course of the groove, both ending blindly without any communication with the buccal cavity. They do not secrete any fluid. The lip is not so completely divided as to justify the name of hare-lip. It is well united, but marked at the line of union by a cicatrix.

The inferior maxilla, on the contrary, is not united at the symphysis. The two rami can be moved on one another, up and down, or back and forwards, or can be separated—as happens when the child laughs or cries. A bridge of mucous membrane, continuous with the frenum, extends from the labio-mental furrow to the tongue, and ties it down; otherwise tongue and mouth normal. The malformation produces constant trickling of salvia from the mouth, but has had no bad effects on the health of the child.

The authors, after quoting all the cases of fissures and furrows of the lower lip that they have been able to find, classify them as follows:

1. Modified hare-lip, constituted by simple pits or hollows of greater or less extent.
2. Hare-lip consisting of simple labial fissure.
3. Hare-lip involving absence of suture of lip and maxilla.
4. Hare-lip involving absence of suture of maxilla, but with cicatricial union of the lip, with or without involvement of tongue.

Lastly, the tongue, as also the palate, may be divided in its whole extent.

As to etiology, the authors offer no opinion of their own.

Arthur J. Hutchison.

NOSE.

Flatau, T. S.—*Radical Operation on Bony Occlusion of the Choanæ.* "Wien. Klin. Rundschau," No. 40, 1899.

A lady, forty years old, had suffered for a year from frequent attacks of acute rhinitis, which gave rise to a condition of chronic hypersecretion. In the right fossa thick sticky masses accumulated, and could not be cleared out by sprays, douches, etc. There were also heaviness and painful sensations of pressure in the head. By anterior rhinoscopy the right nasal fossa was found full of yellow mucous masses difficult to remove; the inferior turbinal was large, touching the septum in almost its whole length. By posterior rhinoscopy the right choana was seen to be completely closed by a rather pale-red plate. By palpation this was found to consist of a hard plate covered with soft tissue. From in front nothing could be seen of this plate, but it could be felt with a probe. It consisted of such thick bone that a chisel and mallet had to be used to perforate it.

The operation was performed as follows: (1) The inferior turbinal was completely excised, so as to give a clear view of the field of operation. (2) When this had quite healed, a piece of the obstructing bone, 5 to 6 millimetres square, was cut out with chisel and hammer. The chisel was put in position through a nasal speculum fixed in position by one or two light blows from the hammer, and held there by an assistant. The operator then passed one finger into the naso-pharynx behind the obstruction, then with the hammer drove the chisel through the bone till it could be felt distinctly in the naso-pharynx. The plate of bone was then removed with Grünwald's forceps, and the soft tissues behind it were also cut out with forceps. After cutting the soft tissues there

was free hæmorrhage, which had to be controlled by firm packing. (3) Granulations springing up from the edges of the wound during the first few weeks were removed with a sharp spoon.

A permanent opening was thus secured.

The operation might have been done more rapidly and with less trouble if, instead of using a finger as protector in the naso-pharynx, this space had been firmly packed. The finger, however, probably afforded greater protection to the Eustachian orifice.

Arthur J. Hutchison.

Garel.—*New Electric Snare for the Removal of Adenoids.* "Ann. des Mal. de l'Or.," February, 1899.

In order to avoid all hæmorrhage, the writer has devised a form of galvano-caustic snare which combines some of the advantages of the rigid curette.

The terminal barrel of the snare takes the form of Gottstein's knife, the cutting portion of which is replaced by a metal loop so grooved that the snare loop lies concealed within a trough when prepared for introduction into the naso-pharynx. As soon as the adenoid growth is felt to be engaged in the instrument, the electric circuit is closed and gentle traction made on a finger-hold attached to the wire, which in consequence is shortened and leaves its place of concealment. The operation is completed by alternate closing of the circuit and traction on the wire. *Waggett.*

Gradle.—*Œdema of the Nasal Mucous Membrane and Œdematous Occlusion of the Nasal Passages.* "The Laryngoscope," July, 1899.

Œdema of the mucous membrane of the nose differs from that of the skin in that there is no pitting on pressure. Œdematous infiltration in polyps is sometimes simulated by œdema of the mucous membrane of the middle turbinal under conditions of subacute inflammation in the upper recesses in the nose in the neighbourhood of small polypi, but with scant suppuration, or sometimes without secretion. The "soggy" condition is not due to vascular turgescence, as cocaine produces only slight retraction. The author has noticed that on manipulating with a probe the view is sometimes momentarily obscured by a fog or cloud over the surface, due to the expulsion of fine streams of fluid from the orifices of the dropsical glands of the mucous membrane. Another sign is that the patient has the sense of secretion requiring to be blown away unrelieved by the blowing of the nose.

