Cordenwus.—*Case of Œsophagotomy.* "Journ. de Med. et de Chirurg. de Bruxelles," Oct. 24, 1892.

A YOUNG girl had swallowed a case of false teeth, and this was arrested at the level of the cricoid cartilage. After all attempts at removal had failed an operation was performed, which resulted in recovery of the foreign body, and the patient shortly afterwards left the hospital cured.

Higuet.

Von Noorden (Breslau). — *Contribution to the Technique of Gastrotomy in Œsophageal Stenoses.* "Berliner Klin. Woch.," 1893, No. 2

DETAILS of the operation, only of surgical interest. *Michael.*

Ewald (Berlin).—*On Strictures of the Œsophagus, and a Case of Ulcus Œsophagi Pepticum, with consecutive cicatricial constriction, in which Œsophagotomy was performed. Report on Experiments on the Physiology and Pathology of the Stomach made upon a Patient with Fistula Ventriculi.* "Zeitschrift für Klin. Medicin," 1892, Heft 4 to 6.

THE title indicates the nature of the communication. *Michael.*

NOSE, NASO-PHARYNX, &c.

Permewan, W. (Liverpool).—*The Relation of the Nose to Chronic Respiratory Disease.* "Liverpool Med. Chir. Journ.," Jan., 1893.

AFTER insisting on the importance of the respiratory function of the nose, and referring to the observations of Aschenbrandt and Greville Macdonald on this point, the author discusses the causal relationship between nasal obstruction and chronic inflammatory disease of the larynx and bronchi. He suggests that as every laryngologist now examines the nose in treating a case of chronic laryngitis, so, in the future, the natural respirator, the nose, will be examined in all cases of chronic bronchitis.

The second part of the author's article deals with nasal disease as a cause of asthma. He summarizes the writings of Bosworth and Schmiegelow on the subject, and adopts the theory of Sée that an asthmatic paroxysm depends on spasm of the inspiratory muscles, with vaso-motor disturbance of the bronchial mucous membrane.

Middlemass Hunt.

Sendziak (Warsaw).—*Croup, or Diphtheria of the Nose.* "Gaz. Lek.," 1892, Nos. 34 and 35.

THE patient, a physician, thirty-one years of age, when shaving was wounded by the razor on the right side of the chin. Some days afterwards general symptoms (fever and weakness) appeared, the wound became covered with a dirty exudation, and the lymphatic glands of the neck on the corresponding side were enlarged. A week after, when the general symptoms had almost entirely disappeared, acute catarrh occurred in the right half of the nose, with secondary formation of pseudo-membranes, which continued with status afebrilis to be formed during

https://doi.org/10.1017/S1755146300149893 Published online by Cambridge University Press

two weeks. The patient recovered completely, with no complications during convalescence, and none of those who nursed him were affected. Bacteriological investigation of the membranes showed only staphylococcus pyogenes aureus : the inoculation of the microbe upon a guinea-pig gave negative results — *i.e.*, did not produce any symptoms of diphtheria.

Considering all the circumstances above recorded, the author solves the question comprised in the title in favour of croup. Besides the description of this case, the author occupies himself with the general question — *i.e.*, if croup in general, and croup of the nose in particular, exists as an independent pathological process, having nothing in common with diphtheria. In his long paper the author comes to the conclusion that it is so clinically, etiologically, and anatomically. *John Sendziak.*

Polyak (Buda-Pesth).—*An Undescribed Form of Coryza Professionalis.* "Berliner Klin. Woch.," 1893, No. 1.

THE author has observed chronic coryza with swelling of the mucous membranes, ulceration, and in one case with perforation resembling the chronic acid affection in some workers in bronze. *Michael.*

Chaney, W.—*Hypertrophic Rhinitis.* Detroit Emergency Hospital Reports, Sept., 1892.

REPORT of an ordinary case treated by cauterization with nitric acid, with previous application of four per cent. cocaine. Nothing special.
R. Norris Wolfenden.

Bean, C. G.—*Nasal Hydrorrhœa.* "New York Med. Journ.," Dec. 10, 1892.

