that contributes to oral breathing must be a predisposing factor in the onset of diphtheria. He concludes that (1) tonsillar and post-nasal adenoids are found chiefly in children from the age of two to puberty, and 80 per cent. of the cases of diphtheria are found between these ages; (2) these pharyngeal affections are rare after thirty, while only 3 per cent. of diphtheria cases occur at this period of life; (3) 72·5 per cent. out of forty cases of diphtheria that he had examined presented evidence of tonsillar hypertrophy; and (4) diphtheria is a common sequela of scarlet fever, which severely affects the tonsils, and often leads to mouth-breathing.

StClair Thomson.

Wolf, M.—*Accessory Cavities of the Nose in Diphtheria, Measles, and Scarlet Fever.* "Zeitsch. für Hygiene und Infect. Krankheiten," Band 19.

In most of the examined cases the author found inflammation of the accessory sinuses. In cases of diphtheria sometimes Loeffler's bacillus is found. *Michael.*

NOSE AND NASO-PHARYNX.

Batten, Raynor (London).—*The Association of certain Forms of Myopia with Disease of the Nose and Pharynx.* Ophthalmological Society. "Lancet," July 13, 1895.

At a meeting of this society (July 4th) Dr. Batten called attention to the association of a certain form of myopia, characterized by localized posterior staphylomata, tilting, and œdema of the prominent margin of the optic disc, with certain affections of the throat and nose—namely, adenoid vegetations, enlarged tonsils, deviation of the septum, syphilitic disease of the nasal bones, and chronic otorrhœa.

St. George Reid.

Berens, T. Passmore. — *Ichthyol in Rhinitis Atrophica Fœtida, and in Laryngitis Tuberculosa.* Manhattan Eye and Ear Hospital Reports, Jan., 1895.

About fifty per cent. of a series of seventy cases of uncomplicated ozæna have been "much improved" by application of the pure drug thrice weekly, together with the daily use by the patient of an ointment containing ten per cent. of ichthyol and five per cent. of eucalyptol. Owing to the excessive secretion induced all crusts are loosened and readily expelled. Improvement is reported in a few cases of laryngeal tuberculosis. Ichthyol excites secretion, is a deodorant, an absorbent, and a local anodyne. *Ernest Waggett.*

Bronner, Adolph (Bradford).—*A Few Words on some Common Forms of Reflexes of Nasal Origin.* "Lancet," July 27, 1895.

After referring to the various theories of numerous authorities on nasal reflexes, Dr. Bronner is of opinion they should be divided into two classes: first, where there is some local irritation of the terminal fibres of the fifth nerve, as polypus, local atrophy, etc.; and, secondly, where the nasal changes are not primary, but are due to some secondary neuroses. In these cases the galvano-cautery generally gives relief. *St. George Reid.*

Burger.—*On Empyema of the Antrum of Highmore.* "Volkmann's Vorträge," No. 17.

The author gives a review on the symptoms, and adds a new symptom. If transillumination is used the patient has, if there is no empyema, a subjective

sensation of light ; if the cavity is full of pus, this sensation is not present on the diseased side. *Michael.*

Carslaw, John H.—*Notes on Two Cases of Parotitis as a Complication of Pneumonia and Influenza.* "Glasgow Med. Journ.," July, 1895.

IN these cases the parotitis followed closely on an attack of acute pneumonia, the pneumonia seeming in each case to develop as a complication of influenza.
A. J. Hutchison.

Collier, Mayo (London).—*Two Cases of Severe Trigeminal Neuralgia due to Nasal Disease.* "Lancet," July 13, 1895.

THE neuralgia in these cases proved to be due to disease of the middle turbinate bone, and was immediately relieved on removal of the diseased portion.
St. George Reid.

Fink (Hamburg).—*On Hydrorrhœa Nasalis.* "Wiener Med. Presse."

THE secretory apparatus of the mucous membrane is innervated by the trigeminus. In one case observed by the author the patient discharged in one hour forty grammes of a clear watery fluid of 1003 specific gravity. If local pathologic states are observed they must be removed. If not, aristol gives the best results. *Michael.*

Hawthorne, C. O.—*Four Cases of Secondary Parotitis.* "Glasgow Med. Journ.," July, 1895.

NUMEROUS cases of parotitis, apart from mumps, occurring as an incident in association with other pathological conditions, are briefly quoted, and the explanations adopted by previous writers are given. The cases fall into three principal groups, viz. :—(1) Parotitis occurring in connection with disease or injury of the genital organs ; (2) parotitis in connection with some of the specific fevers ; (3) parotitis in connection with pelvic and abdominal lesions. Besides these larger groups, parotitis has been noted as a complication in pernicious anæmia, in pneumonia, in peripheral neuritis, in influenza, in yellow fever, in acute rheumatism, and in chorea. The author's cases were : (1) "Without much doubt, a case of gastric ulcer, though the rapidity of the convalescence may possibly introduce a question as to the accuracy of the diagnosis." (2) "Latent gastric ulcer, or belonging to the group described by Trousseau and others, in which hæmatemesis occurs without any ulceration of the gastric mucous membrane." (3) A case of lobar pneumonia. (4) "The parotitis may fairly be regarded as following the appearance of purulent matter in the peritoneal cavity." *A. J. Hutchison.*

Hopkins, T. E.—*The Recurrence of Lymphoid Hypertrophy of the Naso-Pharynx.* Manhattan Eye and Ear Hospital Report, Jan., 1895.

