

Silbermann (Breslau).—*Diseases of the Right Heart following Whooping Cough.* "Archiv für Kinderheilk.," Band 18, Heft 1 and 2.

IN many cases of whooping cough during the attack we can observe weakened action of the heart, consisting in almost abolishing of the heart sounds, and of the pulse with great frequency of the latter up to one hundred and fifty or diminution to fifty to the minute. Sometimes dilatation of the heart can be detected during the attack. In some cases the author has observed dilatation of the right heart, also during the whole time of the disease weakened pulse, albuminuria, and a systolic murmur of the tricuspid valve can be detected. The author relates five cases, four of which are cured. One of the children died in an attack of cough. The *post-mortem* examination showed great dilatation of the right heart.

Michael.

NOSE AND NASO-PHARYNX.

Scheff (Wien).—*Contribution to the Anatomy and Physiology of the Nose—The Path of the Air-Stream in the Nose.* "Internat. Klin. Rundschau," 1894, No. 40.

THE author concludes: In the accessory cavities of the nose differences of pressure occur in sleep respirations which are parallel to those that arise under the same circumstances in the nose itself. If the respirations are very deep the variations are only some millimètres of water, and are never as great as are described by Braune and Clasen (sixty millimètres of mercury or seven hundred and eighty millimètres of water). It is, therefore, certain that the theory of these authors that the accessory cavities have an influence on the direction of the air in the olfactory region cannot be right. Concerning the path of the air-stream through the nose, the author proved, by experiments in the cadaver and by casts of the nose, that the air-stream passes especially through the middle nasal channels. *Michael.*

Raugé—*On the Part played in Phonation by the Nasal Fossæ.* "Ann. des Mal. de l'Oreille," etc., Feb. 1894.

AFTER a careful study of the formation of the vowels and consonants, the author distinguishes between buccal vowels and nasal vowels; the latter are due to the resonance of the sound in the nasal fossæ, while in the former the nasal passages are not employed. Hence he proposes to replace the terms, invented by Kussmaul, of "open" and "closed rhino" by the more natural ones of "rhino" and "stoma." The type of stoma is the dull, extinguished voice of cases of adenoids, first described by Meyer. *Joal.*

Ziem (Danzig).—*Nasal Affections and Infectious Diseases.* "Münchener Med. Woch.," 1894, No. 49.

VERY often infectious diseases are localized in the respiratory organs, especially in the naso-pharynx. The author has observed that in persons who are affected with nasal disorders infections, especially of diphtheria, are more often observed than in persons with healthy noses. He also observed in persons who had disease of one nasal cavity the origin of diphtheria on this side. He, therefore, recommends nasal douches with salt solutions made by Mayer's pressure pump. *Michael.*

Bogdan.—*Massage of Nasal Mucous Membrane.* "Wiener Med. Presse," 1894, No. 2.

RECOMMENDATION of this treatment.

Michael.

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Laker (Graz).—*Massage of Nasal Mucous Membrane.* "Wiener Med. Presse," 1894, No. 2.

The author prefers massage by hand to massage by instruments. *Michael.*

Löwenstein (Elberfeld).—*Vibratory Massage of the Nasal Mucous Membrane.* Festschrift des Jubiläums der Aerzte des Reg. Bez. Düsseldorf, 1894.

RECOMMENDATION of this treatment. *Michael.*

Bresgen (Frankfurt-a-M.).—*The Causes of Nervous Headache in School Children.* "Wiener Med. Presse," 1894, No. 37.

THE author classifies these as follows: (1) diseases of brain and membranes; (2) asthenia, due to acute and chronic diseases; (3) chronic indigestion, due to bad feeding; (4) mental overstrain; (5) reading and writing in bad light; (6) diseases of nose, ear and eye. *Michael.*

Chapuis, P.—*Syphilitic Sore of the Nasal Mucous Membrane.* "Gaz. des Hôp.," Oct. 13, 1894.

THE author has collected twenty-two cases of syphilitic chancre of the pituitary membrane (some recent observations are not reported in bibliography). He reviews the principal symptoms of these ulcers, and quotes especially the situs at the proximity of the opening of the nasal fossæ; the erysipelatous colour of the surrounding parts; the adenopathy, often painful, the pain being probably the result of secondary infection; some special adenopathy in front of the axial vertebra, in the pharynx, and on each side of the hyoidal great cornu. *A. Cartaz.*

Girandea.—*Bulbar Tubes; Trophic Ulcers of the Nose and both Ears.* "Presse Méd.," Oct. 7, 1894.

IN a man, thirty-eight years old, tabetic from six years of age, with the classical symptoms (ocular, genito-urinary, gastric pains, abolition of patellar reflexes), Girandea has observed curious trophic lesions appearing spontaneously without pain. These ulcerations were situated on the nose and both ears; a large one (one centimètre) over the naso-labial ridge, another on the lobe of the nose, and on the margin of both nostrils; superficial erosion, on both ears and symmetrically superficial ulceration of the superior part of the concha. Girandea carefully studies the differential diagnosis, and concludes as to the trophic nature of these lesions. *A. Cartaz.*

Dunn, J.—*Effect of Nasal Breathing upon Air contained in the Lachrymal Duct.* "Virg. Med. Month.," Nov., 1894.

