

four months, and with success, the tissues tolerating the presence of the tube very well. The author suggests the formation of a skin œsophagus by a further development of the method. *Waggett.*

Munger, C.E.—*Retro-Pharyngeal Abscess.* "Laryngoscope," June, 1897.

A VERY valuable retrospect of the literature, with a report of a case in an adult following on an attack of *la grippe*. The abscess was enormous, and was opened by direct incision and treated by irrigations with peroxide of hydrogen. The disease lasted in all five months. *R. Lake.*

Ququet.—*A Case of Bucco-Facial Actinomycosis ; Cure.* "Presse Méd.," May 12, 1897.

THE report of a case occurring in a young man, together with excellent coloured photographs. Infection appears to have taken place through the medium of a carious tooth, and the disease at first took the form of a dental abscess. Cure was obtained after some five months by internal administration of potassium iodide and iodine injections into the fistulæ which opened on the cheek. *Ernest Waggett.*

Sabrazes and Bousquet.—*Acute Streptococcic Macroglossitis.* "Presse Méd.," June 30, 1897.

THE patient, a woman of thirty-four, was admitted into hospital the day succeeding an abortion at the fifth month, with high fever and rigors. The pelvic condition was attended to, but the fever remained high, and pleurisy and broncho-pneumonia supervened. Streptococci were found in the pleuritic fluid. On the eighth day, the tongue, previously dry and red, became painful. The anterior portion from the V to the tip now rapidly swelled, causing dyspnoea, to which, with the cardiac failure induced by the toxic conditions, the patient succumbed on the second day. The tongue had become elastic and pale, and neither tender to or pitting on pressure. Microscopic examination revealed dense infiltration of the whole of the affected portion of the organ, with inflammatory exudation cells, together with considerable thinning of the surface epithelium. The swollen tissues were crowded with cocci, which were found in the greatest numbers near the surface of the organ. No cocci were found in the arteries, nor did their disposition suggest septic embolism. Invasion appears to have spread inwards from the surface of the organ, probably due to infection of the already damaged mucous membrane by cocci expectorated from the broncho-pneumonic lungs. Evidences of profound toxic changes were present in the internal organs. *Waggett.*

Somers, Lewis (Philadelphia).—*Tuberculosis of the Tonsils, Pharynx, and Larynx.* "Med. and Surg. Reporter," May 29, 1897.

THE author deals with the implication of the lymphoid tissue around the mouth and pharynx in tuberculous disease, pointing out that it is almost always secondary to other mischief. He states that secondary involvement of the pharynx occurs in nearly one quarter of all cases dying of pulmonary or laryngeal tuberculosis. He deals at length with the symptoms and the various forms of remedies prescribed. *St George Reid.*

N O S E , & C .

Armstrong, H. L.—*A Tri-Valve Nasal Speculum.* "Med. Record," June 26, 1897.

THIS speculum is for nasal surgery when the patient is under the influence of a general anæsthetic. By its means a better view is obtained, and the tendency shown by bi-valve specula is overcome. *R. Lake.*

Clark, F. R. (Philadelphia).—*The Nose and Throat in Scarlet Fever*. "Philadelphia Polyclinic," May 1st, 1897.

THE author deals with the condition of the throat in the exanthemata diphtheria, etc., in relation to the systemic infection. He points out that it is frequently the path of infection. As a means of diagnosis he refers to the early appearance of membrane over the tonsil and soft palate, in scarlet fever, before the eruption, and that this membrane cannot be distinguished from the true diphtheritic membrane, with the exception that it is more easily detachable and recurs less rapidly; a brown foetid discharge being suggestive of the latter disorder. As an index of the severity of the symptoms, he points out that undoubtedly there is a constant relation between the severity of the angina and of the disease, and that where the membrane is widespread, and the neck swollen with large, painful, cervical glands, the prognosis is unfavourable.

StGeorge Reid.

Collier, Mayo.—*Notes on the Anatomy, Development, Pathology, and Surgery of the Frontal Sinuses*. "Lancet," June 12, 1897.

THERE is no space between the tables of the frontal bone before the seventh year. There may be a complete absence of these cavities even in extreme old age. The extent of the frontal sinuses varies widely, and, unfortunately, the external appearance of the skull gives no indication of these variations. The frontal sinuses are seldom symmetrical, except in a general sense. The frontal sinus of one side may not communicate with the nose or its fellow of the opposite side, but may communicate with the anterior ethmoidal cells of the same side. The septum dividing the two sinuses is usually partly bony and partly fibrous, but is always well marked. It may be entirely bony or entirely fibrous. Its central position is constant. The author has never found a frontal sinus which did not communicate directly or indirectly with the nose. The evolution of the frontal sinuses is not complete until the twenty-first year.

