NOSE AND NASO-PHARYNX.

Phillips, G. H.—*Artificial Nose.* "Brit. Med. Jour.," June 29, 1889. Staffordshire Branch, B.M.A., May 30, 1889.

EXHIBITION of a girl, aged fifteen years, in whom the entire nose had been destroyed by lupus, and a vulcanite substitute attached to spectacles had been successfully provided. *Hunter Mackenzie.*

McAldowie (Stoke). — *Rhinolith.* "Brit. Med. Jour.," June 29, 1889. Staffordshire Branch, B.M.A., May 30, 1889.

EXHIBITION of specimen which had occupied the whole of the left nasal cavity of a girl aged nineteen years. *Hunter Mackenzie.*

Hatch.—"Brit. Med. Jour.," Feb. 1, 1890. Bombay Branch of Brit. Med. Assoc., Dec. 12, 1889.

THE author showed a patient suffering from an extensive ulcerating mass on the face, which had destroyed the nose and upper lip, extended up to the lower margin of the orbit, and encroached on the palate. Owing to the patient talking a language not understood by anyone, his history was not known, but it was understood to be of two years' duration. The nature of the disease is not stated. *R. Norris Wolfenden.*

Robertson.—*Specimens of Nasal Mucous Polypi, Nasal Polypoid Hypertrophies, and Nasal Papillomata.* Proc. of Northumberland and Durham Med. Soc., Jan., 1890.

SPECIMENS selected from thirty cases were shown. "In one strange "case dyspeptic symptoms were at once cured on removal of growths, "not complained of, in the nose." Nervous reflexes from the lungs were met with in more than one case, and not where the obstruction was extreme. The author prefers the cold snare and galvano-cautery point for operating upon polypi.

No necrosis of ethmoid was noted in any case. True papillomata were met with in two cases on the inferior surface of the lower turbinated bone. Polypoid hypertrophies were mostly observed upon the anterior end of the middle turbinated bone. The excision of these and papillomata was attended with more hæmorrhage than mucous polypi.

R. Norris Wolfenden.

Francois-Franck.—*Contribution to the Experimental Study of Reflex Neuroses of Nasal Origin.* "Archives de Physiologie Normale et Pathologique," July, 1889.

THE record of experiments made at the Collége de France upon animals by exciting the nasal mucous membrane. Franck has obtained sneezing and cough from irritation of the free edge of the middle turbinated body in a dog. He has also obtained glottic spasm, particularly on irritating a mucous membrane previously inflamed. Bronchial spasm has been

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obtained by a very strong stimulation of the turbinateds. Besides spasm, Franck has obtained arrest of respiration or changes in rhythm. Progressive reflex slowing of the heart has been also obtained when the nasal mucous membrane is not anæsthetised.

Irritation of the healthy or inflamed pituitary membrane produces active dilatation of the cerebral vessels, not only on the side operated upon, but to a lesser degree on the opposite side. The author concludes that nasal excitation leads to reflex vaso-dilation of the head, and vaso-constriction of the rest of the body equally at the periphery as in the deeper regions. *Joal.*

Douglas.—*The Treatment of Chronic Nasal Catarrh.* "Med. Rec.," Jan. 4, 1890. Med. Soc. of the County of New York.

AFTER discussing the thesis, "what is a cold?" and "chronic catarrh," which he believed arose most frequently from the presence of obstructions in the nose, especially thickening of the middle turbinated bodies, and retention of acid secretions which excited inflammation, which he treated by removing portions of the middle turbinated bodies with the forceps, removing enough to establish free respiration, he formulated his conclusions as follows :—

(1) The nose is not an unimportant organ, as some would suppose, but, physiologically and pathologically, is of first importance ; (2) its position and functions expose it to injury and disease ; variable temperature, chemical and mechanical irritants, as well as its normal functions perverted, tend to produce disease ; (3) its diseases yield to appropriate treatment as certainly as those of any other complicated organ ; (4) so-called catarrh is not a disease *per se*, but a symptom or result of other lesions ; (5) chronic nasal catarrh is usually due to nasal obstruction ; by this is meant not necessarily occlusion of the nostril, simply habitual contact of surfaces which are not normally in contact ; (6) removal of the cause is always the first step towards cure, and this frequently requires surgical interference. Local and general medication are secondary, but by no means of slight importance ; (7) the nose and its diseases are deserving of more attention from the general profession, because the consequence of neglect is far-reaching and serious ; (8) chronic nasal catarrh is not as difficult to cure as he formerly supposed.

