

advises breathing exercises. When the growths are not large they should be painted with iodine by the surgeon two or three times a week, and the parents should cleanse the nose night and morning with an atomiser containing an alkaline wash, and then place in the nostrils a piece of gallic acid ointment (1 or 2 per cent.) while the child lies on its back. When the hypertrophy is great he operates but avoids chloroform.

Dundas Grant.

Howell, C. M. H.—*Case of Paralysis of Palate and Vocal Cords in Tabes Dorsalis.* "Neurol. Sect., Roy. Soc. of Med.," March 12, 1908.

The patient, a labourer, aged twenty-six, married, had two children, his wife had no miscarriages. He admitted syphilis seven years ago, and was treated for two years with pills and gargle. Otherwise healthy. For the last year had noticed his speech had changed, *i. e.* become more nasal. For some time the left eyelid had "drooped" more than usual, though it had always had a tendency to do so. Occasional regurgitation of fluid through nose. For the last nine months had had occasional attacks of dyspnoea; woke at night sometimes and had difficulty in getting his breath. Occasional diplopia for last two years. Legs easily tired. The patient was a thin man with bilateral ptosis, most marked on left side. The pupils were equal, and they reacted briskly on accommodation, but not to light. No defect in visual acuity and fields normal. Ocular movements good. Ninth, tenth, eleventh cranial nerves: double palate paralysis, double abductor paralysis of vocal cords. Sterno-mastoids and trapezii were unaffected. Upper and lower extremities possessed fair power, no incoordination or ataxy; gait natural. Reflexes: knee-jerk could be obtained on right side with reinforcement; easily on left; ankle-jerks not obtained; sphincters natural. No pains beyond some aching in the back of his neck; analgesia of legs; no tactile anaesthesia.

Dundas Grant.

NOSE AND ACCESSORY SINUSES.

Wingrave, Wyatt.—*Spirographs of Nasal "Breath Pictures."* "Lancet," January 26, 1907.

The practice of testing nasal patency by breathing upon a prepared surface is by no means new, but its usefulness has been somewhat restricted by the want of a satisfactory material. Slate, glass, and polished metals all have their shortcomings, but I have now found that vulcanite, with a medium polish, gives a very reliable and faithful image. By placing the plate horizontally on the upper lip half an inch from the nostrils, and giving one short and steady expiration, a well-defined steam impression results, and evaporating affords reliable and striking evidence of the actual and relative patency of the nostrils. The image may be temporarily fixed or rendered more conspicuous for demonstration purposes by lightly powdering it with calcined magnesia or fine starch. Small sheets of vulcanite, with a suitable surface, and of a convenient size, are supplied by the Medical Supply Association, 228, Gray's Inn Road, London, W.C.

StClair Thomson.

Rivers, W. C.—*Non-Tuberculous Intra-Nasal and Post-Nasal Abnormalities; their regarded Association with Tuberculosis.* "Lancet," December 28, 1907.

This is a plea for a more complete investigation of nasal obstruction and catarrh as a predisposing factor to pulmonary tuberculosis.

StClair Thomson.

Mancioli (Florence).—*Tuberculosis of the Nasal Mucous Membrane.* "Policlin.," 1907.

The author describes several cases and illustrates them with microscopical preparations in order to show that nasal tuberculosis has been neglected up to the present, and that it is by no means a rare manifestation of this terrible disease. It shows itself in the nasal mucous membrane under the form of ulceration or of vegetations; of all the cases described up to the present, one third belong to the first group and the rest to the second. This work gives clearly the nosology and differential diagnosis as well as the treatment.

V. Grazzi.

Jackson, Chevalier (Pittsburg, Pa.).—*Septal Perforations; their Closure by Plastic Operation.* "Medical Record."

The enlarging of a septal perforation to stop the "whistling" of a small perforation is, in the writer's opinion, an obsolete and unjustifiable procedure. Small perforations are very easily closed by a simple operation, and great relief will be afforded from the manifold annoyances which accompany such perforations. The operation is, briefly, as follows: The inferior turbinal of one side and the septum are anaesthetised with cocaine and adrenalin in the usual way. Then a long tongue-shaped flap is made in the inferior turbinal by two parallel incisions, using Kyle's right-angled tonsil knife, or Ballenger's, or Freer's, or Watson's septal knives. This flap is made of the entire thickness of the mucosa with some of the submucosal tissues. It is free posteriorly and attached anteriorly. It must be at least 6 mm. larger vertically than the perforation, and must be of very ample length, usually almost as long as the turbinal itself. After the flap is raised the edges of the perforation are freshened with a cataract knife and the flap is brought forward and is stitched in place with silk sutures, using Killian's or Yankauer's suturing instruments.

