opposite the second rib. Dr. J. William White afterwards operated successfully, and removed the stone. *A. B. Kelly.*

Schmidt (Dusseldorf).—*The Cicatricial Adhesions of the Pharynx and their Treatment.* Dusseldorf: Schneider, 1896.

THESE cicatrices are nearly all caused by syphilis, and in spite of the mobility of the soft palate they easily arise, because the cicatricial process begins on the sides, and thus itself decreases more and more the mobility of the central parts. The adhesions of the palate and naso-pharynx cause difficulties of speech, nasal obstruction, deterioration of hearing, smell, and taste. For operation the author applies cocaine narcosis, and separates by cutting the palate from the naso-pharyngeal wall. To prevent readhesion he inserts a tube, which is combined with a palate retractor. The author reports one case in which he has applied this method with a good result. In cases of adhesion of the oval part of the pharynx the author performs preliminary tracheotomy: then divides the adhesions and dilates with lacunar bougies. This method, also, he has applied in one case with excellent result. *Michael.*

Straight, H. S.—*Unresolved Amygdalitis.* "New York Med. Journ.," Sept. 26, 1896.

THIS paper is based on two cases in which a tonsillitis, apparently simple, refused to yield to ordinary treatment. In the first case, that of a boy aged ten years, a localized capillary bronchitis was found in the right apex; creosote was administered, and this speedily removed the tonsillar inflammation and more gradually the lung trouble. The second in a girl of twenty-one, a tonsil inflamed one month after partial excision; and it was only after some time, finding a slight catarrhal condition in the apices of the lungs and resorting to creosote treatment, that a cure was obtained. *R. Lake.*

NOSE, &c.

Ingraham, Charles W.—*Cocaine applied to the Mucous Membranes of the Nostrils a Specific for Nausea.* "American Med. Surg. Bull.," Aug. 15, 1896.

TWO years ago the author accidentally discovered that the application of a two per cent. solution of cocaine to the nasal mucous membrane almost instantly, in the majority of cases, relieves nausea; and his experience since then shows it to be a very reliable remedy, if not a specific for nausea. He thinks, though he quotes no cases in support of his belief, that this treatment will prove of more than ordinary value in the obstinate vomiting of pregnancy, and in those morbid conditions of the stomach in which vomiting is not only constantly threatened, but in which it does great harm. To be effective the cocaine solution must be sprayed over the upper olfactory portion of the nose. Probably no effect would follow its application along the lower respiratory portion. It is also probable that a two per cent. solution will not suit every case, but that the strength of the solution will have to be varied. *A. J. Hutchison.*

Mermod.—*Meningo-Encephalitis, consecutive to Exploration of a Supposed Frontal Sinus.* "Ann. des Mal. de l'Oreille," April, 1896.

THE patient, a man aged thirty-six, had suffered for several years from pain at the root of the nose, frontal and occipital headache, with considerable nasal discharge.

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The meatus was filled with muco-pus, of which it was difficult to discover the source. The wholly degenerated middle turbinateds were resected, large polypoid masses were removed, and the maxillary sinus was opened through the alveolus; the left sphenoidal sinus, which was filled with pus and large granulations, was treated by resection of the anterior wall. The right anterior and middle ethmoidal cells, when opened, also contained pus and large granulations. Four months afterwards the patient was much relieved, the nose was completely free and normal, and there was no trace of pus. He had, however, an intermittent aqueous secretion, and the headache was intense and exclusively frontal, especially on the right side, diminishing every time after an abundant evacuation of this clear liquid resembling water. The author first treated him for nasal hydrorrhœa without result. The case appeared to him to resemble those reported by Lichtwitz, in which the nasal secretion came from the frontal sinus and was caused by puncture through the nose. Electric illumination was negative, symptoms were very obscure, and catheterism failed because the canula seemed to be arrested at the entrance of the infundibulum, as if it terminated in a *cul de sac*. It was difficult to determine in favour of trephining the frontal, or artificial opening through the nasal fossæ, a method always repugnant to the author, and the sequelæ of this case will not encourage the employment of this, one of the most dangerous methods. Before introducing the trocar into the sinus as Schaeffer does, Mermod wished to explore the upper region of the nasal fossæ with a thin curved probe, which was done.

