

Zarniko. — *Tuberculosis of the Pharynx.* Aertzlicher Verein in Hamburg. Meeting, April 17, 1894.

THE author showed a case. The affection began with an ulceration of the right tonsil in February last. Iodide of potassium was given without effect. The condition has now made progress, and the soft palate, uvula, epiglottis, epiglottic folds, and the right vocal band, have become ulcerated. *Michael.*

Catti (Fiume). — *Pharyngo-Laryngeal Types of Acute Miliary Tuberculosis.* "Wiener Klin. Woch.," 1894, No. 24.

THE author proposes to call such cases of miliary tuberculosis in which the affection begins in the pharynx and larynx a pharyngo-laryngeal type analogous to the typhoid, the meningeal, the broncho-pneumonic and the chronic types of the disease. The author has observed this form in two cases. *Michael.*

Urcelay. — *Varices of the (Esophagus.* Inaugural Dissertation. Berlin, 1893.

NOTHING new.

Michael.

Hacker (Wien). — *The Treatment of Deep-scated Cicatricial Strictures of the (Esophagus by application of Bougies without end after temporary Gastrostomy and (Esophagotomy.* "Wiener Klin. Woch.," 1894, Nos. 25 and 26.

THE author reports some cases in which he had applied this method, originally proposed by him in his book (see the report in this Journal), with good results. *Michael.*

NOSE AND NASO-PHARYNX.

Zwardemaaker. — *Olfactometry.* "Neurolog. Centralbl.," 1893, page 729.

EXPERIENCES with the method are related.

Michael.

Henshaw (Sale). — *Nasal Feeding in Cases of Painful Deglutition.* "Brit. Med. Journ.," May 19, 1894.

THE author recommends this in all painful affections of the mouth and palate. [And he might have added, of epiglottis and arytenoid regions.—*Rep.*] *Wm. Robertson.*

Franke, G. (Berlin). — *Experimental Examination of Air-Pressure, Air-Movements, and Air-Changes in the Nose and its Accessory Sinuses.* "Archiv für Laryngologie und Rhinologie," 1893, Band 1, Heft 2.

THE experiments which the author carried out partly with a nasal tube, partly on a model of the nose, and partly on a specimen gave the following results. The air-pressure in the cavities of the nose is determined by (1) the absolute extent of the whole nasal cavities; (2) the relative size, *i.e.*, the difference in size between the choanæ and the nasal cavity (or rather its narrowest part); (3) the position of the narrowest

part of the nasal cavity ; (4) by the strength and vigour of the respiratory movements.

An exact average expression for the air-pressure in a normal nose cannot be given, but, according to the author's experiments, in the normal nose and accessory cavities, with normal respiration, it does not exceed two to three millimètres of water pressure.

The differences in pressure, as in the nose and the accessory cavities, cannot be brought into any relation with the variation of the general air-pressure.

In order to study the air-movements in the nose, the author breathed through his nasal model alternately tobacco-smoke and air. His conclusions are as follows :—The air rises from the bridge of the nose to the roof, then arches over and downwards to the choanæ. Beneath the arch thus formed there is a column of air, which rotates from above backward and downwards. On strong respiration the arch keeps closer to the roof of the nose, while the column is large, and turns quickly. On expiration the movements are the same, but reversed in direction. At the end of inspiration the whole air contents of the nose turns in one large column, whose centre lies at the anterior inferior border of the middle turbinated. On expiration the same phenomena appear, but reversed.

No smoke entered the frontal sinus or antrum of Highmore during these experiments, but clouds of smoke entered the sphenoidal sinus. It appeared that the size of the openings between the nose and the accessory cavities, and their relation to the direction of the air streams in the nose, had great influence on the power of air to enter the cavities.

