NOSE AND NASO-PHARYNX.

Baumgarten (Buda-Pesth).—*Double Anterior Nose—Two Cartilaginous Septa and Three Nostrils.* "Rev. Mens. de Laryng.," Jan. 1, 1894.

A MALFORMATION indicated by the title, and reproduced in a photograph. *Joal.*

Loeb, H. W.—*Nasal Headaches.* "Transactions of the Missouri State Medical Association," 1893.

THE following are quoted as pointing to a nasal origin in headache: rontal headache, hemicrania starting about the orbit; long-continued headaches; headaches of which successive attacks are similar; those which are increased or originate in acute rhinitis; those associated with obvious disease of the nose or its accessory cavities; and the following are given as the usual nasal conditions: acute inflammations, chronic rhinitis, obstructive lesions, septal deformities, disease of accessory cavities, chronic atrophic rhinitis, especially where crusts are allowed to remain, contact of the septum and middle turbinate. *R. Lake.*

Scheinmann (Berlin).—*Habitual Headache as a Prominent Symptom of some Nasal Diseases.* "Berliner Klin. Woch.," 1893, No. 49.

MOST nasal diseases have only the symptom of habitual headache: therefore, both in neurasthenic and hysterical persons local examination of the nose should be undertaken. Severe diseases of the nose and accessory cavities often also present this symptom alone, and by the cure of these nasal disorders the headache is also cured. After cocainization of the diseased parts the headache disappears also in neurasthenic persons. The most frequent cause is hypertrophic swelling of the turbinateds, but the observations of the author prove that empyema of the antrum of Highmore, even combined with phlegmon of the orbit, may be only indicated by headache, and this may be removed by cure of the empyema. The author also relates some cases in which the headache was caused by carious and gummatous processes, and by crests and spines of the nasal septum, and concludes that in cases of headache the nose should be particularly examined. The prognosis of the condition is favourable, because the headache disappears with the cure of the nasal symptoms. *Michael.*

Wright, J.—*The Discrepancy between Lesions of the Nose and Throat.* "The Brooklyn Med. Journ.," Jan., 1894.

THE author urges dispassionately to all, the dangers of being led either to overlook the general disease in the local, or of considering the objective lesions of too great relative importance, bringing up a series of illustrative cases showing how nasal lesions of a minor kind can in neurotic persons undoubtedly produce marked reflex disorders, curable by local treatment, together with rational general treatment, and others which show how gross deviations of the septum, almost occluding the nares, may pass unnoticed throughout life, and are only discovered by chance; here giving the advice not to urge operative interference when none is required by the patient. Again, another series is brought forward of "nasal hysteria"

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and "the nasal operation habit"; both are well dealt with, the latter being compared to the state of mind found amongst women suffering from uterine disorders. The vaso-motor disturbance set up after opening up a nares previously impervious on one side, is explained by Nature seeking an equilibrium by rendering the two sides alike, and the hypothesis advanced there may be a change in the rarefaction of the intra-nasal air on the previously pervious side after straightening a septum. The author does not recommend the galvano-cautery in hypertrophy of the lingual tonsil, preferring, in great enlargement, removal; in lesser cases, caustics.

R. Lake.

Sims, Parker.—*A Method of Rhinoplasty.* "New York Med. Journ.," Dec. 16, 1893.

THIS is a method for filling the gap left in the nose after operations, especially for cancer, and consists of two parallel horizontal incisions on to the face the same width as the gap, and drawing the flap made of skin and subcutaneous tissue into the wound. Where there is not sufficient room for horizontal flaps the incisions should turn downwards vertically. *R. Lake.*

Dunn, J.—*Complete Destruction of the Contents of the Nasal Cavities as a Result of Syphilis.* "New York Med. Journ.," Jan. 20, 1894.

IN this case the contents were entirely destroyed, and the maxillary sinuses were thrown into the general cavity by destruction of their internal walls. *R. Lake.*

Farlow, J. W.—*Two Cases of Nasal Tuberculosis.* "New York Med. Journ.," Nov. 4, 1893.

THE first presented an ulceration of the septum and inferior turbinated bone, with a soft vascular outgrowth from the inferior turbinated; the second, a tubercular outgrowth sprang from the anterior part of the septum. Curetting, cautery and lactic acid were the means used to obtain a cure. *R. Lake.*

Dunn, J.—*Cured Cases of Atrophic Rhinitis.* "New York Med. Journ.," Dec. 23, 1893.

THIS is a paper written on a case of cured atrophic rhinitis, in which the whole mucous membrane was pitted with minute depressed scars. No microscopical examination was made. The scars were especially numerous at the posterior edge of the septum, at the sites of the plica septi.