IN many of the cases of nasal hydrorrhœa of which records exist, the exciting cause has been an injury to the base of the brain. In catarrhal subjects the disease is found, but this is evidently not a sufficient cause, as the proportion of cases of nasal hydrorrhœa to nasal catarrh is too small to make it a factor in its production. The onset of the disease is usually sudden. There is a copious watery discharge either constant or intermittent. In a certain percentage of cases there is conjunctivitis with frontal headache. On examination the mucous membrane of the nose is found pale and sodden, the tissues being full to saturation of a serous fluid, which exudes constantly upon the mucous surface. This œdematous condition extends to the posterior nares, and may even involve the palate. The disease is usually unilateral although not unfrequently bilateral. It occurs at all seasons of the year. The etiology is obscure, except, of course, in those cases due to trauma or to the presence of nasal polypi. It has been referred to paralysis of the trifacial nerve, to myxomatous degeneration in the antrum, or to the presence of nasal polypi. It is usually associated with a neurotic temperament. As regards the treatment, the internal administration of antispasmodics gives the best results. After the acute attack has passed a general tonic treatment with iron, strychnine and quinine, together with cold baths and massage, is to be recommended. *W. Milligan.*

https://doi.org/10.1017/S1755146300149893 Published online by Cambridge University Press

Tissier, P.—*Secondary Lesions of the Nasal Fossæ in acquired Syphilis in Adults.* "Annales des Mal. du Larynx, etc.," Feb., 1893.

THE author has examined the nasal fossæ of twenty-five women presenting secondary cutaneous or mucous manifestations, and in seventeen cases (sixty-eight per cent.) he discovered nasal lesions. In seven cases there was erythematous rhinitis, and in eight cases erosive syphilis. Twice there was adhesion of the turbinateds to the septum. In general, secondary lesions of the nasal orifice and vestibule tend to be moist, or are revealed under the form of projecting papules. Erythema of the mucous membrane is diffuse or limited, having a vermilion colour. It is nearly always unilateral. Erosive lesions occur by preference upon the septum. They are round or oval, having clear cut edges. *Joal.*

Thayer, O. V.—*Lupus Exedens; with History of a Case treated successfully by the Concentrated Rays of the Sun (Solar Cautery).* "Pacific Med. Journ."; "New Orleans Med. and Surg. Journ.," Nov., 1892.

AFTER some general remarks upon the subject of lupus, the author speaks of the advantages of the solar cautery, as being painless, easily controlled by the removal of the lens, and causing very slight inflammatory reaction. He records the case of a woman of forty with lupus of the nares, alæ, tip of the nose and upper lip, which extended over the right side of the nose one-half the distance to the eye, and down the lip near its margin. For two years the disease had been unsuccessfully treated by many methods. With a powerful lens, having a focal diameter of three lines, with a clear sky and unobstructed sunlight, the author thoroughly cauterized the diseased surfaces, destroying the morbid tissue in two minutes. The cauterization was not very painful. He has treated one thousand cases in this manner, a few of which complained of severe after-pain. The burned surfaces were dressed with zinc ointment, with absorbent cotton over, wetted in a five per cent. carbolic solution. The next day there was some swelling of the parts, redness of the adjoining skin, and tenderness. Thirty-six hours after the operation improvement was noted, and two weeks after the operation the ulcerated surfaces had most thoroughly healed, with a slight but smooth cicatrix.

R. Norris Wolfenden.

Le-Bec.—*Osteoma of the Nasal Fossæ.* "Archiv. Internat. de Laryngol.," Jan., 1893.

THE case of a patient, twenty-three years of age, presenting an eburnated osteoma, which caused affection of the vision. The tumour was removed with the gouge and mallet, and was of the size of a hen's egg. *Joal.*

Seeligmann (Karlsruhe).—*On Nasal Calculi.* Inaugural Dissertation, Heidelberg, 1892.

REPORT of two cases. The centre of one of the calculi was a stone, of the other a paper button. *Michael.*

Kyle, D. B.—*The Treatment of Hay Fever by Means of Cocaine Phenate.* "Med. News," Dec. 17, 1892.

THE author recommends cleansing of the nasal mucous membrane by the alkaline solution, then applying an eight per cent. cocaine solution with a

https://doi.org/10.1017/S1755146300149893 Published online by Cambridge University Press

pledget, leaving it in contact ten minutes, and following with a spray of the same strength. The solution used was an aqueous solution of witch hazel in which an alcoholic solution of cocaine of from one to ten per cent. was suspended. In cases in which the drug was injected into the sensitive areas the results were more rapid. A case characterized by reflex asthmatic symptoms was markedly benefited by a spray of eight per cent. of the solution.