Considering the very slight exchange of air in the accessory cavities, it appears that these could be of no service either in moistening and warming the respired air or in helping the sense of smell : they are only bone cavities for lightening the skeleton. Their size and development are quite independent of respiratory phenomena. *Meyer (Kelly).*

Ladreit de la Charrière and Castex.—*Indications and Contra-Indications of Seaside Treatment of Nasal, Aural and Laryngeal Diseases.* "France Médicale," Aug. 3, 1894.

SEASIDE treatment is indicated in aural diseases, scrofulous, tuberculous, and hysterical ; prohibited in eczema of the ears. It is also excellent for various forms of rhinitis, but rarely indicated in pharyngeal and laryngeal diseases. It must be condemned for the treatment of tuberculous laryngitis. *A. Cartaz.*

Straus (Paris).—*Presence of Tubercle Bacilli in the Nasal Cavities of Healthy Subjects.* "Bull. Acad. de Med.," July 3, 1894.

THE author has found tubercle bacilli in the crusts and mucosities of the nasal fossæ in twenty-nine subjects who were pupils and nurses of the hospital. The subjects were all in good health, without signs of tuberculosis. The crusts and mucosities were removed with cotton tampons, and washed in sterilized broth (bouillon). That liquid was injected into the peritoneal cavity of guinea-pigs. Of twenty-nine animals inoculated, seven died from septicæmia and purulent peritonitis, nine from tuberculosis,

and thirteen remained in good health. He concludes that in the subjects living among tuberculous surroundings, as in the hospitals, the dust inspired is mixed with bacillary products, and may inoculate the respiratory channels, and the nasal cavities in particular. *A. Cartaz.*

Greliche.—*Infections of Nasal Origin.* Thèse de Paris, 1894.

THE author studies the various micro-organisms found in the nasal cavities, the relative immunity of some, and the prevalence of infectious complications after an inflammation of the mucous membrane. These complications appear in the eye, ear, respiratory tract, etc. They are constantly pretty serious, and it is necessary, in order to prevent them, to cure with great care the primary disease of the nose. *A. Cartaz.*

Tautil.—*Epistaxis in Old People.* Thèse de Paris, 1894.

FROM the cases related by the author, epistaxis should be frequent in old people, more in women than men (nine to two). The symptoms are similar to those of hæmorrhage in young men. The pathogenic conditions are, an atheromatous state of the vascular system, and sometimes diseases of the heart, liver, or kidneys. He has successfully employed subcutaneous injections of ergotin. *A. Cartaz.*

Vladar.—*Treatment of Rhinitis Fibrinosa with Iodoform.* "Pesther Med. Chir. Presse," 1894, No. 16.

THE author recommends cauterization with chromic acid, and after-treatment with insufflations of iodoform. *Michael.*

Chapuis.—*New Case of Syphilitic Chancre of the Nasal Mucous Membrane.* "Gaz. des Hôp.," July 19, 1894.

RELATION of a case of primary chancre of the nasal mucous membrane. The ulceration was extensive at three centimètres from the opening of the right nasal fossæ. There was a great infiltration of the adjacent tissues, with ichorous secretion. Cure was obtained by specific treatment. *A. Cartaz.*

Mendel.—*Tertiary Syphilitic Rhinitis; Necrosed Bone (Sequestrum) retained in the Nasal Cavities for Four and a half Years.* "Bull. Soc. de Laryng. de Paris," June, 1894.

THE title sufficiently indicates the case. *A. Cartaz.*

Le Bart.—*Primary Chancre of the Nose and Nasal Fossa.* Thèse de Paris, 1894.

THE author relates all the cases of syphilitic ulcer of the nose—they are thirty-seven in number—with two personal observations. Chancre is rare. From the published statistics nasal ulcer appears in 37 per cent. of the extra-genital chancres. The author studies the two forms of that lesion—on the external tegument, and on the nasal mucous membrane. The symptoms and diagnosis are carefully enumerated. *A. Cartaz.*

Chiari, O. (Vienna).—*Tuberculosis of the Nasal Mucous Membrane.* "Archiv für Laryngologie und Rhinologie," 1893, Band 1, Heft 2.