R. Lake.

Bennett, O. P.—*Atrophic Rhinitis or Ozena.* "North American Pract.," July, 1892.

A REVIEW of the literature on the subject. *R. Lake.*

Gouguenheim and **Hélary.**—*Congenital Osseous Obliteration of the Choanæ.* "Annales des Mal. de l'Oreille, etc.," Jan., 1894.

AFTER a bibliographical study of published cases, the case is related of a girl, fifteen years of age, who had congenital occlusion of the left choanæ. The symptoms resembled those of adenoid vegetations. The diagnosis

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was made by palpation and posterior rhinoscopy. These congenital malformations have real gravity only in the new born. Treatment varies according to the thickness of the obliterating lamina. In the present case the patient was operated upon by Dr. Gellé at the Lariboisière Hospital, who, after several fruitless attempts with the galvano-cautery, pierced the choanæ with a drill, and made a perforation at a neighbouring part of the septum. *Joal.*

Dreyfuss (Strasburg).—*Contribution to the Study of Nasal Suppurations.* "Arch. Internat. de Laryngol.," Dec., 1893.

A CASE of purulent periostitis of the turbinateds consecutive to caries of the second molar. *Joal.*

Onodi (Buda-Pesth).—*Sarcoma of the Nasal Fossæ.* "Rev. Mens. de Laryng.," Jan. 1, 1894.

A VERY interesting case, from the fact that the malignant tumour of sarcomatous nature had been preceded by benign polypi of the nose. The malignant transformation occurred only after ablation of the polypi. *Joal.*

Luc (Paris).—*Note on a rare Case of Nasal Myxoma.* "Arch. Internat. de Laryngol.," Dec., 1893.

SEE the report of the Paris Laryngological Society. *Joal.*

Garel and **Collet** (Lyons).—*Contribution to the Study of Tumours of the Nasal Septum.* "Ann. des Mal. de l'Oreille, etc.," Nov., 1893.

THE authors record, with microscopic examinations, fifteen cases of tumours situated on the nasal septum—angioma, lupus, tuberculosis, papilloma, and myxangiomatous polypi. Two characters, they remark, appear to distinguish the histological examination—(1) great vascularity of the growths; (2) their almost constant situation upon the anterior portions of the septum, upon the cartilaginous septum, as is shown by the pavement epithelium which ordinarily covers them. *Joal.*

Cobb, F. C.—*A Case of Angioma of the Nasal Septum.* "Boston Med. and Surg. Journ.," Nov. 23, 1893.

THE patient's symptoms were thick discharge, sneezing, and epistaxis on right side for six months. A small bilobed pedunculated growth sprang from the junction of the skin and the mucous membrane; removed by cold snare. Examination proved it an angioma. *R. Lake.*

Schröder (Berlin).—*Case of so-called Idiopathic Acute Perichondritis of the Nasal Septum.* "Berliner Klin. Woch.," 1893, No. 46.

A PATIENT, eighteen years old, was attacked four weeks previously with fever and headache. Both halves of the septum of the nose were red and swollen. Incision on both sides led to the discharge of putrid pus. Improvement followed. A slight depression of the nose can now be seen; both sides of the septum are swollen, and pus can be expressed. The examination with the probe showed the quadrangular cartilage to be destroyed, and the inner and perpendicular lamina to be rough. New

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incisions were made, and the parts were extracted, and iodoform gauze was applied. Under a careful after-treatment cure resulted after a time with less malformation. *Michael.*

Lublinsky (Berlin).—*Idiopathic Perichondritis of the Nasal Septum.* "Berliner Klin. Woch.," 1893, No. 46.

A PATIENT, sixty years old, slightly diabetic, was attacked with obstruction of the nose, pains and swelling of the upper lip. Examination showed a red fluctuating tumour on both sides of the septum. Incision was made, and there was a discharge of pus. The probe showed a defect in the cartilaginous septum. Tamponing was employed, and cure resulted.

Michael.

Mettenheimer (Schwerin).—*Exostosis of the Nasal Septum cured by Electrolysis.* "Jahrb. für Kinderheilk.," Band 37, Heft 1.

THE title indicates the contents of the paper. *Michael.*

Strachan (Jamaica).—*Bony Overgrowths and Exostoses in the West Indian Negro.* "Brit. Med. Journ.," Jan. 27, 1894.

