

and half an inch thick, pressing on both bronchi so as to almost totally occlude the left and partially the right. [How easy to be wise after the event and determine to use a probang in such cases in future!—ED.]

*Dundas Grant.*

**Campbell.**—*Clinical Observations and Results of Electrolytic Action in Œsophageal Strictures.* "Med. News," July 9, 1892.

SEVERAL cases of cicatricial stenosis resulting from inflammation are quoted, in all of which electrolysis was of the utmost service. The current was gradually increased from five to twenty-five milliamperes, and the relief to the stricture appears to be permanent. The author considers that we have no method of treatment that can compare with it in these simple cicatricial cases. He has also found that it is much less irritating in its application than bougies are.

*B. J. Baron.*

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## NOSE AND NASO-PHARYNX.

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**Gayton, W.** (London).—*Nasal Ointment Introducer.* "Brit. Med. Journ.," March 12, 1892.

A MODIFICATION of Allingham's rectal ointment introducer to suit the nose.

*Wm. Robertson.*

**Braun** (Trieste).—*Answer to Professor O. Chiari in Vienna.* "Wiener Med. Woch.," 1892, No. 40.

POLEMICAL article concerning nasal vibrations.

*Michael.*

**Chiari** (Wien).—*On Massage Vibrations and Internal Massage of the Mucous Membrane of the Upper Air Passages by the Method of Braun and Laker.* "Wiener Med. Woch.," 1892, No. 36.

THE author has applied the method in some cases of ozaena without any success.

*Michael.*

**Munger, Carl** (New York).—*A Modified Gottstein's Curette.* "Med. Rec.," Sept. 3, 1892.

THIS modification is the "heart-shape," with which those who were present at Prof. Politzer's recent meeting in London are familiar. The notch in the heart is intended to adapt itself to the septum, while the lateral lobes enter the posterior nares in order to clear growths from these passages.

*Dundas Grant.*

**Brume.**—*Contribution to the Microscopical Anatomy of the Human Nasal Cavities.* "Archiv für Mikroskop Anatomie," Band 39, Heft 4.

THE author has examined the noses of four decapitated persons to determine if there exists a typical olfactory epithelium in man, and, if so, to what extent; further, as to the nature of this epithelium, and the manner in which the olfactory nerves end; further, the differences

between the olfactory and respiratory regions, and the nature of Bowman's glands. Typical epithelium exists in the upper portions of the superior turbinateds and the symmetrical portion of the septum. The olfactory nerve extends over the same space as the typical epithelium. He found also a membrana limitans on the so-called "Riechhärschen." He confirms the bell-shaped cells (Glockenzellen) described by Suchannek. As to the relation between olfactory fibrillæ and olfactory cells, the author was able to prove the existence of a central process combined with sub-epithelial nerve fibrillæ. The olfactory mucous membrane has no basal membrane. It is filled with many cells, and has an adenoid character. Bowman's glands have small ducts; the orifices of the glands have flat epithelium and no mucous cells. The ducts sometimes end in a crypt filled with ciliated epithelium. He never found pigment in Bowman's glands.

*Michael.*

**Oppenheimer** (Berlin).—*Rhinitis Hypertrophica and Amenorrhæa.* "Berliner Klin. Woch.," 1892, No. 40.

IN five cases of girls with irregular menstruation, which often ceased for some months, the author found hypertrophy of the turbinateds. Some days after operation, menstruation reappeared, and remained regular. The author believes that there was a relation between the two diseases. [But as menstruation is so sensible to psychical influences we believe that any operation upon any part of the body would have had the same influence.—REP.]

*Michael.*

**Scheppegrell** (New Orleans).—*The Treatment of Hypertrophic Rhinitis by Electrolysis.* "New Orleans Med. and Surg. Journ.," Sept., 1892.

THE author has abandoned "chemical cauteries," because of the pain caused, and the difficulty of confining the action to the place intended. With the galvano-cautery a number of deep punctures should be made after cocainization, to get the tissues bound down by cicatrization. The advantage of a sub-mucous operation as opposed to chemical cauterization is that the wound is not an open one, and exposed to irritating discharges and pyogenic germs. In electrolysis we have a means of destroying tissue with the least disturbance of the superficial parts. After one operation most cases show complete removal of the stenosis in eight to ten days; there is no irritation, discharge, or reaction, as the operation is entirely sub-mucous. The operation takes from seven to twenty minutes. A battery of about fifty volts is required. A rheostat and milliamperimeter is required. A "dispersive" and an "active" electrode are required for applying the current. The former should be a thin pliable plate of copper four inches by five inches, backed with mackintosh, and covered with moist absorbent cotton. This is placed on the back of the neck or any other part of the body. The "active" electrode is a platinum needle one and a half inches long, fitted with copper wire two and a half inches long, and insulated by rubber tubing; a light cap makes attachment with the binding cover. The needle is pushed into the turbinated body, and the rubber tubing is pushed over all the needle remaining outside. The current is gently turned on by a rheostat. Under proper