In case of a very small perforation the operation is now completed. In case of a larger perforation it is better to duplicate the operation on the other side. Usually no packing is required, but if it is deemed necessary it must be placed behind the flap before the flap is sutured. Then the packing may be completed after the flap is sutured. The result of the operation, when the flap unites with the septum, is to create a synechia. But this is very simply removed by clipping out a section of the bridge formed by the flap and inserting a strip of bismuth lint, which is left for five days. It is absolutely essential that all excess of the inferior turbinal be removed, as, if the turbinal is hypertrophic, a troublesome synechia will result.

Lauzun-Brown.

Seifert, O. (Wurzburg).—*On Paraffin Prothesis in Rhinology.* "Munch. med. Woch.," No. 4, 1908.

Professor Seifert expresses satisfaction with the results he has obtained in cases of sunken nose. He uses Stein's instrument and paraffin with a melting-point of 45° C. (113° F.). He thinks that such complications as

embolism of the arteria centralis retinae are probably attributable to faulty technique.
Dundas Grant.

Krebs, J.—*Foreign Bodies in the Nose giving rise to Empyema of the Maxillary Antrum.* "Zeitsch. für Ohrenheilk.," vol. liv, Part II.

The writer states that the fact that foreign bodies in the nose may give rise to accessory sinus disease is not generally recognised.

He gives an account of the two following cases which have occurred in his own practice :

(1) A girl, aged eleven, was brought to the author on account of nasal obstruction. On examination the right nasal fossa was found filled with viscid, foul-smelling pus, which surrounded an encrusted foreign body of stony hardness. This was easily removed with Hartmann's nasal forceps, and proved to be an india-rubber baby's teat. Neither the mother nor the child had any knowledge of its presence in the nose, but it was thought that it must have been there for at least seven years. Fourteen days later the child was seen again. The right nasal fossa was patent, but a thin streak of pus was found coming down from the middle meatal region, and on transillumination the right maxillary antrum was opaque. The next day probe-puncture of the right antrum was performed and a quantity of pus cleared out. The parents refused to allow any operation for the condition.

The author saw the patient again six years later, and found her still suffering from maxillary antrum empyema.

(2) A farmer, aged thirty-six, who had had a nasal polyp removed by the writer three years previously, when the accessory sinuses were found to be quite healthy, came with the following history : Two months ago, while engaged in threshing, a grain of wheat had been driven into his left nasal cavity, which he was unable to dislodge ; in the course of a week this side of his nose became more and more blocked, and a copious discharge of matter set in. The writer, on examination, found the skin at the entrance to the left nasal fossa excoriated and eczematous ; the fossa was filled with pus, which, owing to the nasal obstruction, could not be removed so as to permit an accurate examination. On the floor of the nose was seen a large discoloured tumour reaching to the choanæ posteriorly and extending into the middle meatus.

The mass was easily removed without hæmorrhage by forceps, and found to be torpedo-like in shape, 5 cm. long by 2 cm. thick, and showing a wheat-grain springing from it. On microscopical examination the mass was found to consist of organised granulation tissue.

No seat of origin of the tumour could be made out in the nose, but pus was seen in the middle meatus. To transillumination the left maxillary region was quite opaque. A quantity of pus was washed out of the antrum through the natural opening, and the syringing was repeated daily for fourteen days, at the end of which the suppuration had entirely ceased. In these two cases the writer is of opinion that the purulent discharge occasioned by the foreign body in the nasal cavity infected the antrum.

The advisability of carefully examining the nose at an interval of time after removing a foreign body is pointed out, since the patient is relieved to such an extent that he is not likely to be troubled by the much smaller discharge from an accessory sinus. It is probable, therefore, that such cases are commonly overlooked.
Lindley Sewell.