

MOUTH, &c.

Dixon, F. A.—*Further Note on the Course of the Taste Fibres.* “Edinburgh Med. Journ.,” June, 1897.

WHEN he wrote his article “On the Course of the Taste Fibres” in the April number of the “Edinburgh Medical Journal” (see JOURNAL OF LARYNGOLOGY), the author had not read Prof. Krause’s work, “Die Neuralgie des Trigemini.” After discussing the difficulties presented by some of the cases, he concludes:— “Prof. Krause’s observations are compatible with the theory that the seventh and ninth nerves are the nerves of taste, and with no other at present put forward. “Since this is so, the theory that these are the true paths for taste impulses is supported by anatomical, embryological, and experimental evidence.”

Arthur J. Hutchison.

NOSE AND NASO-PHARYNX, &c.

Folkes, H. M.—*Worms in the Nostrils.* “Med. Record,” May 8, 1897.

THE patient was a male negro of deficient mental capacity, who came complaining of nose-bleeding and pains in the head. The right side of the head was much swollen, and in the nostril of that side a mass of “screw worms as large as a pecan” was seen. Forty-one were removed and the nostril irrigated with thymol solution. As there were obviously worms in the antrum, operation was considered, but an alcoholic solution of chloroform was first tried. Next morning the swelling was much gone down, and twenty-two more had been expelled. Eventually in five days one hundred and thirty-one worms were removed, none less than ten millimètres long, and the boy was cured.

R. Lake.

Heubner.—*Meningo-coccus Intracellularis in Pus from the Spine and in the Nasal Secretion of a Case of Epidemic Cerebro-Spinal Meningitis.* Verein für Innere Med., March 1, 1897. “Deutsche Med. Woch.,” April 29, 1897.

LAST year in the same society Heubner reported nine cases, Von Leyden three, A. Fraenkel one, and Fürbringer five of epidemic cerebro-spinal meningitis, in all of which bacteriological investigation revealed the presence of the intracellular diplococcus. On February 15th of this year a young man was received into the first medical clinic suffering from the typical signs of meningitis. Lumbar puncture was performed, and forty cubic centimètres of thin, purulent fluid flowed out; this contained in large quantities the typical intracellular meningo-coccus.

After touching on some other interesting points in the case, Heubner continued: Even during life this typical diplococcus was to be found in quantities in the nasal secretion, where this was purely purulent. (Control examinations of the nasal secretion from patients in the next beds revealed no such coccus.)

Jaeger and Scherer were the first to discover the diplococcus in the nasal secretion and on pocket handkerchiefs of meningitis patients (even after six weeks), and

Heubner had reported a positive result in nasal secretion. This discovery of the presence of meningo-cocci in the nasal secretion indicated the most probable mode of infection, and suggested at least one very important prophylactic precaution—viz., immediate disinfection of handkerchiefs. *Arthur J. Hutchison.*

Kronenberg, E.—*Nasal Polypi and Nasal Suppurations.* "Therap. Monats.," May and June, 1897.

THE relations existing between nasal mucous polypi and suppurations of accessory cavities, turbinal bodies, or meatus is one which has arisen only comparatively recently, and which is still unsettled. Reports of cases are wanted. Each rhinologist ought to publish a report, not on a few selected cases, but on all cases of nasal mucous polypi and suppurations that have occurred in his practice. In this paper only polypi proper (the fibroma oedematosum of Hopmann) are considered; polypoid degeneration of turbinals, papillary hypertrophy of the inferior turbinal, and small red granulations being left out of account.

In Grünwald's eighty-two cases of polypus formation local suppurations were found seventy-one times. His statistics have been severely criticized. The author bases his report on forty-five cases (his total number was fifty-one, but six are omitted on account of insufficient observation), and tabulates these so as to show name, age, etc., whether bilateral or unilateral abnormal secretions. Were accessory sinuses diseased, and which? Was there present any other bone disease or suppuration in the nose? and remarks. In six (thirteen per cent.) there was no abnormal secretion, whilst in thirty-nine (eighty-seven per cent.) it was present, almost the same proportions as Grünwald found, viz., fourteen per cent. and eighty-six per cent. respectively. In twenty-seven (sixty per cent.) the secretion came from an accessory cavity, in eleven (fourteen per cent.) from a meatal suppuration, which is very near Grünwald's twelve per cent. In one case the pus apparently came from adenoids in the naso-pharynx.