A PATIENT presented a double mucocele of the lachrymal sac and duct, which could be evacuated by forcibly blowing the nose. The author thinks that in nasal breathing there is a rarefaction of the air, which acts on the lachrymal duct to empty it, though it is not necessary, as is proved by the fact that in bony occlusion of the posterior nares the tears do not flow over the cheek. *R. Lake.*

Galtier, J.—*Flow of Blood by the Lachrymal Ducts, during Epistaxis, after Plugging of the Nasal Fosse.* "Lyon Médical," Oct. 14, 1894.

THE title indicates the case sufficiently. *A. Cartaz.*

Straight, H. S.—*A Case of Vaso-motor Rhinitis.* "Ann. Ophth. and Otol.," Oct., 1894.

THE patient, who suffered with paroxysmal sneezing, excessive discharge, lachrymation, etc., had been subject to chromic acid cautery, and had used sprays, washes

etc., with no benefit before the author saw him. He was eventually completely cured by a superficial cautery of the anterior extremities of the inferior turbinate bones, the idea being to produce a sedative effect upon the nerve endings.

R. Lake.

Spicer, Scanes (London).—*Treatment of Fœtid Suppuration of the Nose.* "Brit. Med. Journ.," June 23, 1894.

THIS consisted in freely opening, curetting and draining Highmore's antrum. The suppuration of the antrum was complicated with nasal polypi. A previous entrance to the antrum per the alveolar ridge was found inefficient. Mr. Lane referred to a similar procedure adopted abroad (!)

Wm. Robertson.

Cohnstadt (Erfurt).—*Rhinitis Purulenta.* "Correspbl. des Allg. Aerztl. Vereins in Thüringen," 1894, No. 2.

REVIEW.

Michael.

Lewy, Benno (Berlin).—*On Rhinitis Acuta in Children.* "Archiv für Kinderheilk.," Band 17, Heft 5, 6.

DESCRIPTION of the different forms of rhinitis, containing nothing new.

Michael.

Dreyfuss (Strasburg).—*On Rhinitis Purulenta. Case of Periostitis and Suppuration of Left Turbinal, due to Caries of a Tooth.* "Wiener Med. Presse," 1894, No. 5.

THE suppuration stopped without any special treatment, after extraction of the carious tooth.

Michael.

Dunn, J.—*Case of Fronto-Ethmoidal Mucocele.* "Virg. Med. Month.," Nov., 1894.

THE patient presented a small tumour at the left inner canthus, and internally there was a tumour, covered with bone, pressing the left middle turbinate bone against the septum. The tumour was evacuated from the outside, and proved to be a mucocele, which involved the anterior middle and posterior ethmoidal cells. There was a previous history of injury. The advisability of exploring the frontal sinus from the inner canthus is considered; the trocar would pass through the anterior ethmoidal cells. In passing a trocar into the frontal sinus from the nose it should be passed upwards, and backwards, and slightly outwards.

R. Lake.

Müller (Vienna).—*Abscess of the Frontal Sinus.* "The Med. Week.," Dec. 7, 1894.

THE author believes that almost all cases of abscess of the frontal sinus which have come under his notice were consequent on influenza. Abscess of the orbit and that of the sinus are to be distinguished from each other. In empyema of the sinus, he says, ptosis is well marked at the onset, while the swelling of the eyelids is less so; but in abscess of the orbit the ptosis is exactly proportionate to the swelling of the eyelids. Chronic empyema of the sinus may be primary or follow acute empyema. This gives rise to catarrh of the mucosa and unilateral headache; if occlusion, then distension of sinus supervenes, and is easily diagnosed. After this pointing of the abscess, which takes place in front and below at the angle of the orbit. Bougies per nasum to dilate natural opening are recommended, but this is often impossible; better to open the sinus and introduce the catheter from above. Even after this suppuration persists for a long time. Fuchs has successfully resected the whole mucosa of the sinus, with its anterior bony wall, recovery following in three weeks.

Wm. Robertson.

Raugé.—*The Infundibulum and the Orifices of the Accessory Sinuses.* “Ann. des Mal. de l’Oreille,” etc., Mar., 1894.

AFTER a minute anatomical study of the region the author indicates the different proceedings required in catheterization of the sinuses. *Joal.*

Todd (Market Drayton).—*Abscess of the Antrum after Influenza complicating Polypi.* “Brit. Med. Journ.,” July 21, 1894.

THE greater part of the discomfort in this case, a man aged sixty-eight, occurred after an attack of influenza some months before. There was pain over the cheek-bone, lachrymation, and inability to drink and swallow. He was deaf on the right side, and had neither taste nor smell. Both nostrils were engaged by the polypi. His right cheek was swollen, as well as the right side of the palate and right gum. After the removal of the polypi he caught cold, with an increase in suffering in the right cheek. Finally, the antrum abscess opened near the site where the first and second molars should have been. *Wm. Robertson.*

Batut.—*The Operation of Rouze and its Indications.* “Ann. des Mal. de l’Oreille,” Feb., 1894.