The treatment failed to benefit the cases in which there was marked hypertrophy, but partial relief was obtained after removing the thickened membrane. *R. Norris Wolfenden.*

Allen, S. E. (Cincinnati).—*The Pathology of Nasal Polypi.* "The Cincinnati Lancet Clinic," Jan. 7, 1893.

THE author draws attention to the vague ideas existing as to the exact pathological character of nasal polypi. He criticizes severely the views held by so many that these growths are myxomatous in structure. A myxoma he defines as a tumour composed of embryonal connective tissue. It is the pathological reproduction of a tissue which occurs physiologically in the embryo, and consists of a fine network of anastomosing stellate cells, the meshes thus formed being filled in with a homogeneous ground substance rich in mucin. The solution extracted from a nasal polypus is, however, sero-albuminous. The author considers that such growths are entirely the result of inflammatory action. The vast majority of nasal polypi are attached to some portion of the ethmoid, either to the free edge of the middle turbinated or higher up in the olfactory fissure. They occur in the course of a chronic inflammation of these parts, either of a diffuse or of a local character. As a result of this inflammatory process the thin muco-periosteal lining of these parts becomes loosened, and the sub-mucous tissue meshes become infiltrated with cells and fluid. If the acting cause be of a diffuse nature, the loosening of the tissues will be diffuse; if local, then the loosening of the tissues will be localized. The result of the accompanying swelling of the mucous covering of the middle and lower turbinals will cause partial nasal obstruction. This in turn causes diminished intra-nasal pressure, with the result that increased swelling of the tissues takes place. Leucocytes and fluid are exuded in abundance. When the inflammatory growth has reached some size the action of gravity comes into play, and a pedicle is formed. Regarding the recurrence of polypi after removal, the author considers that if the pedicle be properly amputated no recurrence takes place. The softened mucous membrane is, however, predisposed to the formation of new growths, and what occurs is that after the removal of one polypus a chance is given for others to develop. Hence the necessity of treating the whole tract of diseased nasal mucous membrane. *W. Milligan.*

Jacquemont.—*Why do Mucous Polypi of the Nose recur so frequently after Extirpation, and how can they be Cured without Danger of Recurrence?* "Rev. de Laryngol.," Feb., 1893.

THE author relates several cases of polypi removed by him with the cold snare. He has cauterized the seat of their origin with the galvano-cautery,

https://doi.org/10.1017/S1755146300149893 Published online by Cambridge University Press

and he recommends keeping the patient under observation for some time, and destroying every reproduction immediately it appears. *Joal.*

Hicguet.—*Epistaxis.* "Policlinique," July 1, 1892.

THE author points out that the situation of hæmorrhage is usually at the anterior part of the septum, sometimes the floor of the meatus, rarely the turbinateds. He recommends that the bleeding point should be found, and the galvano-cautery applied accurately. It is only when this fails that tamponing may be necessary. *Hicguet.*

Dalby, Sir W. (London).—*Nasal Douche or Nasal Syringe.* "Lancet," Dec. 24, 1892.

COMMENTING on Dr. Barr's "precautionary suggestions" in regard to the use of the nasal douche, he insists on one single precaution, namely :—absolute abstention from the use of the douche and the adoption in its stead of a nasal syringe. He condemns the argument that, because many have used the douche for years without accident, it should be still employed. *Dundas Grant.*

Szoner (Ungarn).—*Contribution to the Etiology and Therapeutics of Hay Fever.* "Pesther Med. Chir. Presse," 1892, No. 16.

IN a typical case of hay fever there are found in the secretions of the nose little portions of grasses and other plants. Cure is effected by narcotic treatment. *Michael.*

Bresgen (Frankfort).—*Cephalalgia in Affections of the Nose and Pharynx.* "Rev. de Laryngol.," Jan. 15, 1893.

IN recent coryza, cephalalgia is seen only when the swelling of the mucosa attains such a degree that there results pressure in the nose lasting for at least some hours. The shape of the nose is of some importance. A narrow nose, retracted especially about the middle turbinateds, predisposes to cephalalgia. During the attack, if the mucosa where swelling predominates is touched with a probe, extreme sensitiveness is observed. In cases of suppuration cephalalgia is generally dependent upon the retention of pus, especially in the region of the middle turbinateds. In the cephalalgias associated with hypertrophy of the pharyngeal tonsil or naso-pharyngeal suppuration the author asks if the headache is not due to concomitant affection of the pituitary membrane. From the localization of the cephalalgia it cannot be said for certain what region of the nasal fossæ is the seat of the compression. Nervous irritability in the patient in certain cases favours the occurrence of nasal cephalalgia. *Joal.*

Nikitine, W. (St. Petersburg.)—*Ozæna.* "Arch. Internat. de Laryngol.," Jan., 1893.