THE author puts on record twelve cases of recurrence of post-nasal adenoids, after careful operation by competent surgeons, employing general anæsthesia and various recognized methods of removal. He dissents from the views (references to which are given) expressed by most authorities as to the extreme rarity of recurrence, and urges the correction of obstruction in the nasal passages. *Ernest Waggett.*

Knight, C. H.—*A Case of Fibroma of the Nasal Fossa.* Manhattan Eye and Ear Hospital Report, Jan., 1895.

DESCRIPTION of a dense, smooth, round, movable growth attached to the left middle turbinate and nearly filling the choana. Careful microscopic examination proved it to be a pure fibroma. *Ernest Waggett.*

Lederman, M. D. — *Hypertrophied Pharyngeal Tonsil as the Excitant in Suppurative Otitis.* Manhattan Eye and Ear Hospital Reports, Jan., 1895.

REPORTS of cases of otorrhœa associated with post-nasal adenoids cured without any treatment other than the removal of the latter and subsequent nasal spraying.
Ernest Waggett.

Lichtwitz (Bordeaux).—*The Complications of Suppuration in the Accessory Cavities.* "Bresgens Sammlung," Heft 7.

ACCESSORY disease is followed by fœtor of the nose, accumulation of pus in the nose, and nasal polypus, exophthalmus, aural catarrh, headache, inflammation, erysipelas of the skin of the face, disturbance in the circulatory and respiratory organs, fever, somnolence, and melancholia. *Michael.*

Noltermis (Bremen), — *On Serous Inflammations of Highmore's Antrum.* "Wiener Med. Presse," 1895, No. 21.

THE author observed in thirty-seven cases serous inflammations of Highmore's antrum. By puncture, a clear, yellowish fluid was discharged, which contained much albumen. In suspect cases probe-puncture should be performed, because the symptoms are not always characteristic. The author uses Krause's trocar. If there is fluid he then performs irrigation. In cases of serous inflammation one irrigation is sufficient. *Michael.*

Ritter (Berlin).—*Angina-Dentalis.* "Deutsche Medicinalzeitung," 1895, No. 78.

THE author has observed that children with carious teeth have a great predisposition to acquire angina tonsillaris. In a large number of the author's cases this disposition disappeared when the carious teeth were extracted. *Michael.*

Schnée (Moskau).—*Nasal Hammer.* "Zeitsch. für Kranknase.," 1895, No. 3.

THE author refers to Goltz's experiment, that by percussion of a part of the body, if slight, a contraction of the vessels is produced; if strong, dilatation of the vessels arises. The author recommends an instrument for percussion of the nose. In acute coryza, slight percussion is indicated to produce contraction, and, in chronic, strong percussion to produce dilatation of the vessels. *Michael.*

Thomson, StClair, and **Hewlett, R. T.**—*The Fate of Micro-Organisms in Inspired Air.* "Lancet," Jan. 11, 1896.

A FORMER communication by the same authors (*vide* JOURNAL OF LARYNGOLOGY, 1895, Vol. IX., page 796) showed that at least 1500 organisms are inspired every hour, while it must be a common event for this number to rise to 14,000. Expired air, however, is practically free from microbes (Tyndall, Gunning, Strauss). In the experiments of Strauss, of 609 microbes inhaled only a single one was expired. Lister's observations on pneumo-thorax caused by wound of the lung by a fractured rib seem to show that the organisms are arrested before they reach the air cells, while the experiments of Hildebrandt indicate that this arrest takes place before the trachea is reached—probably in the nasal passages. The authors confirm this, or they have examined the tracheal mucus from many recently killed animals, and have always found it sterile. If, then, the bacteria in inspired air are arrested in the nasal cavities, where does this take place, what becomes of them, and how are they got rid of? In their former paper the authors arrived at the conclusion that the mucous membrane of the normal nose seems to be usually quite free from micro-organisms, while the vestibules, vibrissæ, and crusts are swarming with them.

That the action of the ciliated epithelium is an important factor can hardly be doubted, for any particles on the dorsal wall of a frog's pharynx were seen to be moved along at the rate of 25 millimètres (one inch) per minute. The following observation also shows how rapidly bacteria are expelled from the Schneiderian membrana. Cultivations were prepared from the vibrissæ and mucous lining of the nose of one author who acted as the subject. No red growth developed in these, so that the bacillus prodigiosus was absent. A looped needleful of a pure culture of the bacillus prodigiosus was then deposited on a spot on the septum naris, and cultures were made from this spot and its neighbourhood at intervals up to two hours. Cultivations made within five minutes gave an abundant confluent growth of bacillus prodigiosus; after fifteen minutes the amount of growth was distinctly decreased; after sixty minutes the growth was diminished by 75 per cent.; after eighty minutes frequently no growth occurred; while after two hours no trace of the bacillus prodigiosus could ever be detected. No proof was obtained of bactericidal qualities in nasal mucus, but it was satisfactorily shown that it possessed the important property of exerting an inhibitory action on the growth of micro-organisms. Nasal mucus was collected on sterilized cotton-wool plugs; in removing these from the nose the mucus came in contact with the ordinary organisms which have been shown by the authors to be always abundant in the vestibules. In no case was the mucus sufficiently germicidal to prevent the free growth of these germs when sown on gelatine plates, not even when the germs had been left exposed to the action of the mucus (at room temperature) for several hours before making the cultures. Experiments made by mixing nasal mucus with cultures of bacillus prodigiosus, and then making gelatine plate cultivations at intervals, are detailed to prove that the mucus does not destroy the bacilli, but by itself is such an unsuitable medium that no development takes place.