The evolution of the frontal sinuses at the seventh year is ascribed to the fact that at this age—as pointed out by Wenzel—the brain has arrived at its full magnitude. Up to this time the internal carotid artery was many times larger than the external, but immediately after full development of the brain has taken place a sensible diminution in its calibre occurs, and a rapid and large increase is apparent in the external carotid and its branches. The bones of the face, the teeth, eyebrows, and outer table of the skull now grow rapidly, and, the internal table being at a standstill, large spaces occur between the tables of the skull; hence the frontal sinuses.

With reference to the diseases and surgery of the frontal sinuses, it is unfortunate that most of the patients do not apply to the institutions most capable of affording relief. These are essentially cases for the general surgeon who at the same time has a special knowledge of diseases of the nose, and they are primarily in no sense ophthalmic troubles.

In latent empyema of the frontal sinuses, the author considers that it is practically out of the question to treat the disease from the nose by way of the infundibulum. He opens the sinuses in front, at the root of the nose, in the middle line, employing a trephine for removing the bone. An opening must be established with the nasal cavity; a drainage tube is inserted, and daily ablutions with antiseptic fluids will generally suffice to effect a cure in six weeks.

StClair Thomson.

Gaudier.—*A New Method of Removing Fibro-mucous Polyypi of the Choane through the Mouth*. "Echo Méd. de Nord," April 25, 1897.

THE author recommends the use, under cocaine anæsthesia, of the ordinary adenoid curette, and in six instances has adopted this measure with ease, success, and without troublesome hæmorrhage.

Ernest Waggett.

Gourc.—*L'Amygdale de W. Meyer. Bactériologie de Deux Cent et Un Cas, etc.* "Ann. des Mal. de l'Oreille," etc., May, 1897.

THE author's method of examination has consisted in cleansing the growths after removal; slicing with a bistoury sterilized by heat; direct microscopic examination of mucus obtained from the surface so cut, the staining method of Ziehl being employed; cultures on solidified serum at 38° C. Streptococci in association, staphylococci pure and associated, other cocci, pneumococcus (three times), and leptothrix (once), were all found.

In spite of the fact that, of the two hundred and one cases, seventeen had personal tuberculosis, thirty a collateral and eighteen an hereditary history of tubercle, in no single case was Koch's bacillus or microscopical evidence of tubercle detected. In twelve cases inoculation of guinea-pigs gave negative result. The author, therefore, asserts that tubercle bacilli, though frequently, no doubt, present on the outer surface, are not found, except with "excessive rarity," on the section surface of adenoid vegetations.

Ernest Waggett.

Gradenigo.—*On the Treatment of Ozena.* "Ann. des Mal. de l'Oreille," June, 1897.

IN view of the temporary character of the results obtained with diphtheria antitoxin and the inconvenient complications which sometimes supervene during its use, the author has made trial of intramuscular injections of iodine. He has used one to three centigrammes of iodine, dissolved after Durante's formula, every two or three days. Some cases have received as many as fifty injections without complication, though they appear to cause a good deal of pain. Suppuration has diminished and become more fluid, and the odour has notably decreased or disappeared. The aural complications have also benefited. He also finds that cases of hereditary deafness which have resisted local treatment have much benefited, both with regard to deafness and tinnitus, from the iodine injections.

Ernest Waggett.

Gradenigo.—*On the Clinical Signs of Acute Sinusitis Frontalis.* "Ann. des Mal. de l'Oreille," June, 1897.

THE author wishes to draw attention to a condition which is frequently confounded with supraorbital neuralgia. The condition is always preceded by an acute coryza, and between the termination of the latter and commencement of the former a period of some days elapses, during which the nose "runs." Then neuralgic pain commences over the affected sinus, lasting for some ten or twelve days, accompanied by photophobia and lachrymation, and associated with painful crises of severe intensity. Percussion over the affected sinus is attended with pain, and buccal transillumination reveals a unilateral shadow in this region. At the period of resolution some tumefaction of the middle turbinate is made out, and a little mucus or pus is seen near the hiatus semilunaris. On resolution a considerable amount of discharge escapes. As the condition is always unilateral the author considers that anatomical irregularity must permit of the swollen mucosa of the tube determining this condition. The painful crisis may be relieved with phenacetin, quinine, or antipyrine. Locally it is best to apply ten per cent. cocaine on a pledget of wool to the neighbourhood of the hiatus. Warm douches of normal saline are also efficacious.

Ernest Waggett.

Hobbs, Arthur G.—*Some Amusing Instances of Nasal Reflex.* "Journ. Amer. Med. Assoc.," April 24, 1897.