There are three possible explanations of the close relations between suppuration and polypi: first, suppuration is primary—polypi result therefrom; second, the same cause produces both; third, polypi are primary and cause suppuration.

There are many reasons for believing that the suppuration is very often primary, and followed by the growth of polypi; on the other hand, it is possible that chronic catarrh, causing hypertrophy of parts of the mucous membrane, leading to retention of secretion, gives rise to polypi, and that they, by causing still greater retention of secretion, finally lead to meatal suppurations. Meatal suppurations in their turn may very readily give rise to suppurations in the ethmoid labyrinth, and so on. In any case polypi can no longer be regarded as simple, innocent growths, whose treatment is ended with their removal; their presence indicates the presence (in the majority of cases) of disease of bone or accessory cavities, and their treatment involves the treatment of these. *Arthur J. Hutchison.*

Kuh, E. J.—*Primary Cancer of the Naso-Pharynx cured by Injections of Alcohol.* "Med. Record," N.Y., April 17, 1897.

THE patient was a man of thirty-seven, complaining chiefly of epistaxis, nasal obstruction, and crust formation, which had increased somewhat rapidly during the previous six months. There was a large mass in the naso-pharynx, which was removed and thought to be hypertrophied pharyngeal tonsil. Within one week the naso-pharynx was filled with a soft, bleeding growth. Microscopical examination of the tissue removed proved it to be cancer. Realizing the futility of operative measures, injections of alcohol, after the method of Schwalbe and Halse, were

undertaken, beginning with three minims, and increasing to thirty minims (injections of Coley's fluid having failed). Twelve injections sufficed to obliterate all trace of the growth, and the patient only was troubled with crust formation in the naso-pharynx. A *résumé* of the literature is given. *R. Lake.*

Lange, V.—*On the Use of Chloroform in operating on Adenoids.* "Therap. Monatsch.," June, 1897.

A DECIDED advance was made in the technique of the operation on adenoids a few years ago by the introduction of Gottstein's ring-knife, which is, undoubtedly, the best instrument yet invented for this purpose. It is now agreed that the object of the operation is to remove the whole of the hypertrophied mass in one sitting, but opinions still differ as to whether this should be done with or without narcosis.

In 1883, during a discussion of this question, Hopmann (Cologne) stated that for some years he had operated one-third of his cases in narcosis, and at one sitting; and pointed out that that method was of special value where tonsillotomy was required as well. Arthur Hartmann was the only speaker who sided with Hopmann. In 1895 Hopmann, and in 1897 Thost, published papers on this question. The former had operated on 1106 patients, with one death (certainly due to bad chloroform); the latter, 1500 patients, with no deaths. The author, at one time an opponent of the use of narcosis, is now strongly in favour of it—not, indeed, in every case, but in a large number, and the narcotic he prefers is chloroform. The patient lies almost horizontal; chloroform is given till an O'Dwyer's gag can be introduced into the mouth without resistance; the operation is done with Gottstein's curette, and as soon as it is complete the gag is removed, and the patient's head turned to one side. Syringing the nose, insufflation of powders, etc., are not used either before or after the operation. The author does not follow out Thost's routine practice of making a thorough examination of the internal organs before the operation, and having electric battery, ether, ice-water, and tracheotomy instruments ready during the operation. After the operation the child is kept a day or two in its room, and from school for a week, but may eat and drink as usual; an adult avoids alcohol.