A LECTURE by the author, in which he reviews the different opinions current as to the nature of the disorder. He is of opinion that individuals affected with ozæna present a congenital anomaly of the nasal mucous membrane and its dependents favouring the decomposition of the secretions under certain circumstances. The seat of the disorder is in the nasal mucous membrane, which is atrophied. Pathologico-

https://doi.org/10.1017/S1755146300149893 Published online by Cambridge University Press

anatomical researches prove this atrophy to be, as in cirrhosis of the liver, the result of a previous inflammatory thickening of the mucosa. As to treatment, the author prefers irrigations with solutions containing alkalies and disinfectants, and insufflations of powdered nitrate of silver or boracic acid. *Joal.*

Ziem (Dantzic).—*Iritis of Nasal Origin.* "Annales des Mal. du Larynx, etc.," Jan., 1893.

TWO new cases are recorded of iritis where cure was obtained in the first case by opening the maxillary sinus, in the second by removing a septal projection which obstructed the nasal fossæ. *Joal.*

Batut.—*Relation between Diseases of the Eyes and Nose.* "Annales des Mal. du Larynx, etc.," Feb., 1893.

THE author records two cases where diphtheritic productions were exhibited in the nose and eyes, and a case of rhinitis with lachrymation and erysipelatous complications. He records another case of nasal syphilis propagated to the eye, and two cases of lupus of the ocular and nasal organs, and lastly a number of cases of eye affections consecutive to nasal affections, either reflex or propagated. *Joal.*

Moskowitz.—*On Diseases of the Naso-Pharynx.* Gesellschaft der Aerzte in Buda-Pesth, Meeting, Jan. 31, 1893.

A REVIEW of the subject. *Michael.*

Williams, R. (Liverpool).—*Post-Nasal Growths.* "Liverpool Med. Chir. Journ.," Jan., 1893.

A SHORT, practical paper, in which the author advocates removal of growths by means of a curette—a modification of Trautmann's—and the use of an anæsthetic—chloroform or ether. *Middlemass Hunt.*

Lenzmann (Duisburg).—*Contribution to the Treatment of Adenoid Vegetations of the Naso-Pharynx.* "Deutsche Med. Woch.," 1892, Nos. 48 and 49.

THE author has applied to Gottstein's knife a little apparatus which will prevent the pieces removed from falling into the larynx. *Michael.*

Kafemann (Königsberg).—*Contribution to the Pathology of Aprosexia Nasalis and other Disturbances of Speech.* "Monats. für Ohrenheilk.," Jan., 1893.

REPORT upon cases of stammering and stuttering caused by adenoid vegetations, and of one case of aprosexia. *Michael.*

Kafemann (Königsberg).—*Contribution to the Diagnosis and Treatment of Empyema of the Antrum of Highmore.* Danzig: Kafemann, 1892.

A REPORT of forty cases, with remarks. *Michael.*

Joel (Gotha).—*Empyema of the Antrum of Highmore.* "Thuring. Corresphl.," 1892, No. 4.

THE author describes a modified instrument for illumination of the antrum of Highmore. He usually prefers the opening of the sinus through an alveolus. *Michael.*

https://doi.org/10.1017/S1755146300149893 Published online by Cambridge University Press

Moure (Bordeaux).—*On a New Method of Perforating the Antrum of Highmore.* "Rev. de Laryngol.," Jan. 15, 1893.

THE inferior nasal passage is the part generally selected to enter the sinus with a perforating trocar. Moure is of opinion that with this instrument fracture of all the osseous lamina can be produced. He prefers the galvano-cautery to traverse the mucosa and bone. Once in the sinus, a small canula is introduced through the orifice, to which is attached the nozzle of a syringe. Moure protests against the tendency of certain specialists to open the antrum too readily; the diagnosis of the affection ought to be obtained from other signs, and exploratory puncture ought to be reserved for cases where the presence of pus is presumable. Opening of a sinus may serve to give entry to microbes, and lead to suppuration. Moure has observed cases where, in spite of all antiseptic precautions, the irrigating fluid, at first pure, came afterwards to contain muco-pus. *Joal.*

Garel (Lyons).—*On a Complementary Sign in the Diagnosis of Empyema of the Maxillary Sinus by Electric Illumination.* "Annales des Mal. du Larynx, etc.," Feb., 1893.