The condition is not common, the author having seen it three times only, each case being a sequela of an acute inflammatory attack. No lesion was present that could account for the œdema, neither was there suppuration. The mucous surfaces were in contact throughout —at least, anteriorly. In Case 1 (a boy of sixteen, seen ten days after the acute catarrh) the posterior ends of the turbinals were enlarged. In Case 2 (a lady of twenty-seven years, seen about nine months after the catarrh) this was doubtful. In Case 3 (a somewhat neurotic woman debilitated by a rapid succession of pregnancies, seen three weeks after the onset of the cold) no view of the posterior ends of the turbinals was obtained. The mucous membrane in all these cases was pale, grayish-pink, distinctly swollen and "soggy" over the septum as well as over the turbinals and external wall. After the œdema had been

removed, the mucous membrane was found hypertrophied at least over the turbinals (Cases 2 and 3).

The history of the cases indicates that the œdema might be of indefinite duration, and persisting without intermission. The treatment of most value was dilatation of the passage with cocaine tampons, which caused the œdema to disappear permanently in one and a half or two weeks. The other factors of treatment—insertion of pledgets, with nitrate of silver solution and with carbolized glycerine; the use of sprays, menthol, vaseline, etc.—may have been of some service.

R. M. Fenn.

Lapersonne, F. de—*On Optic Neuritis associated with Sphenoidal Sinusitis and Diseases of the Posterior Parts of the Nasal Fossæ.* "L'Écho Médical du Nord," Sept. 17, 1899.

Three cases of unilateral, more or less complete loss of sight are here reported. Ophthalmoscopic examination revealed optic neuritis with stasis in all three. M. Gaudier examined the nasal conditions, and found, in Case 1, a sarcoma of the sphenoid sinus, involving also a considerable portion of the posterior nasal fossæ; in Case 2, empyema of the sphenoid sinus and posterior ethmoid cells on the left side; in Case 3, a purulent rhino-pharyngitis, not definitely ascertained to involve the sphenoid sinus or posterior ethmoid cells.

In all cases of unilateral optic neuritis, with stasis, a careful examination of the sphenoid sinus, posterior ethmoid cells and posterior parts of the nasal fossæ ought to be made, as by this means the etiology and pathogenesis of unilateral optic neuritis may often be revealed. Treatment, however, while it may cure the nasal condition, will have but little effect on the optic neuritis, which will finally end in atrophy.

Arthur J. Hutchison.

Martin.—*Hæmorrhage following Adenoid Operations.* "The Laryngoscope," July, 1899.

Case 1.—The author removed adenoids with the Gottstein knife, under cocaine anæsthesia, from a lad of sixteen. There was free bleeding for a few moments, when it ceased. He lay down for an hour and a half after operation, and on rising a gush of blood came from his nostrils and mouth. The bleeding stopped almost immediately on his lying back. A quarter of an hour later, on making an examination with the mirror, the hæmorrhage recommenced. The patient fainted, and a pint of blood was lost before a plug could be made to control the hæmorrhage. After removing the plug, in thirty-six hours there was no return of bleeding.

For several months before the above operation the patient had been under treatment by a specialist, who had been cauterizing the turbinals.

Case 2.—Seven months after removing the tonsils without unusual bleeding from a boy aged seven, the author removed the adenoids from the pharynx with much less hæmorrhage than usual. Two and four days later respectively there was return of hæmorrhage, also on the fifth day in the morning, though slightly. In the afternoon, however, it returned, and he lost three-quarters of a pint of blood. Plugs were inserted posteriorly and anteriorly, and no recurrence took place after their removal, twenty-four hours later.

Case 3.—A little girl aged six, after a second operation for adenoids, done without anæsthesia (begun with a Gottstein knife and finished

with the forceps), continued without return of hæmorrhage for six days. It was then not severe, but nearly nine days after operation the child vomited half a pint of blood. The bleeding stopped spontaneously, and did not return. *R. M. Fenn.*

Meslay and S. Viollet.—*Bacteriological Examination of Four Cases of Atrophic Rhinitis.* "Soc. Anat. de Paris," July, 1899, p. 746.

In four cases of atrophic rhinitis the bacteriological examination of nasal mucus had showed the pneumo-bacillus. In three cases with purulent otitis, secondary to the nasal inflammation, the authors had discovered the same bacillus, and they believe it is the same as that described by Loewenberg. *A. Cartaz.*

Réthi, L.—*The Negative Air-douche as an Aid to the Diagnosis of Diseases of the Nasal Accessory Cavities.* "Wien. Klin. Rundschau," October 22, 1899.

