second condition is also the result of follicular disease, except that simultaneously with the degeneration of the lymph follicles, there is a deposit of fibrous material in the stroma. The cicatricial formation at the base of the tonsils is the result of the frequent attacks of suppuration around the base of the tonsils, which is induced by the follicular disease. Careful examination, and, if necessary, the pulling forward by means of aneurism needles or a palate retractor, of the anterior pillars of the fauces, ought always to be carried out, and obscure reflex manifestations—neuralgia about the face, neck, and ear, irritation of the larynx, and hoarseness—may be cleared up. As to the treatment, after referring to caustics and galvano-cautery, the writer describes his method of dragging the tonsil out of its bed by the tenaculum, and cutting it away piecemeal with the bistoury as the only certain cure for this troublesome disease.

B. J. Baron.

Butler.—*Hæmorrhage after Removal of the Tonsils.* "New York Medical Journal," November 2, 1889.

THIS is a letter to the Editor of the Journal, in which Dr. Butler states a case in which there was alarming hæmorrhage after the partial removal of the tonsil of a girl, fourteen years of age. Astringents, cold, and pressure were quite useless, and the operator stopped the bleeding by drawing the stump towards the middle line with a tenaculum, transfixing it with a needle, and passing a piece of silver wire around it. The needle was removed, the wire cut short, and left in position for two days. The tonsil appears to have been a very hard fibrous one, and to this latter condition preventing closure of the vessels the operator considers that the serious hæmorrhage is to be ascribed. *B. J. Baron.*

Burton (Cambridge).—*Carcinoma of Œsophagus involving the Right Recurrent Laryngeal Nerve.* "British Medical Journal," May 11, 1889. Cambridge Medical Society, March 1, 1889.

EXHIBITION of specimen taken from a schoolmistress, aged fifty years. The voice had been hoarse, and paralysis of the right recurrent nerve had been noted. *Hunter Mackenzie.*

Longhurst.—*Impaction of a Splinter of Grouse Bone in the Œsophagus.* "British Medical Journal," October 5, 1889.

THE splinter of bone was easily removed with a probang, with relief to all the symptoms. *Norris Wolfenden.*

NOSE, NASO-PHARYNX, &c.

Wortruba.—*Cholesteatoma of the Frontal Bone.* "Wien. Klin. Woch.," 1889, No. 47.

THE patient, twenty-two years of age, had a tumour the size of a goose egg on the frontal bone situated over the right eye. He related that the tumour had commenced to grow seven years previously, and had gradually

enlarged. The growth was extirpated, and microscopical examination proved it to be a cholesteatoma. The patient was cured. *Michael.*

Pancoast.—*Operation upon Nasal Septum.* "Times and Register," December 28, 1889.

THE author presented the case of a young man, at the Chirurgical Hospital, seventeen years of age, with a deformity of the nasal septum, the cartilage being bent to the left and almost completely closing the left nostril. The patient being etherized, an incision was made close to the left ala of the nose. A straight bistoury was then passed into the wound and the cartilage cut from the vomer, seized with a strong pair of forceps and forcibly bent over and straightened. Having arrested the hæmorrhage, the nostril was washed and plugged with iodoform gauze. The incision being so small, it did not require to be stitched. *R. Norris Wolfenden.*

Walsham.—*A Malleable Truss for Correcting Deformities of the Nose.* "Lancet," July 6, 1889.

THE truss consists of a piece of pewter cut to the size and shape of the nose, and secured above to a poro-plastic cap. The upper portion of the truss corresponding to the bridge of the nose is made of sufficient thickness to resist bending by any moderate force, being prolonged upwards in the form of a stem, ending in a flattened plate rivetted to the cap. The pewter is perforated to avoid heat and retention of perspiration. At the lower portion the metal is beaten out, so that at the tip and sides it is quite malleable, and can be moulded to position by the fingers. It is lined inside with soft chamois leather and covered outside with silk. The truss is a little difficult to put on in cases of prominent forehead, therefore, a hinge may be added at the junction of the truss with the cap. Where there is much deflection of the lateral cartilages generally, pressure on the nose can be increased by means of a spring lever.

Norris Wolfenden.

Pancoast.—*Epithelioma of Nose.* "Times and Register," December, 7, 1889.

