

could be seen; the pure culture proved virulent to guinea-pigs. The discharge ceased in seventeen days, and a culture showed cocci only; there was no albumen, and no paralysis followed.

In eighteen cases sent in as suffering from diphtheria the long variety of bacillus was present in ten; in two combined with the short (cases one and seven). In case one the short variety was present twelve weeks after admission, but a pure culture was not virulent to guinea-pigs.

In the eight cases where Loeffler's bacillus was not found, five showed streptococci, staphylococci, and cocci; one streptococci and a short liquefying bacillus; and one streptococci and one staphylococci only. In cases one and two there was considerable exudation on tonsils and palate; and case three, where there was an acrid nasal discharge, proved scarlet fever. In none of the cases was there any loss of knee jerk or following paralysis. Five of the above cases were regarded as tonsillitis. In fourteen cases of rubeola, a short liquefying bacillus was found in three, in two of which there was exudation on the fauces; in four staphylococci and the same bacillus; in three strepto and staphylococci; and in one streptococci only. In the remaining three the short diphtheria bacillus was found accompanied by various cocci. In case one, showing bacillus Loeffler brev. and cocci, a pure cultivation proved non-virulent to guinea-pigs. In conclusion the author draws attention to the value of bacteriological examination, and points out that in none of the eighteen cases certified as suffering from diphtheria was the short variety of bacillus found [alone?], and that in the nine scarlet fever and three rubeola cases where it was present only one presented clinically the features of diphtheria. Dr. Washbourne, who had tested pure cultures of the short diphtheria bacillus obtained from some of the above cases, had found them non-virulent to guinea-pigs. *St. George Reid.*

Thresh, J. C. (Chelmsford).—*Infectious Sore Throats.* "Lancet," Aug. 17, 1895.

THE author raises the question as to the infectiousness of some forms of tonsillitis, and the advisability of isolating cases occurring in schools. He draws attention to the low mortality—five per cent.—of the cases of diphtheria occurring in the Chelmsford Rural Sanitary District as compared with previous years, when it has been twenty per cent.; and states that the last thirty cases of diphtheria have all terminated favourably, but that in only one was Loeffler's bacillus found. He believes the bacilli present were the pseudo variety described by Klein.

St. George Reid.

NOSE AND NASO-PHARYNX.

Barr, Thomas (Glasgow).—*The Treatment of Adenoid Growths in the Naso-Pharynx.* "Lancet," Sept. 14, 1895.

THE lecturer deals with the importance of early removal, the modes of operating, and the question of anaesthetics. With regard to the latter point, his experience has led him to prefer chloroform, lightly administered, to either ether or nitrous oxide. He emphasized the importance of rest, and the dangers of chill and of any injudicious nasal treatment after the operation. Where the post-adenoid growths are accompanied by hypertrophy of the tonsils, the lecturer is in favour of dealing with the tonsils first, and of removing the adenoid growths at some subsequent sitting.

St. George Reid.

Boyd, Stanley (London).—*Temporary Resection of the Upper Jaw for Naso-Pharyngeal Growth.* "Lancet," Nov. 16, 1895.

At a meeting of the Medical Society of London Mr. Stanley Boyd showed a patient on whom he had performed temporary resection of the upper jaw for removal of a growth in the naso-pharynx. The growth was found to spring from the region of the sphenoidal sinus, and was cut away with scissors. There had been no recurrence. *St. George Reid.*

Bowlby, Anthony (London).—*Two Cases of Fibro-Angioma of the Naso-Pharynx Treated by Operation; Remarks.* "Lancet," Oct. 12, 1895.

In the first case of fibro-angioma of the naso-pharynx the most troublesome symptom was that of persistent epistaxis. After ligaturing the external carotid the left superior maxilla was excised, and the growth separated from the pharynx with a raspator, and torn away from the base of the skull; the bleeding was rapidly arrested by sponge pressure, the skin-flap replaced, and the pharynx and nostrils plugged with iodoform gauze. The man made a good recovery, and no recurrence took place.

In the second case, one of pulsating fibro-angioma, tracheotomy was first performed, and a Durham's tube inserted. The soft palate was divided in the centre, and together with the muco-periosteum of the hard palate was detached; a triangle of bone, having the apex forward, was then removed from the hard palate, and the tumour, which pulsated freely, was exposed. By means of a large curved steel elevator, passed behind the mass, it was removed in one piece, and the profuse hemorrhage was arrested by sponge pressure. The man made a good recovery, and three months after the operation it was found that bone had been reproduced along the entire cleft. Twelve months after the operation the man was in good health, with no sign of recurrence of the disease. *St. George Reid.*

Broca.—*Adenoid Vegetations of the Naso-Pharynx.* Neuvième Congrès français de Chir., Oct., 1895.