Further proof of the fact that micro-organisms are caught in the nose is obtained from the experiments in which the authors tested the inspired air after its passage through the nose, and found that they were practically all gone.

Their conclusions are that all, or nearly all, the micro-organisms of the air are arrested before reaching the naso-pharynx; probably a majority are stopped by the vibrissæ at the very entrance of the nose, and those which do penetrate as far as the mucous membrane are rapidly eliminated. The nasal mucus is an unsuitable soil for the growth of organisms, and hence is an important factor in that it does not further their multiplication. The removal of the intruding organisms from the Schneiderian membrane is probably in the main due to the action of the ciliated epithelium, assisted by the trickling of mucus and the lachrymal secretion. Phagocytosis may share in the work of removal, though to a small extent, as only once phagocytic cells were found containing bacteria. *StClair Thomson.*

Turck, F. B.—*Diseases of the Mouth, Ear, and Throat as Etiological Factors in Chronic Glandular Gastritis, with Bacteriological Studies of the Pharyngeal Vault.* "New York Med. Journ.," Nov. 23, 1895.

THE investigations cover a period of three years. Cultures were made from the nose and naso-pharynx, and evidence was sought to prove the bacteriological connection between chronic naso-pharyngitis and chronic glandular gastritis. The stomach cultures were obtained by a gyromele, and from the nose and naso-pharynx by a modified instrument, both of which are capable of efficient sterilization and are free from extraneous contamination. Many micro-organisms found presented identical morphological and physiological appearances in cases of chronic naso-pharyngitis and gastritis in the same subject. In the anterior nares numerous forms of cocci were found evidently merely arrested—in the nasal cavities very

few; but in the naso-pharynx, when chronicly inflamed, pure cultures were present of pneumococcus Friedländeri, streptococcus and staphylococcus pyogenes, as well as saprophitic bacteria, lactic acid spirillum, thread-shaped bacilli, and bacillus Coll. Four cases are given at length in which treatment of the naso-pharynx ured also the gastric catarrh. The mouth also has its share in these disorders of the stomach. *R. Lake.*

Winkler (Bremen).—*On Operations in the Nose.* "Wiener Med. Woch.," 1895, Nos. 41 and 47.

THE partial or total removal of the lower turbinated bone is indicated (1) in all rave stenoses produced by broad pressure of the lower turbinate against the septum, if all milder treatments fail; (2) in stenoses in which cautery is tried without effect, and if it is hoped that the symptoms will be improved by removing the nasal stenosis; (3) in cases of papillomatous degeneration of the lower turbinate if it may cause grave symptoms. The operation is performed by scissors, knife, and forceps. Narcosis with cocaine. *Michael.*

LARYNX, TRACHEA, &C.

A Curious Case of Suicide. "Weiner Med. Presse," 1895, No. 20.

A MARRIED woman is found in her house lying down. A piece of broken glass and a knife are lying near her. Also near her is found, in a mass of blood, her larynx. In the large wound hole the vertebral column is seen—no larynx—and the stump of the trachea could be felt. Both carotids were intact and pulsating in the wound. There was no doubt but that she wounded herself. She was brought into the hospital, and lived for some hours. *Michael.*

Cassell, J. W.—*A Case of Multiple Papilloma of the Larynx.* Manhattan Eye and Ear Hospital Report, Jan., 1895.

OF interest on account of the extent of the growth removed (sufficient almost to fill a half-ounce phial). *Ernest Waggett.*

Habermann (Graz). — *On Pachydermia Laryngis.* "Prager Zeitschrift für Ohrenheilk.," Band 16.

THE author has examined fourteen specimens of pachydermia laryngis with the following results: In all cases he found hypertrophy of the connective tissue of the mucosa and submucosa; the vocal bands and ventricular bands show polypoid and papillary execrescences; the proliferation of the processus vocalis is more marked at the edges than in the middle, and so gives rise to an excavation. This excavation is produced by pressure of the opposite processus vocalis. In some cases ulcers and œdema are observed. *Michael.*

Krebs.—*On Tracheitis and Laryngitis Sicca.* "Monats. für Ohrenheilk.," 1895, Nos. 6 and 7.

THE author does not believe in the existence of true pharyngitis and laryngitis sicca. In all cases which he saw it was combined with diseases of the Highmore antrum, with tuberculous or syphilitic diseases. *Michael.*