After careful sterilization of the parts, it was carefully passed as close as possible behind the nasal bones. He remarked with surprise that the instrument entered a large cavity without meeting any bony resistance, which appeared to be a very extensive frontal sinus, and the probe having apparently traversed an opening from the nose into the sinus. The author judged it prudent to withdraw the probe after passing it seven and a-half centimètres from the entrance, which was followed by a great increase of his cephalalgia. An iodoform plug was introduced, and the patient put to bed. At the end of an hour the cephalalgia ceased, but during the evening the patient discharged a quantity of serous fluid. He returned to his occupation the next day. Eight days afterwards he was in his former condition. Before performing trepanation of the sinus, and in order to collect a little of the serous liquid for further examination, the author introduced a canula one millimètre in diameter through the same path taken previously, to a depth of six and a-half centimètres measured from the external nares, and supposed it to be in the sinus at the level of its floor. There flowed through the canula some grammes of a clear liquid-like water, and great pain obliged him to withdraw the instrument. Being assured that the second exploration had been performed even more cautiously than the first, the patient was allowed to return to his home. Twenty-four hours after the puncture he had undoubted signs of meningitis. He was sent into the hospital under Prof. Roux, who trephined him over the frontal region, when it was discovered that the frontal sinus was absolutely wanting, that region being filled by the frontal lobes. The dura mater was violet green, and on opening it the brain protruded into the wound as if pushed forward by considerable intercranial pressure. A probe introduced above penetrated easily into the nose, and a tube was introduced into the right nostril. Exploration did not discover the existence of any accessible intercerebral abscess. The flap was replaced and the wound closed. The patient died forty-eight hours after. The autopsy gave no explanation of the cephalalgia. As there was no sinus the liquid could only have been cerebral, collecting between the frontal lobe and the dura mater, and flowing intermittently. The brain presented no sign of traumatism, and it was into this space that the sound had penetrated. There were two holes at the base

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of the skull, the first scarcely perceptible, three centimètres behind the nasal spine, through which, perhaps, fluid escaped; the second two and a-half millimètres behind the posterior surface of the osseous wall, eleven millimètres from the nasal spine, and at least a centimètre in front of the lamina cribrata. It would have been impossible to have explored more forwards, or that the operation could have been more prudently performed. If, with all precautions, exploration of the frontal sinus through the nose is able to lead to such a deplorable result, what can be said for operations such as Schaeffer's, where the opening of the sinus is performed by pushing a trocar from below upwards in the nose? Entering the frontal sinus through the nose except by the natural canal is always a dangerous proceeding, and where catheterism of the naso-frontal canal is impossible the author would not hesitate to make an exploratory trepanation. Schaeffer's method is far from fulfilling that elementary condition of surgery which enforces opening a diseased cavity as fully as possible, so that none of its parts escape inspection and radical treatment. To judge by the most recent publications (Kuhnt, Grünwald, Janssen) it is to be desired that the treatment of sinusites should be surgical, and that timid intervention should be abandoned. The author has himself opened fifty frontal sinuses by resecting the anterior wall.

R. Norris Wolfenden.

Pearse, E. A. (Boston).—*A Case illustrating a New Method of Introducing a Plate for Restoring a Depressed Nose.* "Boston Medical and Surgical Journal," July 23, 1896.

In this case the author introduced an aluminium plate, one inch long and five-eighths of an inch wide, trough shaped with rounded corners, through an incision made from within the nostrils, separating the skin from its attachments over the nasal bones and the nasal process of the frontal bone. He found no difficulty in slipping the plate into position. When fixed it rested on the nasal process of the frontal bone above, and the lower end of the nasal bones and cartilage below. The result was eminently satisfactory. The shape of the nose was restored, and the plate remained *in situ* without causing the slightest inconvenience.

StGeorge Reid.

Porcher, W. P. (Charleston).—*The Treatment of Ozæna, with a Case.* "Trans. South Carolina Med. Assoc.," April, 1896.

The author seeks to draw forth some hints as to some curative form of treatment in atrophic rhinitis. He quotes authorities as to etiology, and gives, besides, all other accepted views as to possible causation, but says he has had but poor success in treating these cases. He quotes an illustrative case in a patient, aged 34, who had suffered for fifteen years. In this case Dr. Porcher opened the left ethmoidal and antral cavities with no result. He finally obtained partial relief by plugging with wads of wool soaked in pot. iod. ʒiss, iodine grs. 40, glycerine ℥i.

R. Lake.

Scheppegrell, W.—*The Use of Peroxide of Hydrogen in Diseases of the Nose, Throat, and Ear.* "Med. Record," Aug. 8, 1896.

Peroxide of hydrogen is very useful in cases of ozæna (25 per cent. solution), applied either alone or after the usual douche of alkali or normal physiological salt solution. The nostrils are thus kept clean and the smell prevented. In purulent rhinitis a 5 per cent. solution should be used. In membranous rhinitis, whether due to Klebs-Loeffler bacilli or to micrococci, a 20 to 25 per cent. solution gives excellent results. In syphilitic necrosis its power of disinfecting and deodorizing renders it of great value. Again, in disease of the accessory cavities it is the most satisfactory cleansing and disinfecting agent we have.

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In the throat it is useful in follicular and other forms of tonsillitis, and is a sheet anchor in diphtheria. Scheppegrell uses antitoxin along with it, but attributes his good results largely to the H_2O_2. He quotes one case in which, on failing to get an intubation tube to remain in the larynx, he injected with a laryngeal syringe a 75 per cent. solution of H_2O_2. This so relieved the dyspnœa that intubation was no longer required. The injections were repeated every four hours, antitoxin was given, and the child recovered.

He has not noticed the irritant effects reported by some foreign writers. This may be due to the facts that he adds a little sod. bicarb., and that he varies the strength of the solution according to the requirements of the case. In the ear it is equally useful in all suppurative cases, specially those with fœtor.