The advantages of operating with chloroform are: first, that one gets peace and quietness to do what has to be done; second, that there is far less shock to and struggling on the part of the child. With patients who can sit quietly no narcosis is necessary. The disadvantages of operating with chloroform are the ordinary disadvantages attending any chloroform operation. That the use of chloroform in this operation is dangerous the author denies. Aspiration of blood or pieces of the growth into larynx or trachea is unknown. Cyanosis may occur owing to the blocking of the nose, and the tendency of the tongue to fall back. Vomiting is to be expected some time after the operation. There is, in short, no more danger from chloroform in this than in any other operation. Of other narcotics the author has but little experience, and has no desire to try them, as he has every reason to be perfectly satisfied with chloroform.

Arthur J. Hutchison.

Luc.—*Acute Suppurative Traumatic Meningitis checked by Early Opening of the Cranium and Antiseptic Douching of the Pia Mater.* "Arch. Internat. de Lar., Otol., et Rhin.," March and April, 1897.

THE author relates in full the details of this case, which has been previously noted in this journal. The patient, a woman of thirty-three, was operated on for swelling of the right frontal sinus, which proved to be due to the presence of spindle-celled sarcoma, not involving the bone, and accompanied by a slight degree of suppu-

tion. The wound was closed by the method usually employed by the author, a drain tube being placed in the fronto-nasal canal. Nineteen days after operation the wound opened spontaneously and gave issue to pus. Ten days later a portion of the orbital wall was resected to admit of removal of a portion of growth which projected into the orbit. Five weeks after the first operation fever, headache, and loss of appetite commenced, and somnolence, slowing of pulse, and paresis of the limbs on the left side quickly followed. Coma supervened, and the cranial cavity had to be opened by removal of the posterior wall of the right frontal sinus. The dura mater was healthy, but on laying bare the pia mater a suppurating area, not exceeding a square centimètre in extent, was discovered. This was treated antiseptically, and three punctures of the frontal lobe giving vent to no pus the wound was dressed with iodoform gauze, placed between the skin flaps and the hernia cerebri. Consciousness returned, fever subsided, and paresis of the limbs disappeared. Convalescence was interrupted by an attack of basal pneumonia. No examination was made of the meningitic pus.

Two months after the cerebral operation an exploratory puncture of the hernia cerebri revealed the presence of an abscess of the frontal lobe, and shortly afterwards a second was discovered. The author thinks these may be the result of ineffectual disinfection of the pia mater before his original exploratory punctures. The further history of the case has been quite satisfactory.

The author lays stress (1) on the small extent of suppurative lepto-meningitis capable of causing marked cerebral symptoms, and (2) on the radical cure of meningitis by early operation.

Ernest Waggett.

McBride, P., and Turner, L.—*Naso-Pharyngeal Adenoids: a Clinical and Pathological Study.* "Edinburgh Med. Journ.," April, May, and June, 1897.

This paper is founded on the study of five hundred private and one hundred hospital cases. As it is impossible to do justice to a paper of such length and fulness in a brief abstract, all that can be attempted here is to indicate some of the conclusions arrived at by the authors.

Etiology.—In a large number of cases the occurrence of symptoms of adenoids may be traced back to some antecedent acute illness. This, however, does not exclude the possibility that the adenoids may have been more or less present before the acute illness.

Under five years of age they are fairly common, also between fifteen and twenty. They are most common between six and fifteen, and are rarely well marked over twenty, though their remains are not at all infrequent after that age. Sex apparently has no influence, but heredity probably has a very considerable influence on the occurrence of adenoids. Whether climate has much effect on the production of adenoids may be doubtful, but a damp atmosphere favours the occurrence of symptoms, while opposite conditions tend to diminish the nasal obstruction. No original observation with regard to the relation of adenoids and deaf-mutism is recorded. The five hundred cases of adenoids occurred in a total of four thousand five hundred patients suffering from some form of throat, nose, or ear disease. "It is not pretended that absolutely every patient of that total number "had his or her posterior nares examined," but this was done in a great majority of instances.

Pathological Anatomy.—Pedunculated growths have been reported by other observers (Schäffer), but "we have little or no experience of such growths, and "anything but the sessile-ridged form must be looked upon in Scotland as a very "great rarity," as also adenoids growing from the margins of the choanæ or from the Eustachian tubes; on the other hand, they may be found in Rosenmüller's fossa.

