

The other form, less frequent, and similar to acute diphtheritic angina. The first appearance is pointed out by intense fever, 38° F., dysphagia, anorexia, depression, general state of intense inflammation; in the throat pseudo-membranes, not tenacious, especially on the tonsils, and the culture of these membranes contained pure Friedländer's bacillus.

After three or four days the general symptoms diminish, the temperature decreases and the membranes disappear. The diagnosis can only be ascertained by bacteriological examination. The treatment by antiseptic gargles and washings is sufficient. Four cases.

A. Cartaz.

Rousseau.—*The Innervation of the Muscles of the Soft Palate.* "Thèse de Paris," 1898.

A VERY interesting anatomical study of the innervation of muscles of the soft palate. The doctrine of the facial supply of muscles originated from the teaching of Langet was opposed to the physiological experimentation. Chauveau and Vulpian were unable to produce contraction of the palatal muscles by stimulation of the facial nerve. Two cases, clinically observed, showed clearly that the innervation of palatal muscles is not found in the facial nerve but in the vago-spinal.

A. Cartaz.

Treitel, Dr. (Berlin).—*The Existence and Importance of Chronic Tonsillar Abscess.* "Deutsche Medicinische Wochenschrift," No. 48, 1898.

THIS paper contains a general résumé of our knowledge of pyogenic infection from the tonsils. He describes in detail three cases where septic infection followed chronic tonsillar abscess. Only one of these was under his own observation. Infection takes place through the neighbouring tissue, and may extend down into the thorax, or general pyemia may be caused by absorption into the blood. All the cases ended fatally.

As the abscesses are small and cause no enlargement of the tonsils, their diagnosis is difficult. They show the importance in kryptogenetic pyemia of examining the interior as well as the surface of the tonsil. Whether infection may take place from chronically inflamed hypertrophied tonsils without abscess formation has not yet been proved.

Güld.

NOSE.

Avellis, Dr. Georg (Frankfurt).—*Tubercular Disease of the Upper Jaw, simulating Empyæma of the Antrum of Highmore in Children.* "Münchener Medicinische Wochenschrift," No. 45, 1898.

In this paper Avellis criticises the cases described as empyæma of the antrum in infants (D'Arcy Power, "British Medical Journal," 1887; Rees, "London Medical Gazette," 1847; Spencer Watson, "Diseases of the Nose," p. 167). Midalkovic's "Handbook of Laryngology," vol. iii, p. 78, states that the antrum at the fourth month is $\frac{1}{2}$ mm. deep, and only exists theoretically in the first month. Only after eruption of the milk-teeth does the antrum extend downwards into the alveolar process. Thus, according to development, an empyæma at this age is hardly to be thought of. He considers these cases to be tubercular

disease of the medullary tissue in the nasal and palatine process of the upper jaw.

Caries in this region has been described by different surgeons (Carl, Haeter, Gurlt). A sinus always occurs beneath the lower eyelid when caries begins in the infra-orbital process. Thickening of the palatine process is caused by caries in its medulla. Sequester formation, denudation of the bone, chronic suppuration, granulation growth, periostatic distension of the bone, the slow healing with separation of sequestra, point definitely to tubercular disease. These symptoms are literally found in the cases described as empyæma. It has not yet been proved that the antrum has been affected, and it could only be described as tubercular disease of the antrum. Such disease in the adult is extremely rare. *Guild.*

Carriere, Max.—*Living Foreign Body with Abscess of the Nasal Septum.*
"Gaz. Hebdomad. de Méd., Paris," November 24, 1898.

A GIRL, fifteen years of age, who was subject to frequent attacks of coryza, and had for some months nasal obstruction without pain or troubles. C. finds a bilateral abscess of the septum, and in the pus, escaping after incision, the larva of a fly which cannot be precisely determined. Rapid cure. *A. Cartaz.*

Cathelin.—*A Case of Ozæna cured by the Antidiphtheritic Serum.*
"Echo Méd. du Nord," November 13, 1898.

A MALE, twenty years of age, had for six months a nasal discharge with crusts and bad odour. The mucous membrane not atrophic; treatment by vigorous douching with carbolic solution, and three times a week an injection of five grammes of antidiphtheritic serum. After two months only, one injection a week, but with 10 grammes of serum. Six months after the symptoms are relieved; no odour, no crusts, no discharge; the patient seems to be cured. *A. Cartaz.*

Gilbert, A.—*Tertiary Syphilis of the Sinus and its Complications.*
"Thèse de Paris," 1898.

