PHARYNX.

Uffenorde, W.—*Lateral Pharyngitis.* "Archiv. für Laryngol.," vol. xix, part 1, 1906.

The author regards pharyngitis lateralis as one of the most common and troublesome forms of chronic pharyngitis, and emphasises the frequent disproportion between the gravity of the local lesion and the severity of the symptoms. After reviewing the literature he proceeds to describe the appearances met with.

Examination in typical cases shows, behind the posterior pillars of the fauces, two thick parallel swellings, separated by a longitudinal furrow. These swellings apparently correspond to the salpingo-palatine and the salpingo-pharyngeal folds, of which the former is usually the more affected. The condition is frequently associated with granules on the posterior pharyngeal wall and general tonsillar hypertrophy.

The symptoms include all the paræsthesiæ and other troubles commonly associated with chronic pharyngitis, but certain painful sensations in the neck and laryngeal region are to be regarded as typical. The pain may arise spontaneously or on swallowing saliva (Leerschlucken), not often on eating; it is always referred to a definite point in the thyro-hyoid space, or to one just above the clavicle between the trachea and œsophagus. These points are often sensitive to pressure, and the pain radiates from them in various directions, especially to the ear. Aural symptoms such as tinnitus, pain, and deafness, existing with normal tympanic membrane, may disappear completely after treatment of the pharyngitis.

The ætiology is the same as that of chronic pharyngitis in general, but special stress is laid on sinus disease, tonsillar hypertrophy, and hypertrophy of the posterior ends of the inferior turbinates.

The treatment in the early stages must include the removal of the cause, the use of gargles, and the application of zinc chloride (2 per cent.) to the rhino-pharynx. When the changes are more pronounced cauterisation with trichloracetic acid at intervals of a week is to be tried. Considerable hypertrophy demands excision, which is best performed with Halle's scissors, unless the swelling extends upwards into the naso-pharynx, in which case Hartmann's conchotome is to be preferred. The galvano-cautery is not to be recommended.

In conclusion, the author draws attention to the striking similarity between the group of symptoms associated by himself with pharyngitis lateralis and that recently described by Bœnninghaus as "neuritis laryngea." Most of his own patients showed the upper "pressure point" of Bœnninghaus and many also the lower; further, in only one of Bœnninghaus' cases was there no suspicion of nasal, pharyngeal, or laryngeal disease. *Thomas Guthrie.*

NOSE AND ACCESSORY SINUSES.

Mosher, H. P. (Boston).—*Killian's Frontal Sinus Operations.* "Boston Med. and Surg. Journ.," October 11, 1906.

The cases suitable for Killian's operation are divided into two groups: (1) Chief feature—eye symptoms, exophthalmos and ethmoid tumour. Mosher considers a Killian operation indicated in these cases, because Nature practically forestalls the surgeon; (2) chief symptoms—pain and unilateral discharge. Such cases, to be suitable for the Killian operation, should have a large sinus, there should be a marked ethmoiditis, or,

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should the latter have cleared up, the frontal suppuration should remain unchanged.

The author considers the chief advantage of the Killian operation to lie in the treatment of the ethmoid cells. The technique of the operation is discussed. The author finds X-ray examination of the greatest help in dealing with frontal sinus cases. He advocates the trial of simple methods of operating before the Killian procedure is undertaken.

Macleod Yearsley.

Chavanne, F. (Lyons).—*Pain in the Frontal Sinus due to Hysteria.* "La Presse Oto-Laryngologique Belge," August, 1906.

The fact that frontal sinusitis may be simulated by hysteria has already been noted by Jaques, who recorded two cases in which he had been led to operate by symptoms which were apparently unmistakable. (*Revue Hebd. de Lar.*, 1902, t. 2, p. 177.)

The author records the case of a female with marked signs of hysteria, who had an empyema of the maxillary sinus due to a carious tooth, for which she was treated. Very soon after her recovery she developed mental dulness, rigors, nausea, and vertigo, with sleeplessness, accompanied by severe pain in the occiput and the right side of the head. Deep pressure over the right frontal sinus was extremely painful, but it was found that pinching the skin in this locality was equally so. There was no tenderness, either on pressure or pinching over the left sinus. Rhinoscopy showed nothing to suggest infection of the frontal sinus. The author did not operate, and the patient rapidly recovered.

Chichele Nourse.

Burger, H.—*Dermoid Cyst of the Base of the Nose, consecutive to a Surgical Operation.* "La Presse Oto-Laryngologique Belge," September, 1906.

The description of a case in which a plastic operation for correcting a nasal deformity, when a flap of skin was taken from the forehead, was followed by the development of a slowly growing tumour at the root of the nose.

When seen by the author four years later the growth was the size of a marble. Occasionally a discharge of white fluid occurred from one spot, and the tumour collapsed, but the opening closed and it soon filled again. One operation had already been attempted, but without success. Dr. Burger removed the cyst, which contained a mass of white material, consisting of fatty and epidermal cells. On microscopic examination, the wall was found to consist of connective-tissue, lined here and there with epithelium, with many sebaceous glands and occasional hairs. The cyst was, no doubt, caused by implantation at the plastic operation.

Chichele Nourse.

Streit.—*A Case of Angioma of the Nose, commencing during Pregnancy.* "Monats. für Ohren.," August 18, 1906.

