Schmiegelow, E. (Copenhagen).—*Foreign Body in the Gullet: Removal by Pharyngotomia Subhyoidea; Recovery.* "Ugeskrift for Lager," 1894, No. 14.

A PLATE of india-rubber with an artificial tooth, four centimètres long and three centimètres broad, was removed by pharyngotomia subhyoidea. It had lodged in the œsophagus of a peasant, aged thirty-eight, for four weeks, the symptoms having been sudden fits of suffocation, which were followed by considerable dysphagia. The anamnestic information did not reveal any distinct history of a foreign body. The patient recovered thoroughly after the operation. *Holger Mygind.*

Condua.—*Case of Tuberculous-Cancroid Ulcer of the Œsophagus.* Inaugural Dissertation, Würzburg, 1893.

PATHOLOGICO-ANATOMICAL description of an œsophageal cancroid, in which, at the circumference, were found giant cells. There were also found tubercles in the lungs and tuberculous lymphatic glands. *Michael.*

NOSE AND NASO-PHARYNX.

Bresgen (Frankfurt-a-M.).—*Electric Lamp for Illumination in the Examination of the Cavities of the Body.* "Deutsche Med. Woch.," 1894, No. 29.

FOR laryngological purposes the electric light should have an opal glass globe and a twenty-five-candle power. It is not necessary to apply a regulator if the lamp is combined with the urban electrical system. *Michael.*

Scheff (Wien).—*New Method of Internal Massage of the Mucous Membrane of the