The author has removed more than five hundred adenoid tumours. In children below one year of age he uses forceps; in others, Gottstein's curette. He does not believe these tumours are so frequently tuberculous as Dieulafoy has stated; the results by inoculation are due to inoculation by infectious mucous at the surface of the tumours. Recurrence is due to increase of parts not removed.

A. Cartaz.

Brunschwig.—*Foreign Bodies in the Left Maxillary Sinus.* "Ann. des. Mal. de l'Oreille," etc., Aug., 1895.

A YOUNG man, who after having had a left molar extracted, felt an opening at the root of the tooth, which the dentist informed him had been an abscess, constantly tried to probe it with straws, cherry stalks, splinters of wood, etc. The author irrigated the sinus freely, removing a quantity of *débris*, amongst others pieces of wood a centimètre in length and diameter. Under constant applications of boracic acid the *ozæna* and discharge were cured. A caoutchouc plate was fitted so as to close the orifice of the sinus. The author concludes as follows: "In the case of foreign bodies in the maxillary sinuses removal should be accomplished as soon as possible, the cessation of suppuration being thereby obtained. An extensive irrigation should be immediately practised. If the foreign body cannot be expelled by the natural orifice of the sinus or by the orifice made, it is better to enlarge the alveolar opening than to make a new opening across the canine fossa. In this manner the condition of the sinus can be easily ascertained

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and the foreign bodies can be easily seized. A small cataract crochet or a looped wire is the best instrument." *Norris Wolfenden.*

Collier, Mayo (London).—*Trigeminal Neuralgia and Nasal Disease.* "Lancet," Aug. 31st, 1895.

TWO cases of long-standing severe trigeminal neuralgia, where, on examining the nasal cavities, extensive disease of the middle turbinated bone was found, the removal of which resulted in complete cure in both cases. *St. George Reid.*

Collier, Mayo (London).—*The Effect of Chronic Nasal Obstruction on the Growing Skulls of Young Persons.* "Lancet," Nov. 9, 1895.

IN a letter to the editor the writer calls attention to the irreparable damage done to the growing upper maxillary bone, and consequently to the facial appearance, of young persons the subject of chronic nasal obstruction. *St. George Reid.*

Dalby, Sir Willam (London).—*Adenoid Growths in the Pharynx.* "Lancet," Nov. 30, 1895.

THE author in this paper refers to the use of the steel nail in the removal of adenoid growths, and advocates its use in all cases above the age of eight or nine years. He believes that after this age in many cases the growths become of such tough consistence that it is impossible to eradicate them effectually with the simple finger-nail, especially in those cases where there is hypertrophy of the pharyngeal tonsil; and draws attention to the proper position the patient should be placed in to avoid the blood flowing, or being drawn into the larynx during anæsthesia.

St. George Reid.

D'Aubnay, Richard.—*Primary Chancre of the Nose.* "Ann. de Dermat.," VI., No. 11, 1895.

DESCRIPTION of a case of nasal chancre, in the median part of the apex of the nose. At first the diagnosis was difficult, the ulcer having the appearance of a furuncle; the adenitis appeared later. Nothing particular distinguished the evolution, except intense cephalalgia. *A. Cartaz.*

Hassell, R. F.—(1) *Superfluous Tooth in Floor of Nose*; (2) *Rhinolith.* "New Orleans Med. and Surg. Journ.," Nov., 1895.

(1) THE patient, a man of thirty-four years, had suffered from catarrh, paroxysmal neuralgia starting from the right nostril, and occasional fœtor of breath. A small-sized canine tooth was removed from the floor of the nose, with entire relief to the patient. (2) A rhinolith in a girl of five; a thin calcareous crust around a roll of paper. *R. Lake.*

Joachim, O.—*A Superfluous Tooth in Floor of Nose.* "New Orleans Med. and Surg. Journ.," Nov., 1895.

THIS was of the incisor type. The only symptom was excessive discharge. The tooth was carious, and was situated well back in the nose. *R. Lake.*

Joachim, O.—*Acute Empyema of Frontal Sinus; Death.* "New Orleans Med. and Surg. Journ.," Nov., 1895.

