

## NOSE, &amp; C.

**Bergengruen** (Riga).—*Demonstration of Pictures by Artists (taken from Life), illustrating Lepra of the Nose, Mouth, Throat, and Larynx.* Gesellsch. livland. Aerzte, Aug. 26, 1896. "St. Petersb. Med. Woch.," 1897, Nos. 11, 12.

THE author remarks that the lepra tuberosa has four stages.

1. Stadium fluxionis et catarrhal (redness, swelling, and hypersecretion).
2. Stadium infiltrationis (growth of diffuse or nodose infiltration; intrusive paleness and dryness).
3. Stadium ulcerationis. (The nodes are softening in the middle and loosen the epithelium; at last there is a formation of ulcers. The ulcers conform themselves in every tissue, so that whole parts of organs can be destroyed.)
4. Stadium cicatrisationis et atrophica (organization of cicatricial tumours, very similar to the syphilitic cicatrices).

Generally the nose is diseased first—the larynx last. The diagnostic signs of the lepra so much resemble those of syphilis that it is very difficult sometimes to decide whether it is lepra or syphilis; only the general examination of the patient can be a help to ensure the diagnosis.

For particulars and the very interesting and detailed discussion, see original article. R. Sachs.

**Collet.**—*Olfactive Troubles in Aural Diseases.* "Lyon Méd.," Feb. 7, 1897.

THE author has frequently observed troubles of olfaction—specially notable diminishing of acute sensitiveness—in various aural diseases. These troubles are dependent upon nasal affections which appear at the same time. He believes in the scleros forms the nasal and aural symptoms are the expression of trophic degenerations. A. Cartaz.

**Combé.**—*Maxillary Sinusitis with Tic-Douloureux.* Congrès français de Chirurgie, Oct., 1896.

THE author gives the description of a variety of maxillary sinusitis with neuralgia of trigeminal nerve, having symptoms characteristic of tic-douloureux. The perforation of the antrum and washing out are not sufficient for the relief of nervous manifestations. It is necessary to make resection of the alveolar margin and obtain recession of the osteitis. Six cases are enumerated. A. Cartaz.

**Courtade.**—*Abortive Treatment of Acute Coryza.* "Bull. Gén. de Thérap.," Feb. 8, 1897.

COURTADE advocates as an abortive treatment of acute coryza the irrigating with warm water—from 45° to 55° Centigrade. The syringing is easily tolerated, and in some minutes the congestion of the mucous membrane disappears, and simultaneously the tedious results of the rhinitis. A. Cartaz.

**Ewald, C.**—*Two Cases of Congenital Tumour of the Face.* "Wien. Klin. Rundsch.," 1897, No. 15.

ONLY one of these two cases is of interest to our specialty—tumour of the septum narium, about the size of a bean, having a pedicle in connection with the middle of the septum. The tumour had been there for many years; it was removed with scissors. By the microscopical examination it was found to be a congenital endothelioma. R. Sachs.

**Goure, L.**—*Meyer's Tonsil, and Bacteriology of Adenoids.* "Thèse de Paris," 1897.

THIS pamphlet on adenoids is important on account of the bacteriological examination of two hundred and one cases. The examination was practised with the most attentive antiseptic proceeding. The author has never found tubercle bacillus; yet in thirty cases the child had some collateral tuberculous relatives, in eighteen cases there was hereditary tuberculosis, and in seventeen cases there was tuberculosis of lungs or other organ.

The micro-organisms disclosed in these two hundred and one cases are: streptococcus, 37 times; staphylococcus, pure, 60; staphylococcus, with association, 69; coccus, pure, 41; coccus, with association, 94; pneumococcus, 3; leptothrix buccalis, 2.

The author concludes the adenoids are very rarely tuberculous; and, personally, he has never seen it. *A Cartaz.*

**Kahn.**—*Disagreeable Accidents of the Operation for Adenoid Vegetations.* "Rev. Hebd. de Lar.," etc., April 3, 1897.

FOUR instances are given of the rare condition in which a bony crest on the posterior wall of the pharynx interferes with the manipulation of Gottstein's knife. In two cases the instrument became temporarily fixed in the bone. In one case, where the tubercle was removed, hæmorrhage was troublesome. *Ernest Waggett.*

**Katzenstein, J.** (Berlin).—*Autoscopy of the Naso-Pharynx.* "Archiv für Laryngologie und Rhinologie," Band V.

THE patient lies on his back with the head hanging as low as possible. He then grasps his tongue and breathes quietly, just as if about to be examined with the laryngeal mirror. In this position the naso-pharynx is below, while the uvula is directed upwards. The soft palate is now drawn forward and downward by means of a palate hook, and the following parts are thus brought into view: the prominence of Passavant, the posterior wall and roof of the naso-pharynx, the Eustachian cushions, the mouths of the tubes, the salpingo-palatine and salpingo-pharyngeal folds, and the fossæ of Rosenmüller. The parts that remain invisible are the septum, choanæ, and posterior ends of the turbinates. By means of this method naso-pharyngeal tumours and adenoid vegetations can be operated upon, and the Eustachian tubes catheterized from the naso-pharynx under direct observation.