THESE consisted of bony masses on each side of the bridge of the nose. They were congenital, and grew with the child: smooth, hard, and of the size and shape of an elongated pigeon's egg, and springing from the nasal process of the superior maxilla and nasal bones. There was no pedicle or constriction. They somewhat encroached on the anterior nares. They were removed by chisel, and proved to be chiefly overgrowths of the superior maxilla (nasal process), and, to a less degree, of the nasal bone, and consisted of compact bony tissue externally, with a cancellous core. The author points out that Lamprey ("Brit. Med. Journ.," Dec. 10, 1887) reports three cases of bony growth of the infra-orbital ridge, occurring in negroes of West Africa, and regards them as a racial peculiarity. *Wm. Robertson.*

Cozzolino (Naples).—*New Antiseptic Hæmostatic Medication in the Spontaneous and Surgical Hæmorrhages of the Nasal Septum, of the Turbinateds, and of the Auricular Cavity.* "Annal. des Mal. de l'Oreille, etc.," Nov., 1893.

THE author recommends the employment of a solution of trichloracetic acid, one in thirty or forty, applied to the part of the septum whence the hæmorrhage proceeds, in cases of epistaxis. *Joal.*

Cleaver (Sheffield).—*Ergotin in Epistaxis.* "Brit. Med. Journ.," Dec. 9, 1893.

IN this case a freshly prepared five-grains "inject. ergotini hyperderm." was eminently successful. *Wm. Robertson.*

Cadwell, G. W.—*Transillumination of the Accessory Sinuses of the Nose.* "New York Med. Journ.," Nov. 4, 1893.

Turbid fluid pus and polypoid degeneration of mucosa and solid tumours give shade; large mucous polypus concentrates light and increases brilliancy; intra-nasal inspection aids diagnosis. The ethmoidal cells are illuminated by a lamp pressed between the eyeball and inner orbital wall; the frontal by a lamp over the sinus. *R. Lake.*

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Burger (Amsterdam).—*The Diagnosis of Suppuration of the Maxillary Sinus.* "Rev. Mens. de Laryngol.," Jan. 1, 1894.

FROM facts observed, it results that in every case of unilateral rhinitis is necessary to think of the possibility of a suppuration of the maxillary sinus of the other side. The patient lying on the healthy side at night, the pus flows into the nose, accumulates near the healthy choana, and the inflammation is propagated to this side. The author attaches a great diagnostic value to the illumination of the eye and to the signs which it furnishes—red spots of the pupil and subjective luminous sensation, as Davidsohn has already described—but it is the latter symptom which has the greatest importance. *Joal.*

Cadwell, G. W.—*Diseases of the Accessory Cavities of the Nose and an Improved Method of Treatment for Suppuration of the Maxillary Antrum.* "New York Med. Journ.," Nov. 4, 1894.

THE one absolute proof of disease of the sinus is the detection of escape of pus. This may be done by inspection and irrigation and transillumination. The method of operating on the maxillary sinus is a large temporary opening in canine fossa, and a counter opening for drainage in the inferior meatus. *R. Lake.*

Lerwoylz (Paris).—*The Treatment of Sinusitis at Vienna.* "Annales des Mal. de l'Oreille, etc.," Jan., 1894.

A REVIEW of the various methods of treatment employed by Austrian surgeons. *Joal.*

Bates, W. H.—*A New Method of Treatment of Chronic Naso-Pharyngeal Catarrh.* "Med. News," Jan. 20, 1894.

THE treatment consists of syringing down the nasal duct three times weekly, and the best results were obtained by "sweet oil." *R. Lake.*

Farlow, J. W.—*Hypertrophy in the Post-Nasal Space, especially after Childhood.* "Boston Med. and Surg. Journ.," Jan. 18, 1894.

THE author insists on the frequent occurrence of this hypertrophy, and says that, especially by posterior rhinoscopy, one is apt to under-estimate it. Snoring and mouth-breathing are by no means constant symptoms. He also considers it a frequently unrecognized cause of nasal and post-nasal catarrh. *R. Lake.*

Dansac.—*Adenoid Vegetations.* "Ann. des Mal. de l'Oreille, etc.," Oct. and Nov., 1893.

THE author classifies adenoid vegetations as scrofulous, lymphatic, and syphilitic: the first being observed in children, the two latter in adults. He studies their distinctive characters, naked eye and microscopic. Malformations of the lower jaw, of the vault of the palate, and of the septum, consecutive to vegetations, are not due, as generally thought, to the size of the tumours, but to disturbance of the hæmatopoietic function. The diagnosis is made especially from the antecedents and examination of the blood. Operation is indicated in the scrofulous forms when general treatment has not succeeded. In the lymphatic and syphilitic forms it may be deferred. *Joal.*

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