

NOSE.

Baumgarten, Egmont (Budapest).—*Acute Affections of the Eyes following Acute Nasal Disease.* "Monatsschrift für Ohrenheilkunde," May, 1906.

The author draws attention to the intimate relationship which exists between many affections of the eye or orbit and the condition of the nasal cavities. Hitherto these have been studied chiefly in chronic cases, usually when a bone-necrosis in the nose or accessory sinus disease has given rise to some lesion in the orbit. The relationship can, however, be best observed in acute cases; these generally, however, apply to an oculist for relief, and the nasal condition may escape observation. The following cases have occurred in the writer's practice:

Unilateral Protrusion of the Eyeball, with Œdema on both sides, following a Serous Ethmoiditis.

The patient, a girl aged eight, two or three days after an attack of influenza developed severe œdema of the left eye, with protrusion of the eyeball, followed two days later by œdema of the right eye. When seen on the seventh day the patient was unable to open the left eye and could scarcely move the eyeball, which was much protruded. The upper lid of the right eye was moderately œdematous. On examination of the nasal cavities the only abnormality found was an enlargement of the anterior end of the left middle turbinal. The enlarged part was removed and was found to be swollen and spongy; from the wound a copious serous exudation escaped, the tension of the swelling of the left eyelids was immediately lessened, and in two days the œdema of both eyes had disappeared. As the protrusion of the left eye remained a week later, the middle ethmoidal cells were removed with Grünwald's forceps and an opening made into the posterior group. There was again a free escape of serous discharge, and twenty-four hours afterwards the protrusion had entirely disappeared. The author thinks that in this case the ethmoiditis produced a disturbance in the orbital circulation and consequent engorgement of the veins. It is possible, he thinks, that some of the right ethmoidal cells were also involved, and the swelling of the right upper lid was thus accounted for.

Œdema of the Eye associated with Ulceration of the Nasal Septum.

Two cases are described, in both of which there were specific ulcers on the upper part of the septum, with severe œdema of the corresponding eye. After energetic treatment of the ulcer in each case for a few days the œdema entirely disappeared.

Paralysis of the Internal Rectus and the Inferior Oblique associated with Sphenoidal Sinusitis.

The patient was a woman, aged thirty. She complained of defective vision and diplopia on the right side. The muscles mentioned were paralysed. During a thorough examination of the nose, on probing the anterior wall of the sphenoidal sinus the bone was felt to be soft and thin at one point, and with a slight pressure the wall was perforated; there was an immediate discharge of blood-stained fluid, and at the same moment the patient exclaimed that she could now see perfectly. The cure remained permanent. In this case there was probably retention of

the secretions in the sinus, which caused great pressure on the sinus wall; this pressure, acting on the back of the orbit, had paralysed the muscles (probably by pressure on the inferior division of the third nerve at or near the sphenoidal fissure.—K. R.).

Orbital and Supra-orbital Neuralgia caused by a Purulent Inflammation of the Bulla Ethmoidalis.

The neuralgia was immediately and permanently relieved when free drainage of the purulent collection was provided for.

Protrusion of the Eyeball associated with a Serous Sphenoidal Sinusitis.

The patient, a girl aged eighteen, had severe protrusion of the left eye, which was otherwise normal. With the exception of some chronic hypertrophic catarrh, nothing abnormal could be seen in the nose. The ostium of the sphenoidal sinus could not be seen, and, as in the former case, a sound was pushed through the anterior wall into the sinus. A copious discharge of blood and blood-stained fluid escaped and the protrusion of the eye became less marked at once; two days later it was quite unnoticeable.

In all these cases the author claims that the ocular symptoms were entirely dependent on a nasal lesion, as is proved by their immediate disappearance when the nasal condition had been treated.

Knowles Renshaw.

EAR.

Valentin (Berne).—*On Hæmatoma of the Right Ear in Swiss wrestlers.* "Zeit. für Ohrenheilkunde," Band li, No. 2.

The right ear is pressed forcibly against the opponent's chest during this form of struggle, and a hæmatoma is consequently frequent. Incision relieves the pain, but does not prevent the shrinking. The author therefore recommends, in recent cases, aspiration of the contents and subsequent massage. Rest and time are also desirable, but they are not readily accepted by the wrestlers.

Dundas Grant.

Henrici (Aix-la-Chapelle).—*Further Observations on Tuberculosis of the Mastoid in Childhood.* "Zeit. für Ohrenheilkunde," Band li, No. 2.

As the result of investigation of eight cases of tuberculosis of the mastoid in children, the author comes to the following conclusions:

(1) That mastoid tuberculosis in children is a comparatively frequent disease, about one fifth of all cases of mastoiditis in children being tuberculous.

(2) Tuberculous mastoiditis in children is in most cases primarily an osseal disease—that is to say, induced through the circulation.

(3) This primary osseal tuberculosis is more frequent than the secondary form which results from tuberculosis of the tympanum.

(4) This mastoid tuberculosis is in many cases purely local and comparatively benign; it is very amenable to treatment, and if operation is carried out in good time the prospects of recovery are great.

(5) In the operation it is generally possible to remove all the disease by means of simple chiselling of the bones of the mastoid; it is only in a few cases that it is necessary to clear out the tympanum as in the radical mastoid operation.