

second case shown at the same time. For this condition she was under continuous treatment for three years. During two years she attended Dr. Thomson's clinic, and was actively treated with gargles, paints, lozenges, caustics, the galvano-cautery, and incisions laying open the tonsillar crypts. At the same time attention was given to her digestion and general health. She remained unrelieved. Accordingly, two years ago the embedded tonsillar stumps were enucleated under chloroform, and she had since been quite free of the chronic fœtid follicular tonsillitis which had been such a persistent nuisance. There had been some regeneration of lymphoid tissue between the pillars of the fauces, but there were no crypts in which these cheesy septic concretions could form. The patient found that her voice had not in any way been injured, but rather improved, for singing. The second patient was the son of the former one. He was a boy, aged ten and a half years. When four years old his tonsils were noticed to be enlarged, and they were removed at the Throat Hospital. He was not again troubled with them until after scarlet fever, at the age of six years, when they were again enlarged and were removed with the guillotine at the Throat Hospital by Dr. StClair Thomson. A few months later cheesy collections were noticed in the crypts of the tonsils, and these had since continued almost without intermission. He was under treatment from September to December last. The chief complaint was of his foul breath, which was said to be most marked in the morning, but was perceptible when he was asleep with his mouth closed. The tonsil stumps were seen to be deeply embedded between the faucial pillars. They were riddled with crypts, some of which were half an inch deep. From these crypts dirty white, fœtid, cheesy matters were easily extruded. There were no adenoids. It was seen that it was impossible to thread these tonsillar stumps into the ring of the guillotine. In the previous case all attempts to obliterate the crypts failed. The choice of treatment, therefore, seemed to lie between punching out the remains of the tonsil by *morcellement* or enucleation, as in the former case. The mother of the boy was so gratified with the result in her own case that she was anxious for him to have the same treatment. The operation was performed under a general anæsthetic, chiefly by a pair of curved scissors and the fingers.

Jobson Horne.

NOSE, Etc.

Bullara (Palermo).—*Theory of the Causation of Emphysema and Asthma due to Obstructed Nasal Respiration.* "Gazzetta degli Ospedali," 1900, No. 126.

Bullara experimented with dogs. He succeeded in demonstrating post-mortem emphysema in dogs whose nostrils had been previously obstructed. He is of the opinion that nasal reflexes have nothing to do with the cause, but that it is entirely mechanical. The narrowing of the nostrils causes forced inspiration, which produces increased dilatation of the lungs. The resulting increase of inspired air causes increase of the expiratory pressure. Both respiratory phases contribute in diminishing the elasticity of the lung tissue.

The respiratory change, which was caused by the artificial closing of the nose, and which was demonstrated by Marey's pneumograph,

consists in decrease in frequency of respiration, increase of the lung capacity, and change of the respiratory rhythm due to lengthening of the inspiratory period. *Guild.*

Danziger, Dr. Fritz (Beuthen O.S.).—*On Adenoid Vegetations.* "Monatschrift für Ohrenheilkunde," January, 1900.

He classifies the cases as follows :

1. In young infants, dating definitely from an acute rhinitis, just as in older children adenoids frequently follow repeated attacks of this disease.

2. In older children developing very slowly, and often unnoticed, accompanied by deformities of the bones of the face and jaws. These deformities are not due, strictly speaking, to the adenoids, but to the fact that the naso-pharynx is contracted from before backwards owing to arrested development of the base of the skull. In this arrest the temporal bone may share. The adenoids in this class are harder, and not connected with inflammation of the adjoining mucosa.

3. During the second decade of life, especially in girls, cases occur in which the symptoms are very much worse at night, the growths swelling in the recumbent posture, as if they were composed of erectile tissue. The author connects this variety with the onset of puberty.

William Lamb.

Douglass, B.—*The Pneumatic Sinuses in the Sphenoidal Wings.* "Laryngoscope," February, 1901.

After an elaborate and most interesting description of these sinuses, the author refers to their practical bearing so far as the work of the rhinologist is concerned. He finds that it is possible to have these cells diseased in either empyema of the ethmoidal or sphenoidal regions. An encysted empyema of the sinus in the sphenoidal wing may cause optic-nerve paralysis, may press upon the carotid artery, or may paralyse the Vidian nerve. The relation of these sinuses to the posterior ethmoidal sinuses makes it possible to open them from the posterior ethmoidal region.

Where it is necessary to curette these sinuses, and also the sphenoidal sinus, the whole operation may be completed by continuing the removal of tissue backwards through the posterior ethmoidal cell into the sinus of the small wing, and thence into the great sphenoidal sinus, or else directly from the posterior ethmoidal cell into the sphenoidal major.

W. Milligan.

Downie, Walker.—*Two Examples in Men of severe and prolonged Attacks of Asthma associated with and apparently dependent upon the presence of Nasal Polypi, Extirpation of which resulted in Complete Immunity from Asthmatic Symptoms.* "Glasgow Med. Journal," October, 1900.