A. J. Hutchison.

Swoboda (Wien).—*Etiology of Melæna.* "Wiener Klin. Woch.," 1896, No. 41.

THE author quotes four cases of melæna neonatorum. In the first case the child had gonorrhœal conjunctivitis, and a rhinitis also, caused by the gonococci. The child, at the age of ten days, had hæmorrhage from the nose and mouth. The *post-mortem* examination showed necrosis of the nasal bones and loss of substance in the mucous membrane of the nose, and subcutaneous hæmorrhages. The case must be viewed as an acquired hæmophilia by septicæmia, caused by the rhinitis. In the second case, that of a child affected with purulent rhinitis, violent nasal hæmorrhages arose, followed by melæna, with death. Here the *post-mortem* examination showed pachymeningitis vasculosa. This affection must also be regarded as an effect of the hæmorrhage. In two other cases which died from nasal bleeding the *post-mortem* examination showed membrane in the nose, and on bacteriological examination diphtheria bacilli were found in the membranes. Here the diphtheria is the indirect cause of death. The cases show the great importance of the examination of the naso-pharynx in cases of melæna. In a great number of cases it will be proved that there was not melæna vera, but melæna spuria.

Michael.

Tilley, Herbert.—*An Investigation of the Frontal Sinuses in One Hundred and Twenty Skulls from a Surgical Aspect, with Cases illustrating Methods of Treatment of Disease in this situation.* "Lancet," Sept. 26, 1896.

A THOROUGH knowledge of the anatomy of the sinuses is the first step necessary to explain the varying results which have been obtained with treatment, and also to enable one to adopt more uniformity in dealing with diseases in this situation. With regard to the frontal sinuses—with which this paper is only concerned—the author first notes the striking and extreme variation in their size. Thus, one sinus may be only large enough to contain an ordinary bean, whereas the other one will be ten times as large; there may be no sinuses at all; or the sinus may be absent on one side and quite well developed on the other. The septum is always complete, and hence reports where the two sinuses have been said to freely communicate should be received with reserve. The prominence of the superciliary ridges is no guide as to the extent or presence of the sinuses beneath them. The depth of the infundibulum from the anterior surface varies very much; it may be as deep as twenty-eight millimètres, and is much further back than is generally supposed. The direction and patency of the frontal nasal passage varies very much.

In view of these observations the author thinks that the best method of operating for frontal empyema is from the outside, by a central vertical incision, and maintains that the scar left by this incision is less noticeable than that left by an opening over the internal angular process. Schaeffer's method of puncturing the

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frontal sinus from the nose is, from the above anatomical considerations, condemned as dangerous. The rule laid down by Hajek and others is insisted on, viz., that the maxillary antrum should be in every case explored before interfering surgically with the frontal sinus. Three cases of empyema of the frontal sinus are recorded.

StClair Thomson.

LARYNX.

Barton, Joshua Lindley.—*Diseases of the Trachea, Bronchi, and Lungs, treated by Intratracheal Injection.* "Med. Record," Aug. 1, 1896.

AFTER touching very briefly on the physiology of the trachea, and sketching the history of intratracheal injection as a method of treating diseases of the trachea, bronchi, and lungs since its introduction by Dr. Horace Green, of New York, Dr. Barton sums up his opinions and experience of the method as follows :—

This method of medication has many advantages, viz. :

1. The remedy is applied directly to the irritated mucous surface.

2. It immediately relieves the most distressing symptoms, adding at once to the comfort of the patient.

3. In a certain number of cases the antiseptic effect of the medicine is very pronounced, as shown by the longer interval between the febrile attacks and by their lessened intensity when they do occur.

4. The tracheal and bronchial mucous membrane rapidly absorbs the medication, so that we may expect a general as well as a local effect.

5. We avoid disturbing the patient's stomach with nauseating doses, and shattering his nervous system with opiates.

6. This method of alleviating the most distressing and annoying symptoms does not interfere in the slightest degree with any other line of general treatment which may be deemed advisable.

7. In cases characterized by an atrophic condition of the tracheal mucous membrane, or of pulmonary disease with cavitation leading to retention and decomposition of the secretions, intrabronchial injections will remove the disgusting fœtor of the breath consequent upon this condition.

A report is given of ten cases. The remedies injected were europhen and menthol, or guaiacol and menthol in solution in benzoinol.

Of the cases reported, four were tubercular, and under treatment improved greatly ; four were cases of laryngeal tracheitis, and all were cured—at least symptoms disappeared ; one case of asthma improved, and one of bronchitis with asthma was cured.

A. J. Hutchison.

Bauer.—*Two Cases of Subcutaneous Emphysema during Intubation.* "Pester Med. Chir. Presse," 1895, No. 49.

OF eight hundred cases of intubation, emphysema was observed only in two. (1) In a four-year-old child, who coughed out the tube the next day, which was found obstructed by a thick pseudo-membrane. Next day emphysema arose on both sides of the neck and thorax. This, however, disappeared during the following days. (2) A four-year-old diphtheritic patient, who was intubated. Next day the tube and a great deal of membrane were coughed out. The next day emphysema of the skin of the whole body came on, but disappeared gradually in this case also.

Michael.

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