A MAN was brought to his office on a warm day suffering with almost complete nasal stenosis. For two days past he had had a painful attack of priapism, which had resisted all forms of treatment used. Upon using cocaine in the nostrils to

reduce the swelling the priapism was relieved at the same time. Another case very similar to this was seen later, in which the priapism was relieved by reducing the nasal turgescence. He had seen numerous cases showing similar reflex connections between the erectile tissues of the two parts. *O. Dodd.*

Hubbard, T. (Toledo, O.).—*The History and Necropsy of a Case of Fibro-Sarcoma of the Naso-Pharynx and Middle Cerebral Fossa. Associated Conditions: Ethmoiditis, Empyema of the Sphenoid Cell, Otitis Media, Pachymeningitis.* "Arch. of Otol.," April, 1897.

THE patient, who was fifty years of age, developed paresis of the left external rectus along with pain in the ear, which frequently required paracentesis for evacuation of serous fluid. There was an oedematous swelling in the naso-pharynx pressing on the Eustachian tube, whence the tympanic exudation. In the left nasal meatus there were a few polypi. A portion of the naso-pharyngeal tumour was found to consist of fibrous and lymphoid tissue. Pains increased in spite of specific treatment. The left palato-pharyngeal muscles were paralyzed. There was occasional coma, cerebral vomiting, and sluggishness of the bowels, the temperature being normal or subnormal. Death ensued, and there was found a rounded sarcoma in the left middle fossa close to the sphenoid; a smaller one occupying the left half of the naso-pharyngeal space. The contiguous bone was soft and spongy. There was pachymeningitis on both sides of the longitudinal sinus and pus in the sphenoidal sinus. *Dundas Grant.*

Kugh, J. T. (Philadelphia).—*Congenital Occlusion of the Right Naris posteriorly*—*Successful Operation.* "Philadelphia Polyclinic," April 3, 1897.

THE right naris was found to be occluded posteriorly by a smooth, translucent membrane stretched tightly over the nasal aperture. After the application of twenty per cent. cocaine solution, a free opening was made in it by the electro-cautery knife applied anteriorly, and the remainder extirpated through the mouth and pharynx by means of a long curved cautery knife. The patient made an excellent recovery. *StGeorge Reid.*

Lindt, W., jun. (Berne).—*Direct Inspection and Manipulation of the Region of the Pharyngeal Tonsil and the Salpingo-pharyngeal Fold in their Uppermost Parts.* "Arch. für Laryngol.," Vol. VI., Part I., 1897.

THE instrument employed is a wide palate hook, concave on its lower surface, notched at its tip (to accommodate the septum), and with its handle bent upwards at a slightly obtuse angle—not downwards. The patient is seated at a higher level than the observer, and his head is tilted backwards. Reflected light is used, and the instrument is introduced with or without the previous application of five per cent. cocaine. The writer claims, among other advantages, that by this method the naso-pharynx is visible in cases in which, on account of projection of the vertebrae, posterior rhinoscopy would be inefficacious. *Dundas Grant.*

Photiades (Constantinople).—*A New Method of Post-operative Treatment of Frontal Empyema.* "Ann. des Mal. de l'Oreille," May, 1897.

THE author, desiring to submit the curetted surface to constant ventilation, has devised a curved silver canula, perforated with numerous large holes, and provided with a collar, which is introduced by the frontal fistula, and extends into the nasal fossa. The apparatus has the appearance of an elongated tracheotomy tube of the large size. After the first few days the tube can be removed by the patient, for the routine syringing of the sinus. Two cases are reported in which excellent results were obtained. In one case the canula could be dispensed with at the end of three weeks. *Ernest Waggett.*

Prota.—*Un Cas de Rhinite Professionnelle.* “Boll. delle Mal. dell’ Orecchio,” 1897, No. 1, p. 5.

THE case of a man brought by his employment into perpetual contact with poplar and pine sawdust. The anterior end of one inferior turbinate and a corresponding area of the septum showed an infiltrated granular surface covered with a grey exudate. This and the accompanying general catarrh were speedily relieved by antiseptic douches and cessation from work.

Waggett.

Rhodes, J. Edwin.—*Atrophic Rhinitis.* “Journ. Amer. Med. Assoc.,” June 26, 1897.

AFTER giving the views of the various authors regarding the etiology of the disease he gives the treatment used. After thorough cleansing of the nasal cavities with an alkaline solution, containing thymol and eucalyptus, he insufflates a powder containing about two per cent. of cocaine, and hydrarg. oxid. flav., two per cent. to five per cent. The effect of the cocaine upon the atrophied membrane is to produce paralysis of the vaso-motor nerves, and consequently dilatation of the blood vessels and increased nutrition of the parts. Its use was first suggested by Ingels, and the results are very marked. In none of the cases was there any constitutional effect.

O. Dodd.

Roe, J. O. (Rochester, N.Y.).—*The Correction of Depressed and Saddle-back Deformities of the Nose by Operations performed subcutaneously without the Aid of Metallic or other Artificial Supports.* “Med. Record,” June 5, 1897.

