

to the cadaveric position during expiration. They were quite white, but the patient spoke with a hoarse voice. The arytenoids did not move towards the middle line on inspiration [they pivoted so as to invert the vocal processes.—ED.], but left a triangular space posteriorly. The abductors were obviously paralysed. On phonation the arytenoid cartilages approached each other, and therefore there was no paralysis of the posterior or oblique arytenoid muscles. There was a history of previous functional clenching and fixation of the jaws. The breathing was much quieter during sleep, and a diagnosis of hysteria was made. Chloroform was administered as a test, but she took it badly, and its further use was wisely avoided. The interrupted current was freely used, and on one occasion intubation was practised. A sudden remarkable improvement took place, and was irregularly maintained.

*Dundas Grant.*

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## NOSE AND NASO-PHARYNX.

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**Stewart** (Nottingham).—*The Nasal Cavities and their Diseases.* "Brit. Med. Journ.," Feb. 6, 1892.

PAPER read.

*Wm. Robertson.*

**Heryng and Rajchman** (Warsaw).—*On the application of Electric Transillumination to the Examination of Cavities and Organs of the Human Body.* "Gaz. Lekarska," 1892, Nos. 9 and 10.

THE author reports his further results of transillumination of the antrum of Highmore. In thirty cases he recognised purulent inflammation of this sinus, without recourse to exploratory puncture (Schmidt's method). He further speaks of his trials of transillumination of the frontal sinus (Vohsen's method, however, in his opinion is better), as well as of the mastoid processes, together with Dr. Guranowski. *John Sedziak.*

**Anderson** (Nottingham).—*Nasal Hydrorrhoea.* "Brit. Med. Journ.," Feb. 6, 1892.

THE patient, a girl aged nineteen, suffered from clear, watery discharge from the left nostril, increased by inclining the head to the right and downwards. Small alveolar perforation led to no result. A perforation (alveolar), large enough to admit the finger, and curetting of polypi found in antrum, effected a cure in six weeks. *Wm. Robertson.*

**Bronner** (Bradford).—*Asthma of Nasal Origin.* "Brit. Med. Journ.," Jan. 30, 1892.

RECOGNIZES a two-fold etiology from nasal obstruction, and also from nasal irritation. He quite properly recommends an exhaustive intra-nasal examination in all cases. *Wm. Robertson.*

**Conitzer.**—*Naso-Pharyngeal Polypus covered with Hairs.* Aertzlicher Verein, Hamburg. Meeting, May 17, 1892.

THE author showed a case. It exhibited all the elements of the external

skin, glands, cartilages, etc. Only nine similar cases are recorded. Schuchardt believed them to be teratomata. Arnold believed that they were abnormal ectodermoblasts.

*Michael.*

**Radziszewski.**—*Prolapse of an Enormous Polypus from the Choana to the Pharynx, etc.* "Medycyna," 1892, No. 10.

THE case of a female, forty years of age, from whom the author had extirpated several nasal polypi by means of forceps. Some weeks after the patient was brought to him with symptoms of suffocation. On examination an enormous polypus, covering the left posterior nostril, was seen. It was excised with scissors.

*John Sedziak.*

**Spalding, J. A.** (Portland, U.S.A.).—*On the Connection between Diseases of the Nose and Naso-Pharynx and some Diseases of the Eye and Ear.* "Arch. of Otology," 1892, No. 3.

DR. SPALDING insists on the necessity for recognizing the connection between diseases of the nose and certain diseases of the eye which resist local ophthalmic treatment. He instances a case of stricture of the lachrymal duct, which was only tractable after treatment of hypertrophy of the turbinated body. Pain around or above the eyes may depend on frontal sinus trouble. Ulceration or abscess of the cornea from the impact of a barb of grain may lead to serious risk to sight if the lachrymal duct is occluded. He quotes Covetoux ("Annales d'Oculistique," Nov., 1891) in support of his views. Dr. Spalding holds that oculists should be able to treat the nasal condition, and passes "in brief review the best means by which to bring about a rapid cure in such cases." [Then follows rhinology "in a nutshell."—ED.] He gives very judicious warnings in regard to the nasal douche and the prolonged retention of cotton tampons.