*A. B. Kelly.*

**Thomas, F. W.** (Philadelphia).—*Diseases of the Frontal Sinuses and their Treatment.* "Med. News," March 6, 1897.

THE author deals with the various diseases of the frontal sinuses, referring first to their anatomical relations, and pointing out that their intimate connection with the nasal cavity leads to most of the affections to which they are subject being catarrhal in character. He has found belladonna and aconite in small quantities given frequently to have the most satisfactory results in relieving the catarrhal symptoms, combining with them in some cases small quantities of strychnia.

*St George Reid.*

**Woodruff, J. S.** (Roxboro', Pa.).—*Phenacetin in Nasal Catarrh.* "Philadelphia Med. Times and Register."

THE author has found phenacetin applied locally give satisfactory results in nasal catarrh. He mentions two cases—one where a profuse nasal discharge following scarlet fever had lasted four years, and another where there was itching and dryness of the nasal passages, with frontal headache. In the first phenacetin was

administered in the form of snuff—in the second dissolved in glycerine, with success. The author does not mention what the above symptoms were due to.

*St George Reid.*

## LARYNX.

**Bayeux, Raoul.** — *Laryngeal Intubation, Auto-Extubation, Pathogeny, and Prophylaxis.* "Presse Méd.," Jan. 20, 1897.

A VERY interesting clinical and experimental study of the spontaneous expulsion of the tube. Bayeux concludes from an accurate analysis of the principal statistics that it is a frequent complication of intubation, and it is not possible to leave a child without an attendant. From numerous anatomical mensurations he proves that the narrowed part of the larynx is exactly on a level with the cricoid cartilage. Every tube the swollen part of which is not inserted beyond the cricoid will be easily expelled. The vocal bands do not keep the tube *in situ*; it is the stenosed part of the cricoid ring. The tube must be constructed for a convenient adaptation to that narrow part of the larynx.

*A. Cartaz.*

**Benda, C.** (Berlin).—*The Anatomical Examination of the Larynx in Laryngeal Stenoses.* "Archiv für Laryngologie und Rhinologie," Band V.

THE present method of slitting up the larynx behind, and pressing the walls apart, while quick and simple, does not allow of our estimating slight changes in the lumen due to swelling of the walls, exudations, or foreign bodies. In such cases the examination of transverse sections would be of great advantage. To obtain these, however, preliminary hardening is necessary.

After numerous experiments, the author is convinced that this is best effected by nitric acid and bichromate of potash. The specimen is placed for twenty-four hours in 10 per cent. nitric acid. Without washing, it is then transferred to Müller's fluid, or 2 per cent. solution of bichromate of potash. After forty-eight hours, being then thoroughly soaked, it is carefully washed. The preparations are best suited for microscopic examination after several days' washing. Freezing, or the ordinary hardening methods, may be employed to obtain microscopic sections. Flemming's mixture of water, glycerine, and alcohol in equal parts is recommended for preserving the specimens.

This method is of special value when we particularly wish to retain the relations of the parts and the form of cavities. Penetration takes place quickly, and fixation is effected in the shortest space of time; there is almost no shrinking; the natural colours are changed, but the various tissues are strongly contrasted.

*A. B. Kelly.*

**Brannsfeld, F.**—*Ligno-sulphite in the Treatment of Tuberculosis, specially of Laryngeal Tuberculosis.* "Deutsche Med. Woch.," April 1, 1897.

LIGNO-SULPHITE is a bright yellow, turbid fluid, with acid reaction and a penetrating smell of sulphurous acid and resin, obtained as a by-product in the manufacture of cellulose. Its active constituents are apparently sulphurous acid and benzol derivatives.

F. Hartmann in Hallein at first thought that it had a direct action on the tubercle bacilli. Heindl, working in Chiari's clinic, found that there was no direct action on the bacilli, but that the patients improved, the night sweats and temperature being reduced, and the patient feeling better. Later Hartmann appears to have come to the same conclusions.