

NOSE AND NASO-PHARYNX.

Pins (Wien).—*New Method of Irrigation of the Nose.* “Wiener Med. Woch.,” No. 16, 1890.

THE author applies an apparatus consisting of a bottle, the cork of which is doubly perforated, and through which are fixed two tubes. One of them ends in an olive and is applied to one nasal cavity. Into the other the patient blows as strongly as possible, with the mouth. During blowing the soft palate closes the naso-pharynx, and the fluid will return by the other nasal cavity. *Michael.*

Coupard and Saint Hilaire.—*Contribution to the Study of Neuralgic Headaches and Migraine of Nasal Origin.* “Tribune Médicale.”

THE authors record twenty-one observations of neuralgic headaches and of migraine depending upon a nasal affection. *Joel.*

Trifiletti.—*On some Cases of Nasal Neurosis.* “Arch. Ital. di Lar.,” April, 1890.

WITH good cause the author points out that the exaggeration of the nasal reflex, is the cause of some mistakes. Together with Lichtwitz, Trifiletti believes that the existence of a neuropatic disposition (neurasthenia or hysteria) is to be allowed, and that we ought to separate cases of simple reflex neurosis from other pathological conditions, which, though very slight, may produce in predisposed subjects troublesome symptoms, and even pain, neuralgia, paræsthesia, etc., in the nasal region.

The cases quoted by the author are illustrative of these practical views. *Massei.*

Ziem (Danzig).—*Skoliosis of the Vertebral Column and Obstructive Nasal Disease.* “Monats fur Ohrenheilkunde,” 1890, No. 6.

BY obstruction of one half of the nose the author produced in rabbits skoliosis of the vertebral column in high degree. By the obstruction the development of the face is diminished on that side, and this is followed by the malformation of the vertebral column. One patient was observed by the author, who became skoliotic after having acquired a traumatic malformation of the septum. *Michael.*

Landow (Göttingen).—*On a Rare Case of Malformation of the Nose.* “Deutsche Zeitschrift für Chirurgie,” 1890, Bd. 6.

A CHILD, five weeks old, had a normal right half of the nose. The median part was covered with skin. Instead of the left half there was a body one and a half centimètres long, three-quarters centimètre broad, resembling the trunk of an elephant. Extirpation of the trunk. Four years later in the place of the trunk there was a little fistula. *Michael.*

Fraenkel, B.—Berliner Med. Gesellschaft Meeting, Mar. 7, 1890.

THE author showed a specimen of bulla ossea from a lady twenty-seven years old, who had complete obstruction of the right nostril. The

cavity of this nostril was closed by a red tumour, covered with mucous membrane, consisting of thin bone. By puncture, serum and pus were removed. The bony wall was removed by the forceps. It was situated on the middle turbinated body. Cure. *Michael.*

Hajek (Wien).—*Perforating Ulcer of the Septum. Anatomical and Clinical Study.* "Virchow's Archiv.," Bd. 120, Heft 3, 1890.

THE author has made researches on thirty-eight cases of this disease. The histological examination showed that there is a necrosis beginning in the mucous membrane, and by-and-by destroying this and also the cartilage. As a result of this progressive necrosis a circular loss of substance in the septum remains which can spontaneously recover. The disease is not in any way connected with syphilis or tuberculosis, nor with diphtheria, as is proved in the original paper. It can only be explained by an anatomical disposition of the septum to ulceration.

Michael.

Robertson, W. (Newcastle-on-Tyne).—*A Curious Case of Occlusion of the Choanae.* "Brit. Med. Journ.," Jan. 25, 1890.

THE occlusion was due to the presence of two pale white membranes, one about the centre of the right nares, and the other at its posterior termination. The turbinated bone had completely disappeared. They were successfully treated by the galvano-cautery. The author suggests that the nostril had been the seat of rhinoscleroma, which had become exhausted.

Hunter Mackenzie.

Herzog (Graz).—*Rhino-laryngological Observations in Influenza.* Mittheilungen des Vereins der Aerzte in Steiermark, 1890.

IN one hundred and fifty cases of influenza the author has observed occasionally an acute serous coryza, in seven cases purulent catarrh of the nose combined with supra-orbital neuralgias. Epistaxis was frequently observed. In the pharynx there was usually a diffuse hyperæmia, also in the naso-pharynx. In one case the author saw an acute inflammation of the pars interarytænoidea with cough simulating that of phthisis. One of these patients was very short of breath. Phthisical patients were very unfavourably influenced by the disease, but in no case was death caused by it. When the influenza itself was cured there often remained catarrhs of the upper respiratory organs.

Michael.

Wiebe.—*Empyema of the Antrum of Highmore.* "Corresbl. der Aerztliche Verein in Sachsen," 1889, No. 11.

REPORT on the symptoms and treatment of this disease. For diagnostic purposes the author recommends puncture with a Pravaz syringe and Cooper's method of access through the alveolus of an extracted tooth.

Michael.

Panas (Paris).—*Abscesses of the Frontal Sinuses Simulating Independent Lesions of the Orbital Cavity.* Congrès d'Ophthalmologie de Paris, March, 1890.