AFTER describing this operation, which he thinks is too much neglected nowadays, the author maintains that this “labio-gingivotomy” can be of great service in cases of myxomata, enchondromata, syphilitic sequestra, and tubercular ulcerations in the nasal fosse. It may also prove of assistance to the operator in treating the accessory sinuses, and finally it assists a complete exploration of the nasal cavity. *Joal.*

Hess (Falkenstein).—*Treatment of Deviations of the Septum Nasi by Electrolysis.* “Münchener Med. Woch.,” 1894, No. 39.

RECOMMENDATION of this treatment. The author, who has paid special attention to phthisical patients in his hospital practice, finds that removal of all impediments to free nasal respiration has very beneficial effect on the patient’s general health. With electrolytic treatment no after treatment is required. *Michael.*

Levy.—*Deviations of the Septum Nasi.*

By digital exploration, deviations of the posterior parts of the septum can often be found. *Michael.*

Heller (Nürnberg).—*Irrigation of the Naso-Pharyngeal Cavity in the Treatment of Infectious Diseases.* “The Med. Week,” Nov. 23, 1894.

THE author holds that this pharyngo-therapy constitutes an excellent method of treating general infectious diseases, and characterized by reduction in fever, shortening of the course of the disease, and lessening the liability to complications. He points out that almost all infectious diseases, with the exception of cholera and dysentery, result from the aspiration of the infectious agent, the latter first attacking the nasal cavities and pharynx, where it proliferates during the first stage of incubation; after which the virus penetrates into the blood and organic fluids, thus producing general infection. In erysipelas of the face the therapeutical effect of irrigations of the naso-pharynx is particularly striking. In diphtheria, croup, whooping cough and typhoid there are indications for this method, and in the treatment of cervical adenitis, which Dr. Heller considers due to strumous rhinitis, in which the cervical glands are said to play the same rôle as the inguinal glands in syphilitic chancre. *Wm. Robertson.*

Hermet.—*Should Adenoids always be Operated upon?* “Journ. de Clinique Infantile,” Dec. 20, 1894.

THE author believes the operation is too frequently practised; numerous cases can be cured by internal or general medication (iodine, salt baths, etc.). The surgical intervention must be postponed when there is no otitis and no aural complication, no general depression, arrest of development, great difficulty of breathing, etc. Of one hundred and three cases of adenoid vegetations, Hermet has found only fourteen cases necessitating curetting of pharynx. *A. Cartaz.*

Kuhn (Würzburg).—*Syphilis of Naso-Pharynx and Otaglia.* “Münchener Med. Woch.,” 1894, No. 39.

IN three cases of syphilis of the naso-pharynx the chief symptom was otalgia. These seem to indicate the necessity for a careful examination of the naso-pharynx in all cases of otalgia. *Michael.*

Nelaton (Paris).—*The Treatment of Naso-Pharyngeal Polypus.* “The Med. Week,” Dec. 7, 1894.

THE point of this lay in leaving the palate wound (made to facilitate removal of the polypus) open for two reasons: (1) the growth tended to recur, and (2) through the fissured palate any recurrence (which could be treated by interstitial injections of chloride of zinc) could be watched. Histological examination was not always sufficient, as even fibromata were known to take on malignant action, although for years previously they appeared to have been benign. It would appear, therefore, to be more prudent under any circumstances to leave the path open after ablation of a naso-pharyngeal polypus through the palate in order to be able to watch for its recurrence, and especially to combat its progress as stated. Dr. Lucas Champonnière recommends immediate repair of the palate after ablation of the growth, and should there subsequently be a tendency to recurrence there is nothing to prevent our once again splitting the palate. *Wm. Robertson.*

Bruns (Tubingen).—*Operation upon Naso-Pharyngeal Polypi.* “Beiträge zur Klin. Chir.,” 1894, No. 3.

THE author recommends the removal of the naso-pharyngeal part of these tumours *per vias naturales*, and the retro-maxillary part by resection of the zygoma. *Michael.*

Tuffier.—*Naso-Pharyngeal Polypus—Resection of the Superior Maxillary Bone.* “Bull. Soc. de Chir.,” Paris, Vol. XX., p. 766.

THE case of a young man, nineteen years of age, with a large naso-pharyngeal fibromatous polypus. Ablation was performed by resection of the superior maxillary bone and immediate restoration of the palatine vault by means of a large flap of genio-gingival mucous membrane, sutured to the opposite part of the palatine vault and behind to the soft palate. The operatory results were perfect. No facial deformity resulted, and phonation was absolutely correct. *A. Cartaz.*

MOUTH, PHARYNX, &C.

Heymann (Kolmar).—*What is Stuttering?* “Deutsche Med. Zeit.,” 1894, No. 82.

STUTTERING is an essential psychological disease, not to be confounded with other pathological conditions, especially with hysteria. *Michael.*