Dr. CURTIS, in the discussion following, stated he was chary of operations upon gouty persons, as in three instances he had observed a severe acute attack of gout follow the operations.

Dr. BUCKLIN was satisfied that modern rhinological methods had advanced beyond the period when attempts were made to replace the septum, or "rejuvenate the turbinated bodies" with glycerine suppositories. Where there was adhesion between the turbinated bones and the septum, he took out the whole turbinated bone. He had never seen gout follow operations upon the nose.

Dr. KITCHEN took somewhat the negative side of the question. While a certain number of cases were cured by operative measures, in the vast majority of cases operation removed the effects of the disease, but not cause. Chronic nasal catarrh was, in his opinion, a form of malnutrition

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A change to a correct mode of living, and to a suitable climate, would cure most cases of chronic catarrh when the cause was not due to hereditary malformation, to traumatism, etc. Without changing the patient's mode of existence the specialist might alleviate, but could not expect to cure, the complaint.

Dr. BEVERLEY ROBINSON disagreed with some of the views expressed, and thought that too much stress had been laid upon nasal stenosis, and necessity for surgical interference. A certain amount of obstruction or deformity was not incompatible with health. Where obstruction was a cause of catarrh, it should be relieved, but other matters, relating to food, hygiene, air, diathesis, had to be taken into account.

Dr. HOLCOMBE very pertinently remarked that he doubted whether there was any specialist in diseases of the nose present who would undergo the operations upon the nose to which he subjected his patients.

He had suffered much himself from nasal troubles, but on going to a high altitude in Colorado, his nasal symptoms disappeared. Probably all patients called incurable would get better in a higher, drier climate. Nasal catarrh was often produced reflexly by irritation from a distant part of the body.

Dr. MESSENGER believed that though Dr. Douglas and others had relieved their patients for a time, they had not effected a cure. He believed in treating the general system, and, as local treatment, sniffing a solution of salt or soda. *R. Norris Wolfenden.*

Joal.—*Certain Phenomena of the Menopause of Genito-nasal Origin.* Congrès de Laryngol., Paris, Sept., 1889.

WOMEN at this critical age present certain phenomena—heat of the face, sudden flushings, cephalalgias, migrane, insomnia, stifling sensations, vertigo, epistaxis, eruptions on the lips or cheek—phenomena which are usually attributed to congestion of the head, circulatory disorders of mechanical order, supplementary fluxions. Joal has had under his care four patients with migrane, vertigo, asthma, and eruptions of the face, occurring at the menopause, all of whom have been cured by intra-nasal treatment. In such cases the nasal phenomena are secondary, and produced by the intervention of the genital factor, of which the author has previously demonstrated the influence upon the nose. At puberty and at the menopause, physiological or pathological excitation of the genital organs reacts upon the nasal mucous membrane, the erectile tissue of the nose being tumefied, and nasal neuropathics developing. *Joal.*

Gerber (Konigsberg).—*Retro-Nasal Catarrh and its Treatment, with especial reference to Tornwaldt's Disease.* "Therapeut. Monats.," Jan., 1890.