In cases in which empyema of one or more of the accessory cavities of the nose is suspected, after all polypi and hypertrophies of mucous membrane have been removed, the simplest methods of diagnosis—viz., position and transillumination—often give negative or untrustworthy results. Probing or syringing the cavities by their natural openings is tedious, even when not impossible. These having failed, the surgeon generally proceeds to operative methods—*e.g.*, puncture of the antrum of Highmore through the inferior meatus, amputation of the anterior end of the middle turbinal, etc. These procedures Réthi considers as a rule unjustifiable: (1) Because they are so often quite out of proportion to the slight annoyance caused by the disease; (2) because the treatment they prepare the way for fails in such a large percentage of cases to cure the disease—*i.e.*, to stop the suppuration; (3) because it sometimes happens that, after these operations have been performed, the diagnosis is found to be wrong, and the patient has suffered to no purpose; (4) because a much simpler method frequently gives as good results both from the diagnostic and from the therapeutic point of view. This method, which Réthi has adopted for one and a half years, is the same as that described by Seifert (*Physik-medic. Gesellschaft zu Würzburg*, April 29, 1899).

The nose having been cleared of polypi, cocaine applied to the hiatus, etc., and all secretion carefully wiped away, a Politzer's air-bag is compressed, the nozzle entered into the affected side of the nose, both sides of the nose are closed in the ordinary manner, and, while the patient swallows, the air-bag is allowed to expand suddenly. Negative pressure is thus produced in the nose, and any secretion present is sucked out of the cavities. Careful inspection will then almost always reveal the seat of the disease. This may have to be repeated two or three times, or it may even be necessary to give iodide of potassium for a few days to increase the amount of secretion and to render it more fluid, and then to repeat the procedure. If this simple method fails, and suspicion of empyema still remains, the severer operative methods can be resorted to. Since adopting this method, however, Réthi finds that as a rule, if it gives negative results, so also do the others.

As a therapeutic agent, Réthi finds—in agreement with Seifert—that, systematically applied, this nasal suction has a healing effect, "as far as healing is to be expected in such cases." Operation by no means always stops the suppuration, but generally relieves the patient of the

effects of retention, such as pains in the head, etc. These are equally relieved by Réthi's simple treatment. *Arthur J. Hutchison.*

Ripault.—*On the Treatment of Lupus of the Nose.* "Ann. des Mal. de l'Or.," January, 1899.

The writer has had a number of excellent results after the vigorous use of the thermo-cautery-point and knife, the electro-cautery as a rule proving ineffectual. He lays stress on the necessity of deep cauterization of the skin, remarking that the ultimate scar is apt to be less noticeable than the inexperienced would suppose on seeing the great destruction of tissue at the time of operation. He is in the habit of dressing the wound with sterilized gauze and boiled water containing a little naphthol or salicylic acid, the latter being applied cold with some frequency during the first days of reaction and pain. Later a dry dressing is to be substituted. Carbolic lotions cause troublesome erythema. *Waggett.*

Wishart, D. J. Gibb.—*Observations on Adenoids and Enlarged Tonsils, and their Removal.* "Dominion Medical Journal," September, 1899.

This is the history of four years' service at the Hospital for Sick Children, giving the results from 1896 to 1899. During this period there were a total of 103 operations: 47 upon males, 56 upon females. The faucial tonsils alone were enlarged in 16 cases, and the adenoids alone in 14 cases; 24 per cent. were under five years of age, 24 per cent. were over ten years, and 52 per cent. between five and ten years. Sixteen cases were examined several years after operation, and 25 per cent. of these showed some return of growth. There were five cases that had been previously operated upon by other operators. There were two cases in which death occurred from the anæsthetic.

Of the whole number, 47 per cent. had enlargement of both pharyngeal and faucial tonsils. In other words, there was disease of the pharyngeal tonsil in 70 per cent. of the cases, and of the faucial tonsils in 53 per cent.

Of anæsthetics, chloroform was preferred for these operations, nitrous oxide being too brief in its effect. *Price-Brown.*

LARYNX.

Botey.—*Some Small Modifications of the Tracheotomy-tube.* "Ann. des Mal. de l'Or.," February, 1899.

After a number of clinical experiments, the author has arrived at the construction of a tube which for the last three years has proved in every respect satisfactory. The main objects in view have been the production of a tube suitable in shape for use in wounds of varying depth, while avoiding the dangers attendant upon injury of the tracheal lining and the escape of the inner extremity from the tracheal opening.

The result has been the construction of a tube of the quarter-circle shape, but with a terminal prolongation which is quite straight and 1 centimetre in length, the sides of which lie parallel with those of the trachea.

In order to permit of the introduction of an inner tube, the terminal portion of the latter is composed of two or three turns of a spiral metal ribbon forming a flexible tube. A similarly constructed flexible guide is used for the introduction of the instrument.