The patient suffered from atrophic rhinitis. In the early months of pregnancy she noticed considerable obstruction of her right nostril. During the fifth month epistaxis commenced and recurred daily, and the nostril became completely occluded. The epistaxis continued severe until the parturition, after which it ceased. Two months later severe hæmorrhages occurred and the patient, who was much enfeebled, came under observation. On examination the left nostril presented the typical appearance of atrophic rhinitis, the right was entirely blocked by a dark

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reddish-blue tumour which bled very severely on being probed. The tumour was about the size of a plum, and took its origin from the inferior turbinal. The remaining mucous membrane of the nostril was in a similar condition to that on the left side. The tumour was found to be a soft fibroma, very vascular and containing several masses of decomposing blood-clot. The author refers to the researches of Freund and Manasse, who showed that the mucous membrane of the septum and inferior turbinal undergoes a passive hypertrophy during pregnancy, consequent upon the engorgement of the blood-vessels which takes place, and points out that a similar condition of affairs exists in the thyroid gland; he is of opinion that the causation of the angioma in this case is to be found in the increased vascular activity of pregnancy. *Knowles Renshaw.*

Oppikofer, Ernst (Basel).—*A Contribution to the Normal and Pathological Anatomy of the Nose and its Accessory Cavities.* "Archiv für Laryngol.," vol. xix, part 1, 1906.

This paper is based upon the results of 200 dissections, and is concerned rather with certain points of especial practical import than with the general anatomy of the region. Particular attention is devoted to the frequency with which post-mortem examination discloses disease of the accessory cavities. One or more of the cavities were found to be diseased in 94 of the 200 cases, and an empyema was present in about every fourth case. The antrum was diseased in 38 per cent., the ethmoid in 18 per cent., the sphenoid in 9·5 per cent., and the frontal sinus in 7·5 per cent. The author emphasises the practical impossibility in many cases of determining from post-mortem appearances alone whether the disease has been acute or chronic, and holds that on this account the statements of Wertheim and Dmochowsky as to the greater frequency of chronic disease are worthless. On the other hand, he himself found, as a result of the examination of 23 cases both before and after death, that while post-mortem all of these showed sinus disease, ante-mortem in only 3 was there any indication of such disease. He concludes, therefore, that in the great majority of the cases the disease was acute, having arisen within the last few days of life.

No case was observed of absence of the antrum or of the ethmoid cells. The frontal sinus was absent in 3·7 per cent. of the cases, and the sphenoidal sinus in 2·6 per cent. Polypi were found in 6 per cent. in the nasal cavities, and in one instance in the antrum. In several undoubted cases of ozæna the accessory cavities were found to be healthy.

With a view of determining the distribution of cylindrical and stratified epithelium in the nasal mucosa microscopical examination was made of a strip of mucous membrane from the whole length of the septal side of each middle and inferior turbinate, care being taken to keep distinct the anterior and posterior ends. In only 17·5 per cent. was cylindrical epithelium alone present, all the others showing, in addition, either transitional or stratified epithelium, or both. Stratified epithelium was present in greater amount in the anterior than in the posterior regions of the nose. In every case of ozæna stratified epithelium was found, but the amount of it bore no relation to the degree of the turbinate hypoplasia. Its presence is not to be regarded as in any way characteristic of ozæna, for it may occur to a marked degree in ordinary chronic rhinitis, and even in macroscopically apparently normal nasal cavities.

The paper is illustrated by a number of drawings.

Thomas Guthrie.

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Sondermann (Dieringhausen).—*Suction Treatment in Diseases of the Nose.* "Münch. med. Woch.," November 6, 1906.

In answer to criticisms the writer urges the necessity for confining the treatment to suitable cases, eliminating in the first instance those about whose operative treatment doubt may remain, whether it be as to caries or necrosis, new growths, abnormal distension of the cavities, threatening symptoms from extension to neighbouring organs, and so forth. In those cases which do not come under this category it is necessary to draw a wide distinction between the acute and the chronic, the former being those essentially adapted for the suction treatment, the latter much more doubtful. If the suction causes increase of pain rather than relief, it should be stopped. Failure sometimes follows from its not being practised often enough. It may even be necessary for a time to use it every hour. In ozæna it ought to be used with great frequency. For hospital treatment where the same instrument has to be used for many patients, the writer has devised an olive-shaped tip for the nose instead of the "mask," with a view to greater ease in disinfection. For the extraction of fluids from the accessory cavities the head has to be turned in the position indicated by anatomy as being most favourable.

Dundas Grant.

LARYNX.

Wichern, H., and **Loening, F.** (Leipzig).—*Displacement of the Larynx and Trachea in Various Diseases of the Thoracic Organs.* "Münch. med. Woch.," October 16, 1906.

An oblique displacement of these parts may be detected by inspection under good illumination and by palpation. It may be brought about by pressure or by traction, and has been observed accordingly in such diseases as aneurysm, sarcoma, pleurisy, pneumo-thorax, and pulmonary tuberculosis.

Dundas Grant.

THYROID AND TRACHEA.

Diriart and **Rozler.**—*Paralysis of the Recurrent Nerve from Thyroid Compression; Thyroidectomy; Cure.* "Annales des Mal. de l'Oreille du Nez, du Larynx, et du Pharynx," September, 1906.

A woman, aged forty, of delicate constitution, suddenly became aphonic, and shortly afterwards experienced several suffocative attacks. Dr. Diriart found a thyroid tumour occupying the left side of the neck; its upper limit extended to the middle of the anterior border of the sterno-mastoid and its lower pole dipped into the pre-sternal notch. The swelling was mobile, not painful on pressure, and there were no glandular enlargements or accessory growths. A laryngoscopic examination revealed the larynx displaced to the right. The left cord, which was flaccid with concave margin and apparently shortened, occupied the cadaveric position; the right, which was normal, passed over the middle during phonation. A diagnosis of recurrent paralysis from thyroid compression was made and operation advised. The left half of the thyroid, including the growth, was excised in the usual way. Nothing unusual was noted save that a process of the growth extended into the tracheo-œsophageal groove.

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