AFTER going into the literature of the subject particularly, the author reports six cases that came under his own observation. The disease is

comparatively rare, since he has only seen six cases during the years 1889-93, in which he saw on an average one thousand five hundred patients per annum, and altogether there are only twenty-one cases reported.

In twelve cases one must assume auto-infection, either from sputum reaching an excoriated part of the septum, or through the lymphatics. In the other cases the infection must have come from without. In one case the infection arose from the antrum of Highmore. In eighteen cases the position of the tuberculoma was the cartilaginous septum. Generally an ulcer first appears, from whose edges there rapidly arise granulations that soon become confluent, and give rise to bleeding and stoppage of the nose.

In appearance the tuberculoma is red, covered with mucus or crusts, its surface irregular, bleeding easily, and pretty soft. Even deeper in, it is not much firmer. Subjective symptoms are discharge from the nose, crust-formation, nasal bleedings, stoppage of the nose, no pain. Later on may come breaking down of the growth, leading to perforation of the septum. The growths are to be removed by operation, but they generally return. Still prognosis *quoad vitam* is favourable. In differential diagnosis one must consider osteoma, enchondroma, spurs, myxoma, fibroma, rhinoscleroma, gumma, sarcoma, and lupus. *Meyer (Kelly).*

Bazenerge.—*Acquired Nasal Syphilis.* Thèse de Paris, 1894.

THE author studies the various manifestations of syphilis in the nasal mucous membrane, at the three ordinary periods of its evolution—primary ulcer, non-frequent; secondary manifestations, which are erythematous or ulcerous, tertiary accidents, ozæna, and gummatous tumours. Some original cases are quoted. *A. Cartaz.*

Fink, E. (Hamburg).—*On the Transformation of Benign into Malignant Tumours in the Antrum of Highmore.* "Archiv für Laryngol. und Rhinologie," 1893, Band 1, Heft 2.

THE author gives the complete clinical history of a case in which, according to his view, a benignant tumour of the antrum had been transformed into a malignant tumour. Some doubt, however, is thrown on this view by the facts (1) that there was always severe bleeding at each operation, (2) that the recurrent tumours were large and grew rapidly, (3) that the author had removed and examined microscopically only the superficial parts of the tumours. *Meyer (Kelly).*

Spitzer (Wien).—*Impermeability of the Nose, and its Treatment.* "Centralbl. für Therapie," 1893.

A REVIEW.

Michael.

Ziem (Danzig).—*Treatment of Deviations of the Nasal Septum.* "Monats. für Ohrenheilk.," 1894, No. 7.

RECOMMENDATION of drills and saws worked by rotation machines.

Michael.

Mettenheimer (Schwerin).—*Electrolytic Cure of an Exostosis of the Nasal Septum.* "Jahrb. für Kinderheilk.," 1893, No. 1.

THE author has removed an osseous tumour of the septum from a girl thirteen years old by this method. *Michael.*

Hamburger.—*Deviations of the Nasal Septum.* Inaugural Dissertation. Breslau, 1893.

NOTHING new. *Michael.*

Sarremone.—*Malformations of the Nasal Septum.* Thèse de Paris, 1894.

GENERAL résumé. *A. Cartaz.*

Beausoliel (Bordeaux).—*Congenital Osseous Occlusion of the Posterior Nares.* "Journ. de Med. Bordeaux," July 8, 1894.

IN a young girl, aged eleven years, with ozænous coryza, the left naris was incompletely blocked by an osseous septum in the postero-superior part of the choana. In the right nasal cavity the occlusion was absolute, and the osseous septum seemed to be an appendage of the pterygoid apophysis of the sphenoid bone. Perforation of the septum was obtained with the galvano-cautery, and dilatation of the opening by a probe. Complete cure resulted. *A. Cartaz.*

Moure (Bordeaux).—*Perforating Ulcer of the Nasal Septum.* "Archives Clin., Bordeaux," 1894.