THE author gave the history of a patient who had always had a dark spot on the left side of the nose. It began to give him trouble about a year ago. Itching and slight pain occurred at times. The spot became red and inflamed, and breaking down in the centre, formed a small ulcer, which began to spread. This is a curable form of cancer, if treated in time. A concentrated solution of zinc chloride was applied, and allowed to remain for a few minutes, after which a dressing of ung. zinci oxidi carbolizat. was applied. This has afforded excellent results so far, and an operation is not considered advisable until this treatment fails. The chloride of zinc solution was ordered to be applied daily, with the same dressing as before.

R. Norris Wolfenden.

Ziem (Dantzic).—*Intra-ocular and Nasal Disease.* "Berlin Klin. Woch.," 1889, No. 38.

THE author relates six cases in which a connection between nasal disorders and intra-ocular disturbances could be traced, and in which the treatment of the intra-nasal affection was followed by improvement or

cure of the ocular disorder produced by it. In all these cases, there was diminution of the visual area and decrease in the power of vision. In other cases, the ophthalmoscope showed the presence of venous hyperæmia of the papilla or other pathological conditions, the general cause of which was the disturbance in the circulation. These conditions cannot be looked upon as reflex neuroses, but as circulatory disturbances caused by the passive hyperæmia in the nasal mucous membrane, which in turn produced intra-ophthalmic hyperæmia. *Michael.*

Rethi (Vienna).—*Neuroses caused by the Treatment of the Nasal Cavity.* "Internat. Klin. Rundschau," 1889, Nos. 51 and 52.

THIS paper is of considerable interest, since it is the beginning of a reaction against the abuse of nasal treatment. The author remarks that neuroses arising in a reflex manner from diseases of the nose can be cured by local treatment, but they may also be distinctly made worse, and, what is more, they may be originated when they have not previously been existent through local treatment of the nose. The author refers to the case quoted by Semon of Graves' disease produced by an operation for nasal polypi, and then relates his own observations as follows :—

1. A lady, twenty-five years of age, was treated with the galvano-cautery for nasal obstruction. The portions of the turbinated and septum thus operated upon were converted into cicatricial tissue. Ten days later the patient suffered from hemicrania and sneezing attacks. Both these attacks and the general condition deteriorated day by day. At first the patient had some relief from cocaine, but after a few days the good effects ceased. The author removed the cicatrices, and the patient was cured.

2. A patient, forty-seven years of age, operated upon for obstruction of the nose with the galvano-cautery and chromic acid, suffered from attacks of vertigo, increasing every day. The author removed a cicatrix from the right turbinated with the galvano-cautery, and the patient was cured.

3. A lady who had been treated with the galvano-cautery for chronic coryza suffered from violent attacks of sneezing some days after the completion of the treatment. In this case the condition of the patient could not be improved by the removal of the cicatrices left by the former treatment. Those cases prove that cicatrices in the nose may produce reflex neuroses, and that treatment of the nose should only be undertaken after very definite diagnosis has been arrived at. (They also prove what at the present time is still denied by some authors, viz., the existence of reflex neuroses, and their relation to local diseases and pathological nasal conditions.—*Rep.*) *Michael.*

Ziem (Dantzig).—*On Metastatic Affections in Nasal Diseases.* "Monats. für Ohrenheilk," November, 1889.

1. A PATIENT, five years old, had a swelling of the forehead and right eyelid for eight days, and the right foot was also swollen. The parents related that the brother of the patient had bitten her on the nose, and since that time the nose had been obstructed.

Upon irrigation, a large amount of pus was removed from the nose. The tumours upon the frontal bone and eyelids became abscesses, and had to be incised. A few weeks later another abscess formed between the shoulders. A cure was afterwards obtained.

2. Erysipelatous swelling and abscesses of the face followed, in one case, chronic nasal disease and empyema of the antrum of Highmore.

The author regards these abscesses as metastatic, and relates many similar observations from literature. *Michael.*

Kayser (Breslau).—*On Respiration through the Nose.* "Zeitschrift für Ohrenheilk.," Heft 2.

EXPERIMENTS of the author conducted upon the living subject confirm the views of E. Paulsen, Kiel. In the horizontal position of the nasal cavities the air is directed to the higher regions of the nasal cavities, and if in the cadaver or in a phantom the anterior portion is removed, air or powders pass directly to the posterior wall. The fact is of great physiological importance as to the functions of the nose as regards the sense of smell, the cleansing of the cavities, and the warming of the inspired air. *Michael.*

Spitza (Gressbach).—*Empyema of the Antrum of Highmore, caused by the Growing of a Molar Tooth into the Cavity.* "Wiener Med. Woch.," 1889, No. 49.

