

NOSE, NASO-PHARYNX, &c.

Joal.—*Spirometric Researches in Affections of the Nose.* “Revue Laryngologique,” March, 1890.

By means of the spirometer (described in this Journal, July, 1890) the author has made scientific demonstration of a fact already known clinically, that in the case of subjects in whom respiration is habitually embarrassed by a nasal lesion the respiratory capacity is diminished in notable proportions. In spite of the modification in the respiratory functions, there is no sensible dyspnoea, but nevertheless the spirometer shows a diminution in the vital capacity. The author has applied these data in the case of singers, and he has proved that vocal troubles can have for their cause a nasal affection acting upon the respiratory functions. From conclusive cases he shows that in the case of singers, fatigue, febleness of voice, difficulty in emitting high notes, &c., result frequently from a respiratory insufficiency due to a nasal lesion. It is thus important for artists and orators to know their respiratory capacity, and to know this also in order to recognise its modifications, and also to simplify the investigation of etiological conditions which preside over the development of certain vocal alterations. *Joal.*

Loewenstein.—*Aristol in the Treatment of Ozena Simplex.* “Internat. Klin. Rundschau,” No. 20, 1890.

COMMUNICATION of four cases in which this drug was insufflated with the best result. *Michael.*

Meyes (Amsterdam). — *Therapy of Ozena.* “Monats. für Ohrenheilk.,” June, 1890.

THE author has applied nitrate of silver with good results. *Michael.*

Ziem (Danzig).—*Remarks upon the Paper of Dr. Gerber on Retro-nasal Catarrh and the so-called Tornwaldt's Disease.* “Therap. Monats.,” No. 12, 1889.

Ziem (Danzig).—*Remarks upon the Paper of Dr. Poelchen on the Anatomy of the Naso-Pharynx.* “Virchow's Archiv.,” Bd., 119.

POLEMICAL articles. *Michael.*

Pavloff, Petr A. (Moscow).—*Primary Syphilitic Sore of the Nose.* “Meditzinskoïe Obozrenië,” No. 1, 1890, p. 14.

THE writer details two rare instances of nasal syphilitic chancre of a non-venereal origin, occurring in men. In one of the patients, a clerk, who had been living with a syphilitic friend, and had received a superficial abrasion (from a fall) of the globella, on the right side, close to the nose, the lesion transformed into a somewhat elevated hard chancre covered with a thin, greyish film in its middle. Shortly afterwards the

right sub-maxillary and anterior auricular glands became enlarged, and later on, usual secondary manifestations made their appearance.

In the other patient, the ulcer, of the size of a farthing piece, occupied the inner surface of the right nasal wing. It had a circular shape, slightly raised, clean-cut edges, and a somewhat depressed centrally, smooth, dry, as if polished, floor of a cherry-red colour, both its edges and base being slightly infiltrated. The outer surface of the nostril was considerably congested and tumefied (so as to cause a striking assymetry of the organ), the sub-maxillary and upper cervical glands of the right side being a good deal enlarged.

Valcrius Idelson.

Dionisio, T.—*A New Method of Treating some Nasal Alterations.* “Giornale della R. Accademia di Medicina di Torino,” April-May, 1890.

THE new method, which according to the author is serviceable in cases of chronic hyperplastic inflammations of the nasal passages, consists in the application of an india-rubber sac, into which water is injected so as to produce dilatation of the sac. (The same instrument—modified by Dionisio—is used in order to ensure, with the addition of a canula, nasal respiration.)

The relater is of opinion that the idea is excellent, but he has more confidence in compressed air (by means of a common pneumatic apparatus), which he employed and praised many years ago. *Massei.*

Major, George W.—*Foreign Body retained in the Nose for twenty-five years.* Trans. Montreal Med. Chir. Soc.

THE patient, a woman, aged thirty-one years, applied at the clinic for diseases of the nose and throat, at the Montreal General Hospital, and complained of obstruction of the right nostril. On examination a foreign body was discovered which, when removed, measured 19 by 13 by 9 millimètres, and weighed two grammes and a half. The woman asserted that the nucleus would likely be found to be a small sea-shell. Though she had not suspected the presence of any foreign body, she recalled having twenty-five years before, when six years old, placed some small sea-shells in her nose. When the mass was exhibited at the Medico-Chirurgical Society's meeting, and there broken, the pearly fragments of shell were readily distinguished. In this case there was no offensive odour, and no excoriation of the upper lip. The patient's husband, who accompanied her to the hospital, was able of his own knowledge to confirm her statements.

George W. Major.

Bartnal.—*An unnamed Complication of Hypertrophy of the Nasal Septum.* “Clínica Médica de Valencia.”

A MAN could not pronounce a word in which was the letter “n” without a feeling of great irritation in the cartilaginous portion of the nasal septum. These sensations occurred during mastication, and to avoid them he only took liquid food. The nasal septum was very deviated in its cartilaginous portion, with the convexity to the right side, so that the tip of the nose inclined to the left, and the prominence almost reached to the internal face of the nasal wing. The mucous membrane of the

turbinated bones was normal on both sides, but that of the septum appeared thickened and morbidly red. Deviation of the nose had existed from birth. Bartnal cauterized with the galvano-cautery, the hypertrophy disappeared, and the patient was cured. Bartnal is convinced of the relation of cause to effect which existed between the alteration of the mucous membrane and the sensations from which the patient had suffered.