THE author relates three cases of perforating ulcer of the nasal septum, with no tuberculosis or syphilis, in young subjects. The ulcer was destroyed by cutting-forceps, and has been carefully studied by Sabrazes. In the first two cases the ulcer seemed to be the result of necrobiosis of the mucous membrane, and chondritis, caused by bacteriological products. In the third case, the histological examination revealed an adenocarcinoma. The patient was a young medical pupil, aged twenty years. The cure, after ablation, has been definitive. *A. Cartaz.*

Estien.—*Ozæna and its Treatment.* Thèse de Paris, 1894.

THE author recommends, for the treatment of ozæna, extensive washings with microcidine (one in a thousand), and the application of silver nitrate solutions of one in twenty to one in five, or chloride of zinc solutions of one in a hundred to one in ten. *A. Cartaz.*

Noquet.—*A Case of Rhinolith.* "Bull. Med. du Nord," Sept. 14, 1894.

A CASE, interesting from the long period of incarceration of a stone in the nasal fossæ, viz., thirty years. *A. Cartaz.*

Didsbury, G.—*Rhinoliths.* Thèse de Paris, 1894.

THESE productions are ordinarily developed around a foreign body (stone, bean, etc.). In his case the rhinolith did not contain any portion of a foreign body, and the author thinks it was the result of inflammation of the mucous membrane, and deposit of secretions and calcareous matter. The chemical analysis gave the ordinary composition. After an *exposé* of symptoms and diagnosis the author relates forty-three cases. *A. Cartaz.*

Marchand (Marburg).—*Cylindroma of the Antrum of Highmore.* “Beiträge zur Path. Anatomie von Ziegler,” Band 13, Heft 3 and 4.

DESCRIPTION of the specimen of a tumour of the upper jaw from a woman twenty-eight years of age. *Michael.*

Jansen, A. (Berlin).—*Opening of the Accessory Sinuses of the Nose in Cases of Chronic Suppuration.* “Archiv für Laryngologie und Rhinologie,” 1893, Band 1, Heft 2.

THE difficulty of curing empyema of the accessory sinuses of the nose arises from these facts : (1) That the walls of the sinuses are stiff and hard ; (2) that several bones are often diseased at one and the same time ; (3) that infection spreads from one sinus to the other on account of the proximity of their outlets ; (4) that these exits are unfavourably placed ; (5) that the bony walls separating the sinuses are very thin ; (6) that when the diagnosis is made wide-spread pathological changes are already present.

In empyema of the antrum of Highmore the author opens the anterior wall with hammer and chisel very freely. After removal of the granulations and pus, he keeps the opening wide for the first eight to fourteen days by means of tampons of iodoform gauze, then he uses a vulcanite obturator, which is easily put in and taken out, and so enables the patient to carry out daily washings and insufflations. He has seen the healing greatly aided by the transplantation of a piece of mucous membrane and periosteum from the alveolar process into the antrum. The position of the exit from the sinus frontalis (viz., at the lowest part of the sinus) places this sinus under more favourable circumstances. But, as in cases of empyema, this duct is generally blocked by granulations, the danger arises of the pus perforating into the orbit, the ethmoid cells, or even into the interior of the skull, and so whenever there is continuous headache along with a profuse, specially if foetid discharge of pus, a free opening of the sinus should be made. He recommends incision beneath and parallel to the eyebrow, followed by removal of the inferior wall and scraping out of the frontal sinus. He generally found the ethmoid also affected, and therefore also opens the ethmoidal cells by removing the orbital and nasal inferior wall, having previously tamponed behind. In bilateral empyema, the sinuses are to be opened one side at a time.

Swellings in the anterior superior portion of the hiatus semilunaris and of the anterior end of the middle turbinated are important indications for diagnosis of frontal sinus empyema. Still more important is palpation of the inferior lateral wall of the sinus. Flattening of the curvature of the inner upper angle of the orbit, and tenderness on pressure there, point to empyema of the frontal sinus. In conclusion the author described seven cases of his own. *Meyer (Kelly).*

Capdepon.—*Empyema of the Maxillary Sinus.* Thèse de Paris, 1894.