THE patient received a blow on the head, causing concussion, in the early part of the year. Constant headache next occurred, and he was admitted into hospital after four days' headache and fever; a frontal abscess was opened, and the following day the frontal sinus cleaned out, it being full of granulation

tissue and pus. Some days later the boy was trephined for cerebral symptoms, with a negative result; but pus was obtained the next day through a fresh opening. Death occurred two days later. A frontal abscess and signs of old mischief over frontal lobe found at autopsy. *R. Lake.*

Jormeseo.—*Total Rhinoplasty.* Neuvième Congrès français de Chir., Oct., 1895.

THE author has performed rhinoplasty by the Italian method for an enormous acneiform hypertrophy of the nose in a young man twenty-five years old. The graft was detached from the arm, fixed upon the nose, after decortication, and the arm immobilised to the head by a plaster bandage. Good results followed. *A. Cartaz.*

Jourdran.—*A Case of Unities Vorax observed in Guyane.* "Arch. de Méd. Navale," Nov., 1895.

DESCRIPTION of a case of unities in a negress in French Guyane. Habitual symptoms: cephalalgia, violent pains, fetid suppuration, discharge, epistaxis, etc. Cure with injections of chloroform water, tobacco, sublimate, and chloroform inhalations. The number of larvæ expelled from the nasal fosse was more than three hundred (315). *A. Cartaz.*

Gradenigo.—*A Case of Rhinolith.* "Ann. des Mal. de l'Oreille," etc., Sept., 1895.

THE rhinolith, which was a cherry-stone encrusted with salts, measured in millimètres 11 by 10 by 9, and weighed 0.645 grammes. The woman, who was thirty years of age, had no recollection of how the stone had got into her nose. It had probably been there since childhood. *Norris Wolfenden.*

Guinard.—*Extraction of a large Sequestrum from the Nasal Fosse.* *Rouge's Operation.* "Ann. des Mal. de l'Oreille," etc., Sept. 1895.

THE case was one of extensive syphilis of the nose, and the sequestrum removed was composed partly of the septum and largely of the palatine apophysis of the superior maxilla, surrounded by an extraordinary quantity of pultaceous matter. The right maxillary sinus was similarly filled. The sequestrum had the size and shape of a two-franc piece. No cicatrix is visible on the face. The author remarks that the sequestrum might have been removed by a median rhinotomy or through a palatine opening; but in similar cases he gives the preference to an operation which is not followed by a cutaneous cicatrix, and prefers Rouge's operation, which is not followed by any external cicatrix, and has only one inconvenience, namely, abundant hæmorrhage, which, however, is easily arrested. It gives extensive access to the nasal fosse, and permits of ready exploration of the maxillary sinuses. *Norris Wolfenden.*

Launois.—*The Nervous Apparatus of Olfaction.* "Ann. de l'Oreille," etc., July, 1895.

A PHYSIOLOGICAL study of the extra and intra-cranial olfactory apparatus, which, though interesting, contains little which is new. *Norris Wolfenden.*

Laurens.—*Relations of Diseases of the Nose and Accessory Cavities to Ocular Diseases.* "Gaz. des Hôp.," 7th Sept., 1895.

ANALYTICAL and very good critical review.

A. Cartaz.

Oppenheimer, S. — *Advocation of a New Operation for Marked Diffuse Cartilaginous Deflections of the Nasal Septum.* "Annals of Oph. and Otol.," Oct., 1895.

THE cartilaginous septum is separated at its attachments on all sides except the upper, and is then kept in place by splints. *R. Lake.*

Péan.—*A Case of Rhinoscleroma.* "Bull. Acad. de Méd.," Oct. 22, 1895.

THE case of a woman, a native of Costa Rica, twenty years old, with an old rhinoscleroma, which had invaded the accessory parts of the nasal fossæ. The nose was in great part surrounded by dense, lardaceous neoplasm; the nasal fossæ were completely obstructed by the extension of neoplasm; the upper lip was also degenerated. The rhinoscleromatous degeneration had diffused through the maxillary and ethmoidal sinuses. By extensive operation the author removed the nose and all of the upper lip, and the turbinated bodies; resecting the ascending part of the maxillary bone, and curetting the sinus and antrum. By approximating the edges of the cutaneous flaps there remained only a large hole in the place of the nose. Subsequently cauterization of some suspicious parts was performed with Canquoin's paste. *A. Cartaz.*

Pinder, George (Ramsay, Isle of Man).—*A Case of Empyema of the Antrum of Highmore of Seven Years' Duration.* "Lancet," Oct. 19, 1895.