cocainization no pain is complained of, though a stinging sensation is complained of at the 'dispersive' electrode. Both positive and negative currents may be used, but the latter is more convenient. The best result is obtained with a current strength of ten milliampères applied for ten minutes. If a less current is used, it should be applied longer, but with less than five milliampères the results are not satisfactory. This is sufficient, however, when the condition is one of hyperæmia with relaxation of tissues. After removal of the needle the parts are touched with collodion to exclude air. The operation is usually sufficient, unless the hypertrophies are very great, the only disadvantage being the length of sitting necessary. For this reason the galvano-cautery may have to be resorted to in some cases. Of forty-four cases operated on, the author has had good results in the majority. Ten cases are related in detail in this paper.

R. Norris Wolfenden.

**Starck** (Kiel).—*Rhinitis Membranacea*. "Berliner Klin. Woch.," 1892, No. 42.

REPORT of three cases, interesting from the circumstance that two of them succeeded to a fibrinous pleuritis, the third to a fibrinous pneumonia. Bacteriological examination gave no certain results.

Michael.

**Watson, Spencer**.—*The Influence of Intra-nasal Obstruction on the General Health*. "Brit. Med. Journ.," March 5, 1892.

THE author, first referring to the fact that treatment of nasal obstruction frequently relieves other conditions not obviously dependent upon it, classifies cases of stenosis as (1) partial, (2) complete, (3) temporary and (4) permanent. In some cases headache, migraine, &c., might be due to obstruction of the passages of the secondary cavities of the upper air tract. A case of asthma, due to stenosis, and relieved by treatment of this, was given, and the fact accentuated that operations of a complete character were most desirable on the conditions giving rise to asthma. Hay asthma is not to be thought entirely intra-nasal in origin, but aggravated by intra-nasal lesions. The most common form of stenosis, snuffles in infants, adenoids, and hypertrophic forms of rhinitis, were referred to, and treatment by the knife and snare suggested. The author concluded by stating that suitable treatment of stenosis might prevent convulsions and chest deformity in infants, and that in youth and early life chest deformity, deafness, impairment of speech and mental development were evils attending stenosis, and preventible by its cure, and that in adult life by the relief of stenosis asthma, spasmodic cough, bronchitis, &c., were capable of cure. Dr. Havilland Hall, who joined in the discussion over the paper, demurred to the use of a general anæsthetic where cocaine sufficed, and considered hay fever not so much a question of nasal stenosis as of an undue sensitiveness of nasal mucosa, and undue irritability of erectile tissue of inferior turbinateds.

Wm. Robertson.

**Watson, W. Spencer** (London).—*On the Influence of Nasal Stenosis on the General Health*. "Lancet," Sept. 10, 1892.

Stenosis may be temporary, permanent, partial, or complete. Temporary stenosis is attributed to swelling of the erectile tissue of the turbinated bodies under the influence of acute rhinitis, simple chronic rhinitis,

congestive irritation from any cause. The swelling dimples under the probe, and is greatly reduced by cocaine. *Permanent* stenosis is produced by chronic hypertrophic rhinitis, intra-nasal growths, distortions of the septum, etc., etc. When the obstruction is *partial* the question arises as to how far the symptoms are due to irritation rather than obstruction. This may be tested by the amount of reflex disturbance produced by touching the suspected area with a probe, also by the use of cocaine, relief without material diminution of the swelling indicating the presence of an area of abnormal sensitiveness. Several typical cases are described and illustrations are given of the hypertrophic masses removed with the wire-snare and ring-knife. When the obstruction is partial and the symptoms unimportant, the growth being small and easily reached, Mr. Watson advises operating by means of the snare or electric-cautery, using cocaine, and employing the frontal mirror as a guide to the instruments. In cases of *complete* stenosis with much constitutional disturbance he operated by a single operation under general anæsthetic. Asthma was present only three times in some hundreds of cases of chronic hypertrophic rhinitis, and in one in which the asthma had lasted eighteen years a cure was effected by the removal of polypi and the hypertrophied turbinates. In hay asthma he considers the nasal swelling, when present, as an effect rather than a cause, but at the same time the stenosis is a great aggravation, and its removal gives great relief, especially if the use of plugs is persevered with. Reference is made to nasal obstruction in newly-born infants, to the occurrence of adenoid vegetations in early youth and young adult life, and the need for operative relief from the well-known points of view. He insists on stenosis being an important factor in many reflex neuroses, but he would by no means exclude the many other factors, notably the neuropathic element. *Dundas Grant.*