The significant connection between diseases of the naso-pharynx and those of the ear is next dwelt on, and Dr. Spalding informs us that "almost every one of the diseases of the middle ear owes its origin to "some inflammatory disturbance in the naso-pharynx, extending through "the tubes into the tympanum." [Surely the time for reiteration of this, no doubt well-founded, impression is past, and what we look for is an impartial collation of statistical data with which we may convince those who differ in any great degree from this view.—ED.] He reminds us that operative perforation of the membrane in acute otitis does not always preserve the ear, and that the charge of neglect of this operation, brought against those who have the care of cases of the exanthemata is not always justifiable, especially as he believes he has seen many cases of middle-ear suppuration undergo spontaneous cure. He attributes almost every case of chronic catarrh of the middle ear to some catarrhal condition of the naso-pharynx.

He concludes by turning our attention to the larynx. "The aurist "ought, in a case of apparent pharyngitis with deafness, to know that the "case is not actually one of tubercular laryngitis; and the oculist, in a "case of weakness of vision with a huskiness of voice, after pharyngeal "diphtheritis, ought to be able to verify in the larynx, in the presence of "a paralysis of the vocal cords, an associated paralysis of the accommo- "dation."

[The earnestness of the writer of this rather homiletic paper must command respect, but we fear he would have the specialist substitute the "something about everything" for the "everything about something." We agree with him that it is impossible for the specialist really to know everything about his specialty unless he knows something about every other specialty. The complete aurist ought, for example, to be a skilled neurologist—in relation to deafness, vertigo, etc. There is no end to the elaboration of the subject, and the limit depends only on the practitioner's capacity.—ED.]

*Dundas Grant.*

**Haske, Th.**—*A New Method of Exposing the Naso-Pharyngeal Cavity with its Pneumatic Appendices, without disfiguring the Cadaver.* "Virchow's Archiv," Vol. CXXV., No. 2, 1891; and "Arch. of Otology," 1892, No. 3.

AFTER the removal of the calvaria and brain, the soft parts are dissected down in front and behind, and a sagittal saw-cut is made a little to one side of the middle line, extending through the nasal bones in front, the occipital foramen behind, and most of the intermediate base of the skull. The two halves can be separated with little difficulty. The septum nasi can be removed, to expose the nasal cavity of the side to which it has been left attached. If necessary, further saw-cuts can be made across the sagittal one.

*Dundas Grant.*

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## THYROID GLAND AND NECK.

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**Warren.**—*The Operative Treatment of Goitre.* "Boston Med. and Surg. Journ.," May 5, 1892.

A PRACTICAL paper worth reading, but containing nothing specially novel.

*B. J. Baron.*

**Köhler.**—*Atrophy of Goitre following Partial Strumectomy.* "Berl. Klin. Woch.," 1892, No. 24.

In a patient, fifteen years old, with goitre of which each half was the size of a man's fist, the author extirpated the right half. A short time afterwards the left half disappeared spontaneously.

*Michael.*

**Edwards** (San Diego).—*Acute Enlargement of the Thyroid Gland; Angio-Neurotic Edema.* "Internat. Med. Mag.," April, 1892.

THE case is that of a girl who suffered from Bright's disease in September, 1888, from which she completely recovered. In October of the same year she noticed a large swelling in the front of the throat, which was connected with the thyroid. By the middle of November it had greatly increased, and on December 5th it had extended all over the front of the neck to the shoulder blades. She died suffocated on December 11th, from compression of all the neck structures, larynx, trachea, carotids, jugulars, etc. Her voice was hoarse, feeble, and finally absent. The swelling was painful only to palpation. The expectoration was bloody and muco-purulent, and she experienced much fever and sleeplessness. All the serous cavities were considered to be free from serum.