is albuminous, and contains bacteria. The treatment should be antiseptic, especially using quinine and resorcin. An emetic is useful at the commencement, and tonics during the course of the disease. Hypertrophied tonsils are to be removed as a preventive against future attacks. JOAL.

GIMENER, VALERA Y.—Angina Parenquimatosa Crónica. Tratimiento con el Termocauterio-Curacion. (Chronic Phlegmonous Sore Throat. Treatment with the Thermocautery Cure.) *Revista de Laringol. Otol. y Rhinologia. October*, 1886.

THE title explains Gimener's case.

RAMON DE LA SOTA Y LASTRA.

SPENCER, H. R. (London).**—Pharyngeal and Laryngeal Nystagmus.** *Lancet, October* 9, 1886.

IN a girl of twelve, with cerebral tumour and ocular nystagmus, the author observed constant rhythmical movements of the superior pharyngeal constrictor, the soft palate and fauces not being affected.

https://doi.org/10.1017/S1755145500159032 Published online by Cambridge University Press