THE writer deals with those cases in which there is an entire or fairly complete septum. The depressed noses are classed into idiopathic and traumatic. The latter are those forming the subject of this paper, the former having been dealt with on a previous occasion. In restoring a nose to something of its former shape, not only nasal symmetry but facial symmetry must be studied, as no two cases can be dealt with precisely in the same way. The author gives details of six cases, and, much though it is to be desired, an abstract cannot well be made; so the first case will be given fully, and those interested must refer to the original paper.

Case 1: Congenital flattening of the end of the nose. A young man of eighteen. In this case the anterior and superior portion of the triangular cartilage was missing, and the flattening of the end of the nose and the consequent lateral bulging of the alæ gave it the appearance of a frog-shaped nose. Besides this, the frenum of the nose was attached so low down on the lip as to cause the end of the nose to stand backward, and the nostrils to stand prominently open, aided by the upward tilt of the end of the nose. To correct this deformity it was necessary to adopt a special plan of operation in order to raise the end of the nose instead of depressing it, as is the case in pug-nose, and sometimes when the central part of the nose is depressed. In order to reduce the width of the nose and to remove the flattened appearance, sufficient tissue was taken from the interior of the alæ to form a flap, which was carried upward and held in place under the skin at the tip of the nose. It required two operations at different times to accomplish this. In order still further to raise the point of the nose the frenum was lengthened and its attachment set back on the upper lip. This was done by cutting through the anterior column of the frenum on a line with the upper lip; then carrying the incision upward about half the length of the frenum, and then backward, forming a stair, and then upward equal to the length of the first horizontal incision through the frenum, so that the lower end of the frenum would fit into the second stair, so to speak. The lower end of the frenum was then set into the second stair and carefully stitched there. The skin on each side of the lower end of the frenum from which the anterior column had been removed was then raised and the edges drawn

together in front of this denuded surface, so that on healing no perceptible scar was left. Two or three minor operations were required to complete the work. So symmetrical and perfect was the nose that those acquainted with the young man would not suspect that any deformity had ever existed. The author gives three conditions, the observation of which is necessary to obtain success. Firstly, strict antisepsis; secondly, the tissues must be carefully used to their greatest advantage; and, thirdly, great care must be taken subsequently during healing—retentive apparatuses and constant adjustment of dressings and other supports must be carried out with greatest attention to minutiae.

R. Lake.

Stout, George C.—*A Case of Infantile Atresia of the Nasal Fossæ with unusually rapid Respiration.* "Journ. Amer. Med. Assoc.," May 22, 1897.

THE child, three months old, was apparently healthy and well nourished but for some eczema and the rapid breathing. The respirations were shallow, and numbered 105 to the minute. He had continued rapid breathing since birth, and occasional attacks resembling laryngismus stridulus. It had been necessary to feed him with a spoon on account of the difficulty in breathing. The nasal fossæ were almost closed, but a small probe could be forced through. Breathing was mostly through the nose in spite of the difficulty, and this continued through the treatment. Mercury and potassium iodide were given internally, and the nose was treated locally with ointments of yellow oxide and menthol. After three treatments the respirations were reduced to from 45 to 50 per minute.

O. Dodd.

LARYNX.

Ardouin.—*Cancer of the Larynx.* (Soc. Anatomique.) "Presse Méd.," June 26, 1897.

SECTIONS and report of a case of rapidly growing squamous epithelioma of the larynx. Total laryngectomy was performed and the patient succumbed to pulmonary complications on the sixteenth day.

Waggett.

Fasano, Prof. A.—*On the Therapeutic Value of Aïrol, with special regard to Throat, Nose, and Ear Diseases.* ("Sol valore terapeutico dell' Aïrol, con speciale riguardo nille Malattie di Gola, Naso, e Orecchio.") "Arch. Internaz. di Med. e Chir.," Avril, 1897.

THE author, in order to give a right judgment upon the therapeutic value of aïrol, has made comparative experiments with iodoform and aristol in cases of chronic laryngitis, ulcerations (tubercular and syphilitic) of the larynx, chronic rhinitis, ozoena, nasal tuberculosis, as well as in purulent otitis.

Aïrol was employed as a powder, a pomade, an emulsion in glycerine, and as gauze. He judges the remedy to be superior to iodoform and aristol, quick in its action, not dangerous in its effects.

Massei.

Fischer, L.—*An Improved Intubator for the Relief of Laryngeal Stenosis.* "Med. Record," June 20, 1897.

THE tubes are corrugated and act as a self-retaining device, being much less easily ejected; they are made of vulcanized Para rubber, the best and purest obtainable. The length is the same as O'Dwyer's. They are made large in the centre, partly for weight and partly to assist in retaining them, and as they are cheap a fresh one should be used for each patient. The introducer is also very ingenious, as the lumen of the tube is never occluded.

R. Lake.