The first patient, a male, aged forty-one, suffered from severe asthmatic attacks, especially shortly after going to bed. For four months previous to seeing the doctor he had been unable to attend to business, the attacks being almost continuous night and day. On examination his sense of smell was absent upon the left side, and was impaired upon the right. The left nasal passage was completely blocked by several large mucous polypi; the right was partially blocked. The polypi were removed by means of snare and forceps, and coincident with an improvement in breathing the asthmatic attacks

became less severe. Finally, the nasal passages were quite cleared of all growth, with the result that the asthmatic attacks entirely disappeared.

The second case was that of a man aged forty-two, who suffered from recurring attacks of sore throat. Asthmatic symptoms appeared, and became so distressing as to necessitate the patient giving up all work.

Upon examination he was found to have complete anosmia and difficulty of breathing through both nostrils. The nasal mucous was hypertrophied, and polypi were found in the nasal passages. The polypi were removed, as also were the anterior halves of both middle turbinals. Immediate relief was experienced, and has been maintained. The author believes that in the majority of cases of bronchial asthma complicated with the presence of nasal polypi, if the asthma is not relieved by the removal of these growths it is because of imperfect removal.

W. Milligan.

Renshaw Knowles.—*Nasal Tuberculosis.* "Journal of Pathology and Bacteriology," February, 1901.

The author regards nasal tuberculosis as by no means so rare as is usually supposed. In an excellent historical summary he cites many cases observed by recognised authorities.

The questions to which he paid particular attention were :

1. Whether it is possible to infect the nasal mucous membrane in a susceptible animal by simply introducing sputum containing the bacilli in a virulent condition, without producing artificially any abrasion of the mucous membrane.

2. Whether any infection so produced in the parts of the nose nearest to the meninges would spread to the meninges.

3. By what paths other than this the system would be invaded.

The material used for the investigation was tubercular sputum, and it was applied locally to the nasal mucosa either by means of a brush or a pipette.

The conclusions arrived at were :

1. Primary tuberculosis of the nasal mucous membrane does occur in man, and not so infrequently as is generally supposed.

2. The simple introduction of the bacilli into the nostril of a susceptible animal without any abrasion may cause tuberculous infection.

3. Infection having occurred, the disease tends to run a slow course.

4. Probably the farther from the entrance of the nostril the seat of the lesion, the more rapid the course of the disease and the earlier the invasion of other organs.

5. The system is, as a rule, invaded by means of the lymphatics, though very occasionally by other routes.

W. Milligan.

Knyk, D. A.—*The Use of the Tuning-fork as a Test for Disease of the Maxillary Antrum.* "Laryngoscope," February, 1901.

The author suggests the use of the tuning-fork, placed over the antrum or over the first and second molar teeth, as an aid to the diagnosis of an antral empyema. If the antra are clear and healthy, the tuning-fork will be heard with equal distinctness and for an equal time over each side and in either location. If one antrum contains fluid, the fork will not be heard so distinctly, perhaps not at all, upon the affected side.

W. Milligan.

Suarez de Mendoza.—*Remarks on the Operation for Frontal Sinusitis.* "Archives Internationales de Laryngologie," etc., November—December, 1900.

The author draws attention to an anomaly of the frontal sinus, which, when the surgeon is ignorant of it, may compromise the success of an operation. This anomaly is the presence of a supplementary sinus, on one or both sides, completely independent of the normal sinus and possessing its own naso-frontal canal. These supplementary frontal sinuses are described as situated behind the normal cavities, and the author gives diagrams which amply explain his description.

Macleod Yearsley.

LARYNX.

Burgissee, W.—*Abductor Paralysis caused by a Foreign Body.* "Korrespondenz blatt für Schweizer Aerzte," No. 15, 1900.

A soldier swallowed a set of teeth, which stuck near the larynx. Two days after their removal tracheotomy was required owing to threatened asphyxia. The laryngoscope showed double abductor paralysis, which has required the continual use of a tracheotomy-tube.

Guild.

Fischbein, Dr.—*Treatment of Spasm of the Glottis.* "Deutsche Aertze-Zeitung," 1900, Heft 24.

This paper gives a full history of fourteen cases. In all the author found signs of rickets; all the various kinds of infantile food had been used. He thinks it is less common in children fed on the breast. He considers spasm of the glottis to be always caused by auto-intoxication from the intestine. Toxins are found in the products of metabolism, which act on the peripheral ends of the vagus and reflexly cause spasm. When these are removed and appropriate diet given, the spasm disappears and does not recur.

Guild.

Gougenheim and Lombard.—*Indications for Intralaryngeal Operations in Cancer of the Larynx.* "Annales des Maladies de l'Oreille," etc., January, 1901.

These authors quote as the conventional justification for the intralaryngeal method the existence of cases in which certain forms of intrinsic cancer remain for a long time limited to one cord or one ventricular band, and do not tend to progress. This condition obtains in patients of advanced age—just that class in which we feel reluctant to operate by the usual methods. The slow growth has an undoubted relation to the exact nature of the neoplasm, for certain epitheliomata and sarcomata, with a predominance of the fibrous element, tend to grow very slowly. Moreover, there are pedunculated epitheliomata, in which immediate removal may be required to anticipate certain accidents. The authors do not believe, however, that the foregoing justifications are logical in the great majority of cases, nor that the natural channels can ever serve as a universally available avenue for removal of malignant deposits in the larynx. Intralaryngeal removal should be regarded rather as an operation for diagnostic purposes than for cure.

Macleod Yearsley.