**Drinkwater, H.** — *Asthma from Nasal Disease.* "Brit. Med. Journ.," March 26, 1892.

TWO cases of nasal polypus presenting symptoms of asthma, cured after removal of former. *Wm. Robertson.*

**Hovorka** (Wien). — *Congenital Occlusion of one Nasal Cavity.* "Wiener Klin. Woch.," 1892, No. 40.

A PATIENT, thirty-five years old, died from tuberculosis of the lungs. Since his earliest infancy he had had an occluded right nasal cavity. He was born with a deformed nose, and always produced a noise when he respired through it. The examination of the divided head showed that the right nasal cavity was occluded by a concave, strong membrane covered with hairs. The nasal bones were deviated to the right side. The membrane was situated one centimètre behind the nasal opening. There was a deviation of the septum, synechiæ, and a crista lateralis vomeris. The malformation must be looked upon as having arisen during the embryonal period. *Michael.*

**Reinhold.** — *Myxo-Sarcoma of the Nose.* Inaugural Dissertation, Würzburg, 1891. THE author reports two cases from Seiffert's clinic, and refers to the pathology and therapy of this rather rare neoplasm. The symptoms

resemble those produced by other neoplasms—there are no specific differences. The tumour in most cases is situated on the septum. The diagnosis must be made by microscopical examination. Treatment by galvano-cautery, electrolysis, or by surgical methods. *Michael.*

**Woakes** (London).—*The Pathology and Diagnosis of Necrosing Ethmoiditis.*  
"Brit. Med. Journ.," March 12, 1892.

A RENEWED defence of the author's well-known topic, together with a report, macroscopical and microscopical, of specimens from operation furnished by Dr. Woakes, by Dr. Sydney Martin. The author, in his account of the conditions observed, refers to the first stage of ethmoiditis as characterized by swelling of the body and fibrosis of the covering mucosa. The second stage is recognized by proliferation in the direction of granulation tissue or polypus, and by distension (atrophy) of the bone, now found to contain cavities filled with pale granulation tissue or empty spaces. On cleavage of the mass after rupture, a rarer condition is also described. Necrosis of the bone (the most contested point in the consideration) is insisted on, and referred to in the microscopical report. This condition is found at some part of the wall of the ethmoidal cells, constituting the outer wall of the nasal cavity, and for the dissection of which a special probe is necessary. Such changes are found apart from any in the middle turbinated.

In the discussion that followed the reading of the above paper, Mr. Lennox Browne admitted the occurrence of thickening and degeneration of the mucosa, the development of myxomatous tissue and cysts within the turbinal bones, but characterized the nomenclature as misleading, inasmuch as the usual indications of necrosed bone—stench, extrusion of dead bone, etc.—were absent. *Wm. Robertson.*

**Daly, W. H.** (Pittsburg).—*An Eligible Method of Repairing a Broken Nose.*  
"New York Med. Journ.," Nov. 5, 1892.

THE author lays great stress upon supporting the broken fragments by intra and extra-nasal supports. His method of procedure is as follows:—A piece of soft felt is taken and cut into the shape of the letter X, making the arms of the letter long. This is moistened and moulded to the nose, forehead, and lower parts of the cheeks, after the fragments have been properly adjusted. A piece of sheet zinc or thin sheet iron is now cut into the same shape as the felt, making it, however, slightly smaller. This is punctured round its border and sewn to the felt. Another piece of felt is now taken and applied over the zinc plate. The whole is soaked in a solution of sodium silicate, and moulded over the nose, forehead, and face, and is held in position until it has hardened. A small zinc plate, neatly covered with iodoform gauze, and just large enough to fill the naris and keep the broken fragments in position, is now slipped into either nostril. These plates reach from the anterior nares to the naso-pharynx. The intra-nasal splints should be removed every three or four days, fresh ones being inserted, while insufflations of iodoform are made around the splints every day. The whole is kept in position by variously disposed bands over and around the head. *W. Milligan.*

**Wagner.**—*Cerebral Disease after Simple Operations in the Nose.* "Münchener Med. Woch.," No. 51. Abstracts in "Int. Journ. of the Med. Sciences," Nov., 1892.

THE author reports a case of fatal meningitis after electric cauterization of the lower and middle turbinates in a male twenty years of age. Severe hæmorrhages occurred on the third day, requiring tamponing anteriorly and posteriorly. It did not appear to come from the wounded surfaces, the eschars upon which had not yet become detached. Fever supervened with intense headache in the frontal region, and more moderate in the occipital region. The tampons were removed at the end of sixty-three hours. The meningitis increased, and pains and stiffness occurred in the cervical muscles and in the right shoulder and arm, and steadily increased. Death ensued a week after removal of the tampon. Wagner refers to a case of fatal meningitis after extraction of a polyp, reported by Voltolini, and to two cases recorded by Quinlan ("Med. Rec.," Sept. 13, 1890; "Journ. Resp. Organs," June, 1890), and calls attention to the circumstance that the middle turbinate was involved in all the four instances. He attributes the hæmorrhage in his own case to thrombosis of the longitudinal sinus, with consequent collateral stasis of the venous blood in the nasal passages, and metastatic transfer of some of its broken constituents in the upper extremity. The complications of meningitis are dependent upon the anatomical relations of the venous and lymph currents. The veins of the upper and middle turbinates empty into the longitudinal sinus through the foramen cæcum, and the foramina of the cribriform plate of the ethmoid bone and the lymph channels of the nose communicate directly with the sub-dural and sub-arachnoid spaces. Hence, infection is carried directly to the meninges by the latter path, and to the longitudinal sinus by the former.