A PATIENT, ten years of age, had been feverish for some days, the right half of the face being swollen and phlegmonous. Opening on the right cheek was a fistula perforating the antrum. The eyeball was also protruded. A carious molar tooth was extracted without effect. An incision was therefore made into the cheek, and the antrum entered, and a great deal of pus evacuated. In the cavity was found a freely movable piece of bone. In order to remove this the alveolus of the extracted tooth was chiselled, and through the new aperture fell out a molar tooth. The case was cured in a short time, a new tooth appearing in the aperture, and filling it, so that no communication was left with the antrum. *Michael.*

Hartmann (Berlin).—*Empyema of the Antrum of Highmore.* "Deutsch Med. Woch.," 1889, No. 50.

THE case of a patient who suffered from hæmorrhage from the nose after filling a molar tooth. For a long time the diagnosis could not be made; afterwards the bleeding passed into fœtid serous discharge. The tooth was extracted and the antrum perforated. Injection of antiseptic fluid was given and pus was discharged through the nose, and the patient was cured. *Michael.*

Lücke (Strasbourg).—*A Case of Angioma Ossificans in the Antrum of Highmore.* "Deutsch. Zeitschrift für Chirurgie," Band 30, Heft 1, 2.

THE patient, aged twenty-six, experienced very great pain and swelling in the right side of the face. Some sound teeth were extracted without effect. Then followed secretion of yellowish fluid from the right nasal cavity. In the mouth the anterior portion of the upper jaw was felt to be prominent. A certain diagnosis could, however, not be made, and the

patient being put under chloroform the bone was perforated with the thermo-cautery. Abundant hæmorrhage followed, which was only arrested by tamponning the opening made by the instrument with iodoform gauze. The patient became anæmic, and had to be treated with analectic injections of camphor. This hæmorrhage, which was certainly not arterial, was characteristic of a very vascular tumour, and it was thought certain that a cavernous angioma was present. The tumour became larger, and some weeks later a second operation was performed under chloroform. An incision was made, similar to that advised by Langenbech, for resection, the periosteum removed, and a thin piece of bone from the anterior wall, when a tumour became visible, which was found to be covered with granulations. With a chisel a large portion of the tumour was removed. Then followed great hæmorrhage and tamponning, and manual compressions had to be applied. Analeptic injections and transfusion became necessary. Every endeavour to remove the tampons during the next few weeks was followed by excessive hæmorrhage, so that they had to be left *in situ* for four weeks. Three months later the patient was cured. A microscopical examination made by Recklinghausem proved the growth to be an angioma ossificans or osteoma angiomatosum.

Michael.

Mann (St. Paul).—*Etiology of Atrophic Catarrh.* "Journal of Ophthalmology, Otology, and Laryngology," October, 1889.

THE author remarks upon the increase of nasal surgery during late years, which has led to various operations for hypertrophic rhinitis, in the course of which turbinated bodies "were twisted off, and snared off, and any "unevenness in the rhinal surfaces was effectually planed down with "saw, drill, or nasal plough." A good many of these cases returned cured of hypertrophy, but with atrophic catarrh. A change was then made in the treatment of hypertrophic catarrh: "a turn from all surgery to no surgery." Many cases of atrophic catarrh pass through a previous hypertrophic stage. Many are atrophic from the start. The essential factor underlying all the causes ascribed for atrophy is "retention of secretion." The mucus drying and remaining in contact with the membrane leads to maceration and destruction of the epithelium, and afterwards by blocking of the glands to the atrophy and destruction of their elements by pressure and chemical action. This process explains how we find an atrophic condition in one nostril with hypertrophy in the other. The inferior turbinateds may have almost entirely disappeared, while the middle are still considerably hypertrophied. Hypertrophy in itself is not a causative factor, but becomes etiologically significant only when it becomes excessive enough to interfere with the proper cleansing of the nostrils. Consequently hypertrophies should not be either removed or let alone at random, but they should be operated upon if they press upon the septum or imprison the secretion. *Norris Wolfenden.*

Berlinen (Breslau).—*On Ozæna, its Treatment and Prophylaxis.* "Deutsch. Med. Woch," 1889, No. 51.

THE author starts a new and original hypothesis as to the origin of ozæna. He believes that the drying of the secretion and its fœtor is due to con-

tact of the middle turbinated with the septum. He has observed in all cases of ozæna that this condition exists. He has also cured some cases by operations directed to the turbinated and the septum by means of an instrument devised by himself. It must, however, be allowed that if other observers, even, find this abnormal condition to be constant in ozæna, it is very unlikely that the contact of two small areas in the nasal cavity would be sufficient to change the character of a mucous membrane of such an extent as that of the nasal pharynx. The author's theory if "*non è vero*" is at least "*ben trovato.*" *Michael.*

Moure.—*The Treatment of Ozæna.* "La Tribune Médicale," 1889.