The epithelium covering hypertrophied pharyngeal tonsils may undergo thickening or thinning, become squamous, and lose its ciliated character. Thickening of the epithelium occurred most frequently in young cases under ten years, only in one patient over fifteen years, and was most marked in two patients of four years. It is, therefore, presumably due, not to the age of the growth, but to intermittent pressure in small naso-pharynges. The opposite seems to occur where the pressure is continuous or where there is distension (*e.g.*, in crypts).

The normal emigration of leucocytes is either greatly diminished or completely stopped in the hypertrophied condition.

The proportion of the fibrous connective-tissue element to the cellular element varies considerably in different cases. In many cases there is a tendency to an increase in the fibrous—this is a perivascular process—at the expense of the cellular element, leading to eventual shrinking of the growth. It is quite a mistaken idea, however, that this tends to come on at any given age—*e.g.*, about puberty—indeed, it appears to be more common in the very young child than in the adult.

The important question whether adenoids may be one of the ways of entrance into the system for tuberculosis was studied. Specimens from one hundred patients being examined for evidence of tubercle, three per cent. were found tuberculous—*i.e.*, “giant cells, with their marginal zone of nuclei, surrounded by endothelioid “cells and areas of degeneration,” were present; but in no case could either tubercle bacilli or caseation be detected. The results obtained by other observers give a higher percentage of tubercular adenoids, viz. :—Pilliet, 7·5 per cent. ; Dieulafoy (by histological examination), 5·7 per cent.—“by inoculation experiments,” twenty per cent. ; Brindel, 12·5 per cent. ; G. Gottstein, twelve per cent. ; Pluder and Fischer, 15·6 per cent. The authors consider that, for various reasons, their own results are really far too low, and that probably Dieulafoy’s twenty per cent. is nearer the truth.

Semeiology.—The authors are doubtful whether defects of speech, other than those directly due to the nasal obstruction, can be attributed to the presence of adenoids, though they cite one case in which very defective speech began to improve immediately after the operation. They have no record of chorea cured by removal of adenoids, but note that sometimes bilious attacks and fetor of breath may be cured in this way.

Deafness, more or less marked, occurred in three hundred and four out of five hundred cases, the most common cause being Eustachian obstruction. Otitis media purulenta (past or present) was found in ninety-eight; sclerosis in eight; while earache was a prominent symptom in twenty-five cases.

Diagnosis.—A normal condition of the faucial tonsils is not uncommon in cases of adenoids. Thus, in four hundred and twenty-seven adenoid cases the faucial tonsils were noted as enlarged only one hundred and twenty-six times—*i.e.*, 29·6 per cent.

Prognosis.—As regards the removal of nasal obstruction, the prognosis is excellent, but this does not always imply that speech will become normal. Recurrence occurs seldom, and in the authors’ opinion more seldom when the operation is done under chloroform than when done without a narcotic.

Only one case of death immediately following the operation is recorded, and in it the child probably had been infected with scarlet fever just before undergoing the operation. He died on the fourth morning. Otitis media, as a consequence of the operation, is rare, if no nasal injections are used. As to the effect on previously enlarged cervical glands, this has varied greatly. In some cases the glands have rapidly diminished and disappeared, in others they have remained apparently unaffected. Deafness, which is due to retracted membranes and is

benefited by inflation, will be certainly improved by removal of the adenoids; but no good is to be expected in cases of deafness due to sclerosis. In suppurative cases (otorrhœa) adenoids should be removed.

Operation.—The authors have found chloroform the most satisfactory anæsthetic, but have been disappointed with bromide of ethyl. The instruments used are Delstanche's modification of Gottstein's curette, Hartmann's lateral curette, and the finger nail if necessary. If the naso-pharynx is very large, Kuhn's forceps may be used first. Adenoids and tonsils may be removed at the one operation, and it is generally better to remove the adenoids first and the tonsils after. As complications of the operation there are noted:—1st. Contracting some contagious disease. 2nd. Tags of tissue loosened but not detached. 3rd. Stiff neck. 4th. Ear complications.