*W. Milligan.*

**Fürst** (Leipzig).—*Empyema of the Antrum of Highmore caused by Gonorrhœal Conjunctivitis.* "Archiv für Kinderheilk.," Band 14, Heft 6.

IN a child four weeks old affected with gonorrhœal conjunctivitis the author observed the third day after his birth an empyema of the antrum of Highmore propagated by the ductus lacrymalis. By extraction of two tooth germs the pus was discharged through the alveolus. A large incision was made on the cheek, and followed by discharge of much pus. Drainage was obtained. Death occurred some days later. The *post-mortem* examination showed destruction of the whole upper jaw, abscesses under the temporal muscle, multiple pyæmic abscesses in the lung, kidneys, liver, and cardiac muscles, with pericarditis and pleuritis suppurativa.

*Michael.*

**Meirhof, E.**—*A Few Practical Remarks upon the Commoner Affections of the Nose and Pharynx of Children.* "Arch. of Pediatrics," Aug. 1892.

MORE disturbances are produced by diseased conditions of the nose and pharynx in children than in older subjects. These conditions may arise at any period of child life, and may be primary or secondary. The posterior part of the nares and the upper part of the pharynx are the parts most affected. Hypertrophies of the turbinates and deflected septa are seen in children of ten and twelve years, but they are not common

and polypi are still rarer. Affections of the lower pharynx are not so numerous in children as in adults. Obstruction is an important factor in catarrhal affections of children. In the nose it is rare, but may be due to foreign bodies, swelling of the turbinateds or cartilaginous septum (from traumatism) or general congestion, which latter is often the result of obstruction elsewhere, generally the naso-pharynx. Adhesion of the outer wall of the nose to the septum is the result of acute purulent rhinitis of frequent repetition, or of a chronic process where constant contact causes an absorption of mucous membrane and synechiæ result. Diphtheritic rhinitis with ulceration might cause this. The septum on the side of the adhesion is largely developed or deflected towards the adhesion.

Adenoid vegetations are the common cause of naso-pharyngeal obstruction.

Mucus secretion, bronchitis, cough without laryngeal or pulmonary cause, snoring and restlessness, loss of appetite, irritability, impoverished blood, facial chorea, nocturnal incontinence, retardation of mental development, affections of the eye and ear, even hernia follow upon obstructive catarrh of the nose and pharynx.

Deflection of the septum, oftener observed in adults, is a progressive process when caused by injury in childhood.

The hypertrophy of Luschka's tonsil is the most important throat disease of children. The commonest affection is tonsillar. In the majority of children there is simple inflammation with swelling or with exudation. Abscesses and cheesy products are not so common in children, and the effects of tonsillar inflammation are not so severe. Enlargement of the tonsils may cause secondary disturbances, such as otitis, interference with deglutition, nasal respiration and speech, irritation of the epiglottis, adenitis, etc. These secondary disturbances are not due to one cause but many. Enlarged tonsils should be got rid of. The author is convinced that it is through the nose and throat in an unhealthy condition that diphtheria, scarlatina, etc., are introduced into the blood in many cases.

*R. Norris Wolfenden.*

**Watson, W. S.**—*A Case of Naso-Pharyngeal Polypus in a Girl—Removal by the Snare and Spring Catch Forceps.* Trans. Med. Soc. of London, Vol. XV., 1892.

IN a girl of sixteen and a half a large gelatinous nasal polypus was seen to depend behind the uvula. The left nostril was occluded by polypus. Under cocaine it was removed with a cold wire snare passed through the nostril into the pharynx, where the loop was caught and slipped up to the pedicle of the polypus, the curved end of the pharyngeal catch forceps securing the lower end of the polypus to steady it while the loop was passed round. The growth was then removed, and was two and a quarter inches by one inch in diameter. Along with a piece of growth removed at a previous operation, it would be about double that size, *i.e.*, about three and a half to four and a half inches long. The author thinks the case interesting from (1) the unusual size and situation of the polypus in a young girl; (2) the use of the catch forceps and his own canula forceps as a novel method of proceeding.

*R. Norris Wolfenden.*