THE general management of ozæna, which is so rebellious to treatment, consists especially in modifying the general condition, and for this purpose we can use the preparations of iodine, arsenic, etc., but a residence at the seaside generally gives the best results. It is more especially the local treatment which engages our attention. This will consist principally in the use of irrigations; these should always be at a temperature of from 20 to 30 degrees Cent., and they should be abundant. The author commences by using one pint of water containing an alkaline salt (chloride of sodium, bicarbonate of soda, chlorate of potash, twenty grammes to a pint of warmish water). Immediately after this cleansing solution he uses an antiseptic irrigation, taking care to vary from time to time the antiseptic employed. The following may be used at the commencement:—

℞.—Phenic acid ..... 20 grammes.
Glycerine (pure) ..... 100 „
Alcohol at 90 deg. ..... 50 „
Water ..... 350 „
A teaspoonful to half a pint of tepid water.

After the phenic acid has caused the disappearance of the odorous symptoms, which generally takes from one to two weeks, we replace it either by chloral, resorcin, salicylic acid, salicylate of soda, or creoline. As the last-named drug has the inconvenience of being very caustic, for the reason that it forms an emulsion and not a solution, we should administer it only in small doses.

℞.—Creoline ..... 1 gramme.
Alcohol (pure) ..... 120 „
One teaspoonful to a pint of tepid water.

Naphthol gives equally good results, but preferably in a camphorated solution. Alumina aceto-tartaricum has also been used:—

℞.—Alum. acet.-tart. ..... 20 to 40 grammes.
Acid. boric..... 80 to 100 „
One teaspoonful to one-half, or to one, pint of water.

The liquor Van Swieten should not be used, as it is dangerous. In obstinate cases the treatment should be terminated with pulverizations.

℞.—Acid. phenic .. .. 2 grammes.
Crys. resorcin ..... 3 „
Pure glycerine ..... 50 „
Water..... 300 „

After some time the author replaces this antiseptic liquid by more astringent solutions: tannin, boric acid, alum, or an antiseptic vinegar, and when the mucous membrane is too dry, he uses the following solution:—

℞.—Salol	5	grammes.
Vaseline	150	,,

Fumigations and swabbings give equally good results. The following solutions, heated, should be employed for one or two minutes after the irrigation:—

℞.—Camphor	8	grammes.
Tincture of iodine	10	,,
Iodide of potassium	2	,,
Tar	12	,,
Alcohol at 90 deg.	100	,,
Water	250	,,

R. Norris Wolfenden.

Delavan, Bryson.—*Some Personal Observations upon the Acute and Chronic Enlargements of the Adenoid Tissue at the Vault of the Pharynx and the means used for their relief.* "The New York Medical Journal," October 12, 1889.

WHILST admitting that usually adenoids make their appearance during childhood, and atrophy in adult life, the author mentions cases in which the enlargement of Luschka's tonsil has persisted through the middle life and others in which the hypertrophy apparently has begun after puberty, especially in women of stout figure, who suffer from attacks of catarrh of the upper air passages and dyspepsia, and with or without concurrent disease of the faucial tonsils.

Singers are especially liable to this trouble, and on examination the pharyngeal tonsil is seen to be enlarged, congested, and bathed in mucus, and it is capable of impairing hearing by pressure on the Eustachian prominence.

The writer then alludes to a case in which there was alternate enlargement and subsidence of Luschka's tonsil analagous to that of the faucial tonsil, under the influence of coryza, this observation, he believes, and we agree with him, is quite original and evidently very important.

Two kinds of adenoid growth are described,—one soft, friable, and papillomatous; the other, firm, fibrous, and smooth; the latter being very difficult to remove.

Attention is drawn to the fact that impeded nasal respiration from the presence of adenoids during the period of constructive activity is a constant menace to the healthy development of the osseous structures of the nose—a very instructive case illustrates this point clearly. The author rightly insists on thoroughness of removal, believing that whatever the surgeon leaves behind is capable of doing mischief. He evidently prefers the forceps to the curette or ring knife in most cases, and does not even mention scraping with the finger-nail. He advises the use of an anæsthetic in order to lessen shock, and, if possible, chooses either late spring or early summer for the operation. *B. J. Baron.*