IN this elaborate pamphlet the author gives a good review of the principal works upon that subject. He thinks that the suppuration is especially of dental origin, more rarely nasal. As a means of diagnosis, he advocates

exploratory puncture through the canine fossa, and as to treatment, opening of the antrum through the alveola. He waits some days before applying a tube to the perforated conduit.

A. Cartaz.

Bauer.—*On a Case of Suppuration of the Antrum of Highmore.* Aertzlicher Localverein Nürnberg. Meeting, April 5, 1894.

A CHILD, three years old, fell upon its face and had a contusion of the maxillary region, followed by reddening and swelling. Some time later discharge of blood and pus followed from the right naris. A fluctuating point over the region of the right fossa canina was detected. An opening into the right antrum through the nose was made by Mikulicz's instrument. Treatment with iodoform gauze followed, and cure resulted.

Michael.

Burger (Amsterdam).—*Diagnosis of Empyema of the Antrum of Highmore.* "Monats. für Ohrenheilk.," 1893, No. 11.

IN cases of rhinitis of one side there sometimes exists a suppuration of the other antrum if the pus has travelled to the opposite side during the night.

Michael.

Sandford (London).—*Intra-Cranial Abscess arising from Caries of the Sphenoidal Cells.* "Brit. Med. Journ.," May 12, 1894.

THE abscess caused double optic neuritis and subsequent post-neuritic atrophy, with complete blindness, about twenty-seven years before the patient's death. The left half of the skull was exhibited, showing the situation of the abscess, which had penetrated the left orbit, causing proptosis, and also the outer wall of the skull by erosion of the bone. Internally, the tumour had raised the optic nerves and commissure.

Wm. Robertson.

Wunkler, E. (Bremen).—*On the Anatomy of the Inferior Wall of the Frontal Sinus.* "Archiv für Laryngologie and Rhinologie," Band 1, Heft 2.

THE author has tried in thirty-three corpses whether it is possible to trephine the sinus frontalis from the inner side of the middle turbinated. On the sixty-six sinuses the operation succeeded thirty-five times. The shape of the skull and general structure of the other bones give no indication of the size of the sinuses, or of the thickness of their bases. The length of the floor of the sinus he found was 1·5 centimètres and upwards, the breadth 0·5 to 2 centimètres. The ostium frontale lay sometimes in front, sometimes below in the middle, and sometimes behind, and it was often deepened into a cone-shape. In twenty-two cases the floor of the sinus was a firm plate 2 to 5 millimètres thick. In sixteen cases the floor above and close to the septum narium was thick, but thin as paper a little further to the side. In most cases the relations of the floor of the sinus differed on the two sides. In men scarcely one-sixth of the cases could be probed, and more than half could be trephined, whilst in women one-fourth could be probed and one-half trephined. In five cases injury to the ethmoidal cells was found after trephining.

Meyer (Kelly).

Klingel.—*Introduction of Probes into the Frontal Sinus.* Aerztlicher Verein zu Elberfeld. Meeting, June 5, 1893.

THE possibility of the introduction of probes into the frontal sinus is in relation to the individual anatomical condition. If the duct is short it is easy; if it is long and curved it is difficult, and sometimes impossible. If the probe can be introduced much more than five centimètres it may be said with certainty that the frontal sinus has been reached. The author showed a patient who had had empyema of the ethmoid bone and empyema of the frontal sinus. By irrigation of the sinus a quantity of pus was removed, and the patient was cured. In other cases the treatment *per vias naturales* does not suffice, and is only a preparatory treatment for surgical operation.

LOEWENSTEIN said that, if the introduction of the probe is not possible, it is not, as Schaeffer proposes, permissible to perforate the bone. By such manipulation the ethmoid bone or the orbital cavity, or even the skull, may be perforated. By removal of the anterior part of the middle turbinated an empyema of the frontal sinus is often cured because the natural channel is thus opened.