BESIDES the ordinary signs, Garel dwells upon irrigation of the antrum through its natural orifice, practised with Heryng's sound, and electric transillumination, a sign to which he had at first attached but little importance. He has returned to his first opinions. He, however, draws attention to a new symptom, viz., absence of luminous perception on one side by the patient himself. With a lamp in the mouth of a healthy subject, whose eyes are closed, a luminous impression is produced upon the lower part of the retina. In four cases of unilateral empyema Garel observed that this luminous perception was suppressed on the side where the antrum contained pus. *Joal.*

Hartmann (Berlin).—*On the Anatomical Proportions of the Frontal Sinus and its Openings.* "Langenbech's Archiv," Band 45, Heft 1.

FROM two specimens of the frontal sinus the author shows that sometimes great anomalies exist, and that it is often very difficult to introduce a probe into the cavity. *Michael.*

Hartmann (Berlin).—*Anatomy of the Frontal Sinus.* "Verhandlungen der 21 Chirurgencongress," page 402.

THE author showed some specimens presenting anomalies of the frontal sinus and its duct. *Michael.*

Schäffer (Bremen). — *Acute and Chronic Disease of the Sphenoid Sinus.* "Deutsche Med. Woch.," 1892, No. 47.

THE author believes that diseases of the sphenoidal sinus are not so rare as is believed. He has observed nineteen cases of acute and fifty-three of chronic empyema. In acute cases the patient suffers from headache and vertigo, and feels a pressure over the eyes. It is due to propagation of the inflammation from the nasal mucous membrane or a genuine disease. The objective examination reveals a protrusion of the anterior walls of the sinus, but no abundant secretion, and no dry secretion. After cocainization of the nose the cavity can be opened by introduction

https://doi.org/10.1017/S1755146300149893 Published online by Cambridge University Press

of a probe through the natural opening, or by the sharp spoon. By sniffing now a mass of mucus and pus is often removed, with great improvement in the condition of the patient. Chronic inflammations of the sinus are often combined with nasal polypi. The author believes, in opposition to Grünwald (see the review of his book), that in cases of ozæna the ozæna is primary, and the disease of the accessory cavities secondary. In cases of chronic suppuration the subjective symptoms are vertigo, discharge of pus, fœtor, psychical depression, disturbances of vision, and a feeling of oppression. Objective symptoms are, broadness of the nose, erysipelatous redness of the nose, hyperplasia of the nasal mucous membrane, pharyngitis sicca, polypi, hypertrophy of the tonsils. The treatment consists in opening the sinus with the sharp spoon, dilating by the bone forceps, and after-treatment with antiseptic irrigations and insufflation of iodoform powder. *Michael.*

LARYNX.

Tousey, S.—*Frau Gelly; a unique Throat Subject.* "New York Med. Journ.," Oct. 29, 1892.

AN account of this remarkable person, who is employed as a nurse in Prof. Schnitzler's clinic, and hires herself out at eighty cents an hour to medical men as a subject upon which to practise laryngology and rhinology. Last year an American physician, working in Vienna on a modification of O'Dwyer's tubes, is said to have intubated Frau Gelly's larynx one thousand times! *R. Norris Wolfenden.*

Musehold (Berlin).—*Apparatus for Photography of the Larynx.* "Annales des Mal. du Larynx, etc.," Jan., 1893.

THE author gives a historical survey of the question, and enumerates the various trials made and apparatus constructed for photography of the larynx. He then describes his own instruments and methods. But the laryngeal pictures are not better than those produced previously, and appear to be much less clear than those figured by French. *Joal.*

Killian (Freiburg).—*Demonstration of Laryngoscopic Images by Direct Projection.* "Münchener Med. Woch.," 1893, No. 6.

IMPROVED camera obscura apparatus. *Michael.*

Scheier (Berlin). — *Trauma of the Vertebral Column. The Position of the Larynx in relation to the Vertebral Column.* "Berliner Klin. Woch.," 1893, No. 2.

A PATIENT, thirty years old, died from luxation of the fifth vertebra. At the *post-mortem* examination a decubital ulcer was found on the posterior wall of the pharynx exactly at the level of the posterior wall of the cricoid cartilage. This proves that the cricoid cartilage is situated at the level of the fifth vertebra. *Michael.*

https://doi.org/10.1017/S1755146300149893 Published online by Cambridge University Press