THE case was one of a man, aged thirty-four, who complained of a constant purulent offensive discharge from the left nostril. On examination the septum and left middle turbinal bone were seen to be studded with small sessile polypi, and pus was oozing from the middle meatus. Two decayed left upper molars were extracted and two holes drilled into the antrum, one over the second molar and the other through the canine fossa. A pyogenic membrane, forming a complete coat of the antrum, was syringed out, together with a quantity of pus and carious material; the nasal polypi were removed and their bases cauterized. The man made a perfect recovery. *St. George Reid.*

Richardson, C. W.—*Double Pedunculated Myxo-Fibroma.* "Annals of Oph. and Otol.," Oct., 1895.

THE growth was a naso-pharyngeal polypus, and one peduncle was attached just above the right Eustachian tube; the other, the larger, was attached to the left vault. The microscopic examination showed the tumour to be chiefly fibroma with a little myxomatous tissue. *R. Lake.*

Royet.—*Coryza with Erythema of the Upper Lip.* "Lyon Médical," Nov. 10, 1895.

DESCRIPTION of cases of coryza in three sisters, with secondary erythema in all three patients of the upper lip, near the opening of the nasal fossæ. The author believes that the erythema was of contagious nature, but he has not practised bacteriological examination. *A. Cartaz.*

Rudaux.—*Empyema of the Maxillary Sinus in a Child Three Weeks Old.* "Ann. des Mal. de l'Oreille," etc., Sept., 1895.

It is generally supposed that maxillary sinusitis is not found before the seventh year of age, and can only frequently occur after the age of puberty: the case recorded is, therefore, most exceptional. Three weeks after birth the infant's eyelids were red and œdematous; there was thrush on the mucous membrane of the mouth and gums, and over the canine fossa could be seen the premature eruption

of a tooth, which was quite loose. A few days afterwards pressure on the sub-orbital region led to discharge of pus through the left nostril, and nasal suppuration became continuous and abundant. Five days afterwards this opened below the lower eyelid, and an abscess appeared behind the left ear. The left cheek was indurated, and an irrigation through the sub-orbital fistula was exuded through the left nostril. With a probe several denuded rugous spots were detected in the upper maxilla. A small curette was introduced through the fistula into the maxillary sinus, and some small osseous sequestræ and a movable tooth were withdrawn. The fistula's track was curetted and packed with iodoform gauze. Irrigations were ordered, but, as the suppuration did not cease entirely, further operation was determined upon. By a horizontal incision in the orbito-palpebral cleft and a vertical incision in the naso-genial cleft, the flap was turned on one side and the sinus entered after resection of a small piece of bone. A large communication was made between the sinus and the nasal fosse, the walls curetted, and the cavity packed. The fistula healed. Five months afterwards (March, 1895) only a very slight nasal discharge remained. *Norris Wolfenden.*

Straight, H. S.—*Headache due to Adenoid Growth.* "Med. News," Nov. 9, 1895.

THE patient's headache commenced on rising, and lasted until the forenoon, often causing vomiting. He had nasal catarrh of three years' standing. Adenoid vegetations were found and removed, the headache promptly disappearing and not returning. *R. Lake.*

Tidey, Stuart (Florence).—*Septic Tonsillitis as an Acute Specific Disease.* "Lancet," Dec. 14, 1895.

THE writer, from some years' experience in Switzerland, believes that the above form of throat disease should be regarded as an acute specific disease, due to inoculation of a specific poison, the origin of which is intimately connected with defective sanitation. He advocates local cleansing of the fauces and naso-pharynx with antiseptics, and recommends the application of glycerine and carbolic acid. *St. George Reid.*

Tilley, Hubert (London).—*Three Cases of Parosmia; Causes, Treatment, etc.* "Lancet," Oct. 12, 1895.

IN all three of these cases the nasal cavities and mucous membrane were found perfectly healthy. The first, that of a man aged thirty-eight years, who complained of a strong smell of ammonia, was evidently one of post-influenza neurosis. The origin of the disease in the second case, that of a man aged thirty-six, was obscure. In both these cases an intra-nasal spray of liq. strychnia, ten minims to the drachm, daily, proved satisfactory. The third case, that of a woman aged forty-six, who complained of having a foul smell in the nose, was evidently one of climacteric neurosis, and improved under general treatment. *St. George Reid.*

Vacher.—*Notes on some New Instruments.* "Ann. de l'Oreille," etc., July, 1895.

A DESCRIPTION of handle-carrying curettes for adenoid vegetations, a new polypus forceps, a new aural and nasal speculum, and a new tongue depressor for employment when operating on adenoids; also of a new retro-nasal canula. *Norris Wolfenden.*