THE author wished to call attention to the difficulty of diagnosis presented by abscesses of the frontal sinus. This affection, not at all uncommon, has,

however, often been passed over unrecognised. It is well to recall the fact that diathetic affections, tubercles, gummata, all kinds of osteitis, have their favourite situation on the external inferior border of the orbit. Thus, every suppuration having for its site the upper portion of the neighbourhood of the frontal sinus, would immediately awaken suspicion and make one think that possibly an inflammation of this sinus might be the point of origin. He insists, above all, on the fact that empyema of the frontal sinus is not necessarily in communication with the orbit by a fistulous track. It may be added that the degree of development of the frontal sinus varies according to the individual, and that frequently the cavity of the same is prolonged to the external orbital apophysis of the frontal bone. As regards the patients that the author has observed, there was neither ozæna nor any other affection of the anterior nasal fossæ, which would lead one to believe in the possible involvement of the sinus. From this it follows that the presence of such lesions should awaken the possibility of a suppuration of the frontal sinus, but their absence could not be sufficient reason for rejecting such supposition. A symptom which has never been wanting, and which frequently is very severe and long continued, is that of intense pain, complained of by the patient in the course of the infra-orbital and nasal nerves. This is due to the fact that the mucous membrane of the sinus is very richly supplied with special nervous filaments, distributed to it by the trigeminus. *Joal.*

Hansberg (Dortmund).—*The Introduction of Probes into the Accessory Cavities of the Nose.* "Monatschr. für Ohrenheilk.," Nos. 1 and 2, 1890.

THE nature and position of the natural openings of the accessory cavities of the nose is dealt with by the author in a special anatomical study. Beginning with the antrum of Highmore, he has found that in order to introduce a probe (the anatomical details, illustrated by some woodcuts, must be read in the original) the instrument must have a circumference 1 to $1\frac{1}{2}$ ctm., a length of 15 ctm., and a curvature of 110° . It is introduced after cocainisation between the middle turbinated body and the external nasal wall. If the middle turbinated body is passed half its length the probe must be turned to the external side, and then introduced. Empyema of the antrum can be easily recognised, because pus will exude from the opening, and if the diagnosis is so determined operation can be performed. In about two-thirds of the cases the introduction of the probe is quite possible. For examination of the frontal sinus the probe must have a thickness of one-half to 1 mm., a length of 30 mm., and a curvature of 125° . It must be introduced between the anterior end of the middle turbinated and the external nasal wall. If the introduction is successful, the probe passes usually through a canal, 12 mm. long, and then can be moved freely. If the length of the portion of the probe introduced is about 60 mm. we may conclude that the introduction has succeeded. If the attempt at introduction does not succeed in an important case, the middle turbinated must be removed. In about two-thirds of the cases probing is possible.

For the cuneiform cavity must be used a probe half mm. thick, and 15 mm. length, curved like a catheter tube. The instrument is introduced

between the middle turbinated and septum ; then directed behind and upwards to reach the anterior wall of the sphenoid bone. If the probe is now turned to the side the opening will usually be found. *Michael.*

Zurllinger (Budapest).—*Bursitis Pharyngea Acuta.* “*Pesther Med.-Chir. Presse,*” No. 10, 1890.

DURING the epidemic of influenza the author saw in some cases, by rhinoscopy, dry yellow-greenish mucus on the pharyngeal wall. If the secretion was removed the opening of the bursa could be seen, and by a probe fluid secretion could be expressed from the bursa. Treatment with solution of nitrate of silver resulted in cure. *Michael.*

Laker (Graz).—*Acute Retro-nasal Affections with Typhoid Symptoms, Local Treatment—Cure.* “*Wiener Med. Presse,*” Nos. 17 and 18, 1890.

THE patient had been ill for some days and was feverish (40°). His tongue was dry and bad. He had meteorism, and enlarged liver, and spleen, and also diarrhoea. He was thought to be suffering from typhoid, because in the street where the patient lodged there were cases of this disease. The examination of the nose showed that the mucus membrane of the nose and the naso-pharynx was covered with dry greenish-yellow secretion, and both cavities of the nose were filled with these masses. The author made an irrigation of a 1 per cent. solution of sodium chloride, by which a great quantity of white, greenish and yellowish mucous was removed, and the patient could then himself snuff out masses of secretion of cadaveric odour. As soon as these masses were removed the patient was relieved, and felt very much better. The temperature went down the same day to 36°, and never again rose to 40°. The author believes there was a septic infection localised in the nose and infecting the whole body. The convalescence was complicated by acute otorrhœa, and lasted more than one month. In the secretion the author found two micrococci, a bacillus, and a capsulated coccus. Both micrococci were inoculated into rabbits, and both animals died from septic infection. *Michael.*

Grünwald (München).—*Technique of Operations for Retro-nasal Tumours.* “*Munch. Med. Woch.,*” No. 20, 1890.

FOR such retro-nasal tumours as are broad-based, and cannot be operated upon by Lange's instrument or by the galvano-cautery, the author recommends the introduction of Belloc's tube with a wire on one side of the tumour, and its reduction by the same instrument on the other side. It is thus possible to place the wire round the tumour. The author relates a case in which he has applied the method with the best results.

Michael.