Ramon de la Sota y Lastra.

Major, George W. (Montreal).—*An Osseous Cyst of the Nasal Cavity.*—*Montreal Med. Chir. Soc.'s Trans.* June 27, 1890.

The patient, an adult male, was referred for the removal of myxomata of the left nasal passage. On examination the probe detected a globular body unconnected with the middle turbinated bone, arising from the middle meatus. The polypi had their origin from the surface of this sphere. On puncturing with a steel trephine a flow of yellow serous fluid resulted. A cold wire snare was adjusted and the cyst removed almost in its entirety by *excisement*. On inspection the cyst wall was found to be composed of a thin layer of bone, which was quite translucent. The cyst was of the size of a small cherry. But few cases of osseous nasal cyst are recorded. The writer found in Dr. L. Dayer's (Brussels) monograph mention made of but one, that of Glasmacher, in addition to Dr. Dayer's own case.

George W. Major.

Silcock (London).—*Nasal Polypi.* "*Brit. Med. Jour.*," Jan. 4, 1890, Western District of the Metrop. Count. Branch, B.M.A., Dec. 21, 1889.

Hunter Mackenzie.

Ricci, A.—*Traumatic Hematoma and Abscess of the Nasal Septum.* "*Bullettina delle Malattie dell'orecchio della gola e del Naso,*" July, 1890.

In this case the author did not try the usual method of cutting the tumour, but perforated the mucous membrane beneath the upper lip, with the usual antiseptic treatment and compression in the nostril. The patient recovered.

As everybody can recollect similar success, the question is to see if the new method is, for quickness, safety, etc., preferable to the old. Recovery took place in thirty-two days.

Massci.

Berg, John (Stockholm).—*Contribution to our Knowledge of Diseases of the Accessory Cavities of the Nose and to the Study of Discharge of Cerebro-spinal Fluid through the Nose.* "*Nord. Med. Arkiv.*," 1889. Vol. xxii.

THE author first quotes a case of osteomata in the frontal sinus, in a man, aged thirty-seven. Thirteen osteoid tumours were removed by means of trephining the sinus, which was dilated principally towards the cranial cavity. By the operation the dura mater was extensively exposed, but the patient recovered, and got rid of a severe headache from which he had suffered for a long time, and which only had been relieved now and then, an abundant watery fluid at the same time being discharged from the nose. This latter symptom appeared in another patient, a lady, aged twenty-five, with symptoms of hydrocs of the sphenoid sinus; violent headache for ten years, with feeling of pressure over the eyes, increasing failure of sight owing to bilateral atrophy of the optic nerve, diminution

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of the sense of smell, and now and then abundant watery discharge from the nose. The patient was found to be almost totally blind without exhibiting other cerebral symptoms; the roof of the naso-pharyngeal cavity was slightly depressed, and there was some exophthalmos. After having removed the right eye-ball, the sphenoid cavity was trephined through the posterior part of the internal wall of the orbital cavity, after which operation an abundant yellowish fluid filled the orbital cavity, showing a distinct pulsation. A drainage-tube was inserted, and the fluid was discharged through this for the following four months, the patient being relieved from her pains and doing well. As, however, the pains returned, the author suspected the presence of an osteoma and dilated the opening, without being able to detect anything by exploration with the finger. After this last operation the patient completely recovered, the blindness, however, persisting.

The author thinks that the abundant discharge of watery fluid from the nose in these two cases, as well as in most cases recorded in literature, was caused by exudation or rupture of the lymphatic vessels, which form, according to Key and Retzius, a communication between the sub-arachnoidal cavity and the mucous membrane of the nose, and not by a naso-cranial fistula caused by primary augmented pressure of the cerebro-spinal fluid (the theory put forth by Leber). The presence of optic atrophy in the one case, the author explains as resulting from the propagation of an inflammatory process from the lymphatic vessels in the sphenoid cavity to the sub-dural and sub-arachnoid spaces. *Holger Mygind.*

Korner (Frankfurt-on-Main).—*Experiences on Hypertrophy of the Pharyngeal Tonsil.* "Versammlung Befreundeter Süd-Deutscher und Schweizerische Ohrenärzte Pfengsten," 1890.

THE author showed the upper jaw of patients affected by hypertrophy of the pharyngeal tonsil. He considers there are two forms, one of them observed before the change of the teeth, the other after the change. The high position of the palate is caused by diminished development of the nose, and not by the pressure of the air entering through the mouth. If the obstruction of the nose continues after the completion of second dentition, the upper jaw is affected, so that the anterior teeth do not stand in one line, also the other teeth have an irregular position. For those cases in which the obstruction is caused by deformation of the bones and cannot be removed by operation, the application of contra-respirators, otherwise very serviceable, cannot be recommended. In some cases the author has observed enuresis nocturna, due to obstruction of the nose by the pharyngeal tonsil, and cured by operation.

Michael.