Arthur J. Hutchison.

Molinié (Marseilles).—*Three Cases of Ozæna cured by Hypodermic Injection of Roux's Serum.* "Ann. des Mal. de l'Oreille," etc., April, 1897.

THE author reports three very striking instances of what are, at all events, temporary cures resulting from the exclusive use of antitoxin injections:—

Case 1. A woman of twenty years of age, who had suffered for four years with a very offensive ozæna in spite of careful treatment with douches, etc. Deafness and tinnitus were present. There was marked atrophy of the turbinates, the Eustachian orifices being easily seen through greatly enlarged nasal fossæ. The latter and the naso-pharynx were covered with crusts. The first injection of ten cubic centimètres was given on November 10th, and all douching was stopped. After two injections no local improvement—slight general disturbance; after the third the crusts were expelled spontaneously; after the fourth the crusts expelled were less voluminous; after the sixth (on November 23rd) the secretion, profoundly modified, had become absolutely serous. Hearing was sensibly ameliorated. The nasal fossæ were perfectly clean, and not the least odour was to be detected; the mucosa was rosy and moist. After the eleventh injection (December 7th) the nasal secretion was abundant. Seventeen doses, in all, were given; the last on December 24th. Eight days later the nose appeared perfectly normal and the turbinates of the usual dimensions. A semi-fluid secretion was present, quite free from odour. The improvement in hearing was marked. On March 30th the cure was still maintained, though no irrigation had been practised.

Case 2. That of a girl of thirteen, suffering for three years with typical atrophic rhinitis and deafness. After the sixth injection of ten cubic centimètres the improvement was marked. Three months after the last dose a limpid fluid was secreted free from odour. "Examination of the nasal fossæ did not permit of the suspicion "of a previous ozæna." Hearing much improved.

Case 3. A girl of eighteen, with ozæna of three years' standing and very patent nasal fossæ. After ten injections of ten cubic centimètres there were no crusts, but a little mucus quite free from odour. A dose of fifteen cubic centimètres was then given. This was followed by severe general disturbance—fever, delirium, articular pains, œdema of extremities, and scarlatiniform erythema. After four days these had passed off. After three months, during which no douching had been employed, the nasal resecretion remained completely modified and quite free from odour.

Ernest Waggett.

Reichert (Berlin).—*Chronic Inflammation of the Ethmoidal Sinus and its Relation to Empyema of the Ethmoidal Cells and of the Antrum of Highmore.* "Wien. Klin. Rundschau," 1897, Nos. 18 and 19.

FIRST the author gives a historical review; then he reports on thirty cases of his

own. Like Woakes, he means that the etiology of polypi of the nose results from disease of the ethmoidal bone.

R. Sachs.

Sänger, M.—*On the Treatment of Acute Nasal Catarrh.* "Therapeut. Monats.," May, 1897.

VARIOUS means may be employed to remove the blocking of the nose and to diminish the hypersecretion, which are the two most troublesome symptoms of this affection.

1. *Vapours.*—Ol. terebinth or a two to five per cent. alcoholic solution of menthol are the best. The action of the latter is the more prompt, but that of the former lasts longer. These are to be blown, not drawn, into the nose.

2. *Powders.*—These also are to be blown and not snuffed into the nose. The best are—

Camphore.	
Acid tannic	2'0
Sacch. lact.....	4'0

Or—

Cocain. mur.	0'2
Menthol	0'1
Sacch. lact.....	3'0

3. *Fluids.*—Douches and syringes are to be avoided. Sprays or nasal baths are much safer and as effective. A mixture of equal parts of peroxide of hydrogen and water is very effective when used as a spray. Cocaine is not to be trusted in the hands of the patient, but a two per cent. oily solution of menthol may be used instead.

Inhalation of steam, the use of compressed air, diaphoretics, and quinine, salicylic acid, antipyrin, and specially salipyrin, are highly recommended.

Arthur J. Hutchison.

Spieß, G. (Frankfort-on-Maine).—*A New Method of Treating Suppurations in the Accessory Cavities of the Nose.* "Archiv für Laryngologie und Rhinologie," Band V.