TERTIARY manifestations of syphilis in the sinus are nearly always secondary to gummous ostitis of the nose, the caries or necrosis extending from place to place. There are two clinical varieties, differing according to the direction of erosion towards the orbital or cerebral side. The prognosis is quite different. The sinusitis with cerebral complications resembles, in gravity, cerebral tertiary syphilis. The accidents are very serious, rapid, and death is frequently the sequel of that disease by thrombosis of cavernous sinus, meningitis, or meningo-encephalitis. The treatment must be intensive with mercurial injections and large doses of iodide. *A. Cartaz.*

Halasz, Dr. Heinrich (Budapest).—*Serous Disease of the Antrum of Highmore.* "Wiener Klinische Rundschau," No. 46, 1898.

So long as the communication between the antrum and nose is intact the sinus walls are moistened with secretion; accumulation is prevented, as part is absorbed and part is evaporated by the entrance of air. When occlusion occurs the air is absorbed by the bloodvessels, and the secretion increases in greater quantity than it can be removed. The result is that the secretion decomposes, and the mucous membrane is stimulated to increased secretion.

Serous disease was first discovered by Noltenius, in cases suspicious of empyæma, with pain in the maxilla, root of the nose, and supraorbital region. Exploratory puncture revealed a serous fluid and the symptoms

completely disappeared. The fluid was of a clear, transparent yellow colour; it quickly coagulated, and only occasionally contained a few shreds of mucus. The disease is usually unilateral. Where the symptoms of empyema or serous disease are not conclusive, exploratory puncture is certain. In many cases of empyema there is only occasionally hemicrania, nasal discharge, fœtor or bad taste in the mouth. In serous disease pain, often indefinite, sometimes localized in the supraorbital region, is complained of; frequently nasal discharge occurs, lasts a short time, and then vanishes without becoming thick or purulent. The patients frequently complain of nasal obstruction, and if there is no hypertrophic rhinitis, or if the feeling of obstruction persists, after free application of the cautery, exploratory puncture is indicated.

If the contents of the sinus are entirely serous, simple removal is sufficient to relieve the symptoms. He prefers Noltenius's trocar to Krause's. If there are shreds of pus, or if the secretion is purulent, he syringes with sterilized water or iodine trichlorat solution. He has seen ten cases in which removal of the secretion from the sinus was followed by cure, and gives a short account of five cases. *Guild.*

Jongs, R.—*Ocular Complications of Frontal Sinusitis.* "Presse Médicale," November 30, 1898.

J. RELATES the case of a man, fifty-two years old, complaining of facial neuralgia and visual troubles with vertigo. The examination of the eye shows hypertrophic astigmatism, but no perturbation of the unocular sight, no alteration of the choroido-retinic membrane, and only an occasional crossed diplopia.

As the cause of that muscular insufficiency the author finds chronic coryza with frontal sinusitis and bilateral maxillary empyema. Operation on the pansinusitis, cure and disappearance of all ocular symptoms. *A. Cartaz.*

Lindt, W.—*Diagnosis and Therapia of Chronic Suppurations of the Accessory Cavities of the Nose.* "Corr. Bl. f. Schweizer Aerzte," No. 45, 1898.

THE author reports on the different methods of diagnosis and therapia of suppurations of the accessory cavities of the nose. Concerning the examination of the frontal sinus with the probe, the author says that it is very difficult to examine the frontal sinus in healthy people, but in fourteen cases of certain suppuration he was able to examine the sinus with a probe in every case. After this observation of the author, I suppose that these fourteen cases must have been already very much advanced. Then I think the conclusion of the article is worth mention. The author considers it a pity that one cannot say the same of the treatment of chronic suppurations of the accessory cavities of the nose as he wrote some time ago about the cure of chronic suppurations of the middle ear: "That every (?) non-cachectic patient suffering from otorrhœa chronica can be cured through operation (?); only incomplete technic or after-treatment gives a bad result"!! (Perhaps, in Berne, chronic suppurations of the ear are quite different from those in other parts of the world.) *R. Sachs.*

Lucas, R.—*Adenoid Vegetations in Relation with Ear Diseases.* "Thèse de Paris," 1898.

THE adenoid vegetations produce by a simple presence an inflammatory state of the pharynx, and that inflammation has the greatest facilities to

spread in the ear, nose, and other cavities. They are the cause of obstruction of the Eustachian tube, and by difference of atmospheric pressure in the ear give catarrhal otitis.

The ear diseases originated from adenoids are of two forms: inflammatory and mechanical. These otites are very serious in young children, determining the deaf-mutism. It is necessary to remove these vegetations in the early stage of life. *A. Cartaz.*

Lucius, Charles.—*Diagnosis of Maxillary Suppurative Sinusitis.* "Thèse de Paris," 1898.

THE author reviews the principal symptoms of empyema of the antrum, indicating that no other than exploratory puncture is pathognomonic. He views trans-illuminating favourably.

The prognosis depends on the nature of the suppuration, on the duration and continuity of the escape of pus, of the presence or not of complications and other sinusitis. According to the special signs, the treatment will be alveolar perforation with washings or immediate curetting by the canine opening. *A. Cartaz.*

Mulhall, J. C.—*An Improved Tube for Drainage of the Maxillary Sinus.* "Laryngoscope," November, 1898.

