

NOSE.

Craig, R. H.—*Complete Occlusion of both Anterior Nares.* "Montreal Medical Journal," March, 1908.

The patient, a female, was two years and eight months old when first seen by the writer. The mother stated that the child had been unable to breathe through the nostrils for two years, whereas at birth she could breathe through them freely. There was no evidence of rickets or inherited syphilis. The child was small, anæmic, and nervous, and a characteristic mouth-breather. The nasal bones were flat and saddle-backed. Both anterior nares were covered by epidermis, the same colour as the surrounding skin. It had apparently grown from the muco-cutaneous junction of the nares. The post-nasal space and pharynx were free.

Operation was done under a general anæsthetic, a vertical incision being made through the centre of each plate of skin. Both inferior turbinals were found in contact with the septum, although not united. These were reduced in size by operation, and small silk rubber tubes inserted in the nasal passages to secure drainage. These were regularly changed for cleansing purposes. Six months later they were permanently removed. The result of the treatment was very gratifying, as the child could again breathe freely through both nostrils, while its general health had materially improved.

This is the only case of complete anterior nasal stenosis due to closure by cutaneous membrane that the writer had seen reported. While the cause was doubtful he thought the condition might possibly have been produced by the injudicious use of a catheter, a physician having at one time introduced one into each nostril to give relief for difficult breathing. *Price-Brown.*

Wishart, J. Gibb (Toronto).—*Repair of Saddle-nose by Replacement of Bones without Skin Incision.* "Canadian Practitioner and Review," March, 1908.

The patient, now a young woman, received a violent blow upon the nose in colliding with a child when eleven years old. This produced serious nasal deformity, which continued up to the time of examination. There was no history of syphilis and no impediment in breathing, but for cosmetic purposes the patient sought relief.

On examination the nasal processes of the superior maxilla were found to be spread apart, allowing the nasal bones to lie side by side, unitedly forming a flattened surface. The attachment of the upper lateral cartilages to the nasal bones had also been separated, a new attachment having formed at a lower point. The result was a typical saddle-nose, combined with a flattening at the root of the nose.

The operation for relief was conducted as follows: Under general anæsthesia the frontal process of the superior maxillary and the nasal bone on the right side were separated from the lower end of the latter to the upper end by means of hammer and chisel, the work being done on the internal aspect, the skin not being broken. The left side was treated similarly. Then, by means of Adams' septal forceps, the skin being protected by a pad of gauze, the nasal bones were successively loosened from the attachment to the frontal bone and from each other.

To quote from the writer: "The nasal bones being now freely movable, a specially constructed saw was introduced on each side in succession,

through a small opening made in the mucous membrane of the outer wall of the nose, directly opposite to the root of each maxillary nasal process, and guided by the finger on the skin the groove between the cheek and the nose was sawn from top to bottom. The incision with the saw was made deep enough to allow of the production of a green-stick fracture of the nasal processes, the forceps named above being used in the same way as before."

The maxillary nasal processes and the nasal bones were then readily adjusted, and by regular and frequent manual pressure on the part of the nurse during the first thirty-six hours the bones were kept in place. A slight pitting in the centre line below the nasal bones was overcome by injection of paraffin. The result is said to be a perfect one.

Price-Brown.

LARYNX.

Neufeld, L. (Posen).—*On Laryngeal Spasm in the Adult.* "Arch. für Laryngol.," vol. xx, Part II.

The first of the three cases here reported was that of the writer himself. A child living in his house suffered from a severe attack of whooping-cough, during the course of which the writer contracted a violent naso-pharyngeal catarrh. After this had lasted for four days, on rising in the morning and trying to clear his throat he was suddenly seized with a laryngeal spasm which lasted only a few seconds, but was accompanied by marked cyanosis and an intense feeling of suffocation. These attacks were repeated for six days, after which the author was able to check them by the immediate use of a spray of hot Ems water. The upper air-passages, apart from slight catarrhal changes, were normal. The catarrh disappeared after about six months, and although the author has frequently suffered from "colds" since then, there has never been any return of the laryngeal spasm.

Another very similar case is reported in which the patient was an adult male, and the attacks were so severe that it became necessary to keep him in a surgical clinic, in case a tracheotomy should be required. Both this case and that of the author himself were almost certainly examples of an unusual form of whooping-cough.

The third case was an instance of what is known as ictus laryngis, and is of special interest, as the trouble certainly arose as a traumatic neurosis. A smith, aged twenty-three, slept in a room with a smoking grate. He was attacked with acute laryngitis, which was accompanied by attacks of glottic spasm. The laryngitis soon disappeared under treatment, but the attacks of suffocation were repeated for over a year, and often occurred several times a day, so as to render him totally unable to work. The first laryngeal examination was sufficient to bring about an attack, which was characterised by sudden and complete loss of consciousness, deep cyanosis, dilated pupils, and slow pulse. Consciousness did not return for twenty minutes. The attacks occurred almost spontaneously during speaking or laughing, or as a result of mental excitement. They could be arrested by pressure on the larynx. There was no aura.

Thomas Guthrie.