THE principle of this method, which the author terms "the electro-chemical," is as follows:—If the wall of a vessel containing five per cent. solution of salt is connected with the negative pole of a constant current, while the positive terminates in a copper wire immersed in the fluid, electrolytic action will take place, followed by a deposition of chloride of copper on the wall of the vessel. The effects are threefold—viz., the bactericidal action of the poles, especially the positive; the chemical properties of the newly-formed chloride of copper; and the cataphoresis induced by the passage of the stream from anode to kathode.

In practice the following arrangement is employed:—The end of a vulcanite tube is introduced into the antrum through the artificial opening. This is connected with a vessel containing salt solution by means of an enema syringe, so that the cavity can be filled when the head is inclined towards the affected side, the cheek being directed forwards and downwards, thus bringing the natural opening into the highest situation possible. A copper wire, connected with one pole, runs in the centre of the vulcanite tube, surrounded by the salt solution. The other pole is applied to the shoulder or breast.

In treating the frontal sinus the tube is introduced through the natural opening—which may be enlarged when necessary—and the patient sits with his head bent strongly forward, so that the outer wall of the sinus rests on a pad connected with the negative pole.

The current is gradually increased from ten to fifteen milliamperes. The sit-

tings last ten minutes, and are repeated once or twice each fortnight. In the intervals the usual daily washing is carried out. The results obtained by the author so far have been favourable.

A. B. Kelly.

Tilley, Herbert.—*Some Diseases of the Antrum and their Treatment.* "Clin. Journ.," April 14, 1897.

INTRANASAL disease accounts for more cases of antral suppuration than does dental disease. As frontal sinus disease is rare and most difficult to diagnose, always treat a suspected case as one of antral suppuration until you have proved it otherwise. To tell if the antrum contains pus, explore by means of Lichtwitz's trocar. Transillumination is "a pretty but expensive aid to diagnosis," and is open to many objections. As to treatment, if there is a carious tooth, open through alveolus; if not, make perforation in the canine fossa. Whichever of these you adopt, give it at least six months' trial before you try anything else, and even then hesitate, unless the patient is intolerant of a slight discharge and the worry of syringing. If something more must be done, enlarge alveolar opening with gouge or burr, curette the antrum, and pack with iodoform gauze. As a last resort, when the patient insists on "anything for a cure," you may make a large opening in the canine fossa, and a counter-opening in the inferior meatus; then curette and pack as before. The objections to the last method are—that it sometimes causes facial œdema and pain for many hours or even days; that it may leave a sunken cheek; that the aperture is difficult to keep open; and that the result is not always a success by any means.

Middlemass Hunt.

LARYNX.

Kitchen, J. W. M.—*The Epiglottis a Pin Cushion.* "Med. Record," N.Y., April, 1897.

A COLOURED GIRL complained of having a pin in her throat, which was seen with its point embedded in the epiglottis and lying head downwards. No forceps could be made to grasp it, but a snare was passed round it, and by the aid of the finger it was removed.

R. Lake.

Kuttner, A. (Berlin).—*Chorditis Vocalis Inferior Hypertrophica.* "Archiv für Laryngologie," Band V.

THE nature of this disease has remained, to a great extent, unexplained, owing to its rarity and the difficulty of keeping the patient under observation for years, and ultimately obtaining a *post-mortem* examination. The author has investigated the case described below.

A servant, aged twenty-eight, was brought to the hospital on account of great difficulty in breathing. She had had no previous throat trouble with the exception of occasional temporary hoarseness. Eight weeks before admission slight hoarseness had again set in, which did not pass off, however, under the usual home treatment. On the day preceding admission she contracted severe cold in the head and the hoarseness suddenly became very marked, and for the first time slight dyspnoea was experienced. Her condition rapidly became worse. When examined in the hospital her lips and cheeks were cyanotic, and the breathing was laboured and accompanied by stridor. The mucous membrane of the nose was red and swollen, that of the pharynx and entrance to the larynx normal. The lips of the vocal cords were freely movable and pale red. Two thick red