HOPPE recommended illumination of the frontal sinus for diagnosis.

KLINGEL and LOEWENSTEIN did not apply illumination, because the results are very uncertain. *Michael.*

Lauenstein, Carl (Hamburg).—*Treatment of Empyema of the Frontal Sinus.* "Jahrb. des Hamburgischer Staatskrankenhause, Jahrgang 1892-93. Hamburg: Leopold Voss.

A PATIENT, thirty years old, had for some time a painful swelling of the frontal region on the left side. The author diagnosed empyema of the frontal sinus. Incision over the left brow and trepanation of the frontal sinus resulted in discharge of the muco-purulent contents. Cure was effected. *Michael.*

Liebert (Freiburg).—*A Case of Retro-Pharyngeal Abscess following Empyema of the Antrum of Highmore.* "Monats. für Ohrenheilk.," 1893, No. 12.

THE abscess disappeared spontaneously as soon as the empyema was operated upon. *Michael.*

Beausoleil.—*Adenoid Vegetations.* "Journal de Med. de Bordeaux," Aug. 26, 1894.

THE author relates the clinical history of a young girl having a considerable mass of adenoid tumours, and he thinks that in this case the arrest of intellectual development is produced in connection with these productions. He insists on the difficulty of nasal respiration with the arched palatine vault. In these cases the vegetations determine more complete obstruction. *A. Cartaz.*

Régis, E.—*Adenoid Vegetations and Mental Degeneration.* "Journal de Med. Bordeaux," Aug. 12, 1894.

THE author does not think that mental degeneration is a consequence of adenoid tumours. These vegetations frequently coexist with other

malformations in imbecile and backward patients, and the ablation does not remedy the general condition. *A. Cartaz.*

Lermoyez.—*Tuberculous Adenoid Tumours.* “Bull. Soc. Med. des Hôp.,” July 20, 1894.

THE author relates two cases of the appearance of general tuberculosis after the ablation of pharyngeal adenoid tumours. In the case of a young boy, six years old, the tumours reappeared after excision, and the general condition became bad. After the second operation, the histological and bacteriological examination shows the tuberculous nature of the tumours.

The author thinks that in some cases adenoid tumours are a manifestation of latent pharyngeal tuberculosis. *A. Cartaz.*

LARYNX, &C.

Schlossarek.—*Laryngeal Phantom for Learning Intubation.* “Wiener Klin. Woch.,” 1894, No. 14.

SEE the report on the meeting of the Gesellschaft der Aerzte in Wien, January 5th, 1894. *Michael.*

Weisz (Pesth).—*What conclusions can be derived from the anatomical and physiological condition of the Larynx as to its Pathology and Treatment?* “Pester Med. Chir. Presse,” 1893, No. 38.

NOTHING new. *Michael.*

Gesche.—*Acute Laryngitis.* Inaugural Dissertation. Kiel, 1893.

NOTHING new. *Michael.*

Gillet, H.—*Laryngeal Intubation in Diphtheria in France.* “Journ. des Praticiens,” July 21, 1894.

CRITICAL review. *A. Cartaz.*

Bonain.—*Intubation of the Larynx in Croup by O'Dwyer's Method.* “Semaine Med.,” Oct. 3, 1894.

CRITICAL review, with an explanation of the advantages of tubage, and some practical applications. *A. Cartaz.*

Ferroud.—*Intubation of the Larynx in Children and Adults; Indications, and Therapeutic Value.* Thèse de Lyon, 1894.

THIS pamphlet is an enthusiastic plea in favour of intubation as against tracheotomy. The author gives a complete historical review, and explains perfectly the *technique* of the operation, the indications, accidents, or complications. Intubation is applicable not only to diphtheritic laryngitis, but in numerous cases of laryngeal stenosis, and especially œdema or inflammatory tumefaction.

The author has modified, with advantages, O'Dwyer's instruments.