THE author gives a good report of sixty-one cases, with the purpose of examining into the question of Tornwaldt's disease. Twenty-five of these cases had the ordinary characters of common catarrh. In some there was fœtor, where there was no complication with ozæna. The mucous membrane was covered with secretion, but the anterior part of the naso-pharynx was in most cases free. After removal of the secretion a recess in the mucous membrane became visible. In nine cases it was

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single ; in twelve cases there were three recesses, and in fourteen none at all. In some cases secretions were found to be retained in the fossa of Rosenmüller. In other cases a true retro-nasal tonsil, containing many recesses, could be seen, in some of which a central recess was generally visible. True cysts as observed by Tornwaldt were never seen by the author. The author concludes that many symptoms of disease referred to the nose are caused by retro-nasal catarrh, and this condition can only be recognised by rhinoscopical examination. The catarrh may affect the whole pharynx or the recesses of the fornix pharyngis, particularly the median recess. Rosenmüller's fossa may also be affected. In atrophic pharyngitis fœtor is often observed. Catarrhs of the recessus pharyngis can be cured by Tornwaldt's method. *Michael.*

Raulin.—*Primary Lupus of the Nasal Mucous Membrane.* "Thèse." Bordeaux, 1889.

AFTER reviewing the history of the subject, the author studies the pathogeny of lupus, and discusses the three principal theories held as to its nature, viz., syphilitic, scrofulous, or tubercular, and concludes in favour of the latter view.

Predisposing causes are found in age, sex, occupation, traumatisms, scrofulous diathesis, but the single determining cause is the penetration of Koch's bacillus into the nasal mucous membrane. The functional and objective symptoms manifested establish three clinical forms of the disease, viz., hypertrophic, ulcerative, and sclerous. As to treatment, the author recommends scarification, which he has seen successfully practised by Dr. Moure. *Joal.*

Marano.—*On the Nature of Ozæna.* "Archivii Italiani di Laringologia," Anno X., Fasc., Jan. 1 1890.

THE author has made bacteriological researches (in order to control Loewenberg's researches) upon several patients in Massei's clinic. He arrives at the following results:—(1) In the nasal secretions of patients with ozæna there is really a spiral micro-organism, which has more the shape of a bacillus than a coccus, and for which Marano suggests the name of rhino-bacillus. (2) This micro-organism is not present in other inflammatory conditions of the nose, or in other discharges. (3) The bacillus is capsulated, but differs from other parasites described by Dittrich, Paltauf, Friedlander, Babes, Mibelli, Melle, Peltizzari, and Sagari. The capsule may be seen by staining in a particular manner, which is described by Marano in his work. (4) The bacillus is very abundant in those cases where no treatment has been adopted, diminishes in those cases which are locally treated, and is never present in the typical forms of rhinitis atrophica. (According to Massei, ozæna is a specific catarrh which ends in the atrophic form, atrophic rhinitis not, however, being ozæna, and these bacteriological researches seem to confirm this view.) (5) The micro-organism is the same as that described by Loewenberg, but as remarked, it has more the form of a bacillus than of a coccus. (6) Hajik's bacilli are the same as those met with in common putrefaction, and are not pathognomic.

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Marano admits that in the absence of inoculation experiments it is not possible to speak dogmatically of the value of these studies.

Massei.

Ball, J. B.—*Hæmatoma of the Nasal Septum.* "Brit. Med. Jour.," Jan. 25, 1890.

A BOY, aged seven, was brought to the West London Hospital on August 18, 1888, said to be suffering from polypus of the nose. The nose was much enlaged in consequence of each nostril being occupied by a smooth, reddish tumour, which protruded beyond the orifice, completely occluding the passage, and pressing out the ala on each side. The tumours were nearly symmetrical, that on the right side being slightly larger than that on the left. They had a soft, fluctuating feel, and could be seen to merge in the septum just above the columna. No fluctuation could be made out from the tumour on one side to that on the other. There was no pain or tenderness.

The history was that the boy had a fall on the nose three weeks previously, which caused his nose to bleed, and slightly abraded the skin of the tip. A few days after this the swellings were noticed, and they had gradually increased till the date of his coming to the hospital. There seemed no doubt that the case was one of hæmatoma or abscess of the septum, and the absence of pain and tenderness pointed to the former.