THE tube has a diameter of $\frac{1}{4}$ of an inch, and the antral end is carefully bevelled off. A movable lid is attached to the oral end, which has the great advantage of preventing foreign bodies entering the antrum, and, if the tube be filled with sterilized cotton or medicated gauze, of preventing infection from the mouth. The description is accompanied by four figures in the text. *W. Milligan.*

Packard.—*Reflex Disturbances of Nasal Origin.* "Philadelphia Medical Journal," July 16, 1898.

THE author reports a case of reflex amblyopia, resulting from removal of a small piece of the middle turbinated bone. A great many writers are quoted in this paper. *B. T. Baron.*

Poisson, L.—*Fistula of the Frontal Sinus.* "Gaz. Méd. de Nantes," October 24, 1898.

CLINICAL lectures on a case of fistula of frontal sinus in a woman sixty-four years old, having had frequent facial erysipelas. Since eight years frontal sinusitis, with pains, headache, purulent discharge by the nose; six months ago orbital abscess and consequently fistula. Cure by curetting of the sinus and drainage by the nose. *A. Cartaz.*

Solis-Cohen, S.—*A Preliminary Note on the Treatment of Hay Fever with Suprarenal Substance, with a Report of Personal Experience.* "Philadelphia Medical Journal," August 13, 1898.

THE attacks are not hysteric nor hypnotic, but are due to congenital weakness of vaso-motor control. They are not due to lithæmia. The usual remedies have been used with some degree of success, but suprarenal extract in tabloid form has been of the greatest value. One 5-gramme tabloid is taken five times a day; sometimes, if the attack of sneezing was severe, two were taken at a time, and one was always taken at bedtime, and thus "a sneezeless, coryzaless night" was insured.

The effect is attributed to the power possessed by suprarenal preparations to raise blood-pressure by increasing the vascular tone, and so contraction of the nasal mucous membrane is brought about.

B. T. Baron.

Wells.—*The Pathogenesis of the Nasal Reflex Neuroses.* "Philadelphia Medical Journal," August 20, 1898.

In all cases a pronounced morbid condition of the nervous system is present. Dealing with asthma, attention is drawn to the occurrence of eosinophilia in this disease. Müller and Gollasch first noted the presence of abundant eosinophilic leucocytes in the sputum of asthmatics during a paroxysm; and Gabritschewski found that there was an increase of eosinophiles in the blood at the same time. Eosinophiles are increased in migraine, epilepsy, angina, neuralgia, convulsive disturbances and gastric crises, chorea and exophthalmic goitre. From this it is argued that there is a relationship between the presence of these cells and nasal reflex disturbances.

They are also influenced by sexual disturbances—*e.g.*, they are increased at menstrual epochs, before coition, during lactation, in sexual neurasthenia, puerperal mania, and at the climacteric; also in inflammation and disease of the genitalia—*e.g.*, cysts of the ovary. Arguing from the fact that there is some relationship between nasal reflexes and sexual disturbance, it is contended that this accompaniment of eosinophilia and alterations of the sexual system is because of the nasal reflex neurosis thereby induced.

Eosinophiles are frequently increased in certain skin-diseases, and after the use of pilocarpin, which produces hyperæmia of the skin. Attention is drawn to the occurrence of coryza and urticaria, and of nettle-rash and milk-rash, in association with some of the nasal neuroses.

Eosinophilia is also found in the uric acid diathesis, and this acid is found quite constantly in migraine and epilepsy.

According to Neusser, these cells, which are distinguished by the presence of coarse acid staining granules which take the eosin stain, are directly under the influence of the sympathetic nervous system, and are increased when there is irritation of the sympathetic, as in nasal reflex neurosis.

For the production of this reflex we must not only have local nasal trouble, but a morbid state of the sympathetic centres, which consists of a hyperkinesia of the vaso-motor ganglia, and eosinophilia is thus set up.

B. T. Baron.

LARYNX.

Ausset, E.—*Diphtheritic Angina with Laryngitis; Intubation for Seven Days; Death.*—"Echo Médical du Nord," November, 27, 1898.

CHILD, two years old, admitted in the hospital for measles; at moment of convalescence diphtheritic angina and laryngitis. Intubation and injection of antitoxic serum; immediate cyanosis and asphyxia when the tube was removed. The pseudo-membrane came away and the diphtheria was cured, but the laryngeal spasm would not permit the removal of the tube. The author decided to make a tracheotomy; the operation was prepared, when suddenly the child was seized by a violent glottic spasm and death followed in a few seconds.

At the necropsic examination ulcers of sub-glottic mucous membrane were found on the site of the inferior part of the tube. A. Cartaz.