The boy was kept in bed for a few days, and an evaporating lotion applied. The swelling began to subside at once, and on September 1 he could breathe through the nose. On September 15 the swellings had completely subsided. The dorsum of the nose was somewhat flattened below the level of the nasal bones, and the lower margin of the nasal bones in the middle line projected very slightly, owing to a dislocation of the cartilage at this point. The cartilaginous septum was deviated to the left at the fore part.

R. Norris Wolfenden.

Stewart.—*Growths in the Naso-Pharynx.* "Brit. Med. Jour.," Jan. 25, 1890. Nottingham Medico-Chir. Soc., Jan. 8, 1890.

A PAPER on adenoid tumours of this region. The author described the pathology of the vegetations, with their far-reaching influence for harm, where nasal obstruction was produced by hypertrophy of the pharyngeal structures, for instance, in the production of mental torpidity in children, catarrhal affections of the respiratory surfaces, malformations of the thoracic walls, and diminished hearing power. Modes of examination and instruments employed were described, and the different methods of treatment detailed. In his own practice Dr. Stewart nearly always used anæsthetics and Gottstein's curette for scraping away the growths, throwing the head as far back as possible, and producing only partial anæsthesia.

R. Norris Wolfenden.

Baumgarten (Budapesth). — *Rhino-Chirurgical Communications.* "Wiener Med. Woch.," 1889, No. 51.

1. *Rhinolithiasis.*—A patient, fifty-four years old, had for ten years pains in the right side of her face, fœtid secretion, and obstruction of the right nostril. Extraction of a rhinolith which had as its nucleus two grape-stones. Cure.

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2. *Perforation of the Nasal Septum following Diphtheria.*—A patient, twenty-eight years old, had a slight diphtheria of the tonsils. Five weeks later acute catarrh of the right nostril, obstruction, and an ulcer on the left side of the septum. Sixteen days later, after the antiseptic treatment, the patient was cured, but there remained a perforation of the bone of the right side, without affection of the mucous membrane.

3. *Membranous Obstruction of the Choanæ.*—A patient, thirty-one years old, had an obstruction of the nose for two years. The rhinoscope showed a membrane covering the choanæ, and occluding the nasal orifice of the pharyngeal cavity. Galvano-caustic destruction of the membrane resulted in cure. It is difficult to decide whether the occlusion was congenital or not.

4. *Rhinitis and Rhino-Pharyngitis Fibrinosa.*—In a patient, nineteen years old, adenoid vegetations were removed by the forceps and subsequent galvano-caustic treatment. After the third visit the patient became feverish, and experienced pains in her nose and snuffling. The nasal mucous membrane was covered with white-greyish membranes. Brushings with glycerine and iodine resulted in cure. In a second case, a similar membranous rhinitis followed the extraction of a nasal polypus.

5. *Gumma of the Nose and Naso-Pharynx.*—In two cases the author had occasion to observe real gummatous tumours of the nasal septum.

6. *Cyst of the Nasal Septum.*—In an adult patient, whose face was wounded in his third year by the foot of a horse, the author found a tumour in the right nasal cavity, of the size of half a walnut. By puncture he removed serous fluid. The author believes that the patient had from the traumatism a hæmotoma, that the blood was absorbed and the cyst remained. There was no indication for operation upon the cyst.

Michael.

LARYNX.

Semon and Horsley.—*On the Central Motor Innervation of the Larynx.* "Brit. Med, Jour.," Dec. 21, 1889.

THE conclusions which the authors have arrived at are as follows :—

1. There is in each cerebral hemisphere an area of bilateral representation of the adductor movements of the vocal cords, situated in the monkey just posterior to the lower end of the præcentral sulcus at the base of the third frontal convolution, and in the carnivora in the præcrucial and neighbouring gyrus. This area has a focus of intensest representation in the anterior half of the foot of the ascending frontal convolution. Stimulation of this point produces complete bilateral adduction of the vocal cords, which lasts as long as the stimulation is continued. Should, however, the latter be unduly prolonged the "*besoin de respirer*" overcomes the influence of the artificial stimulus and evokes a momentary but powerful abductor movement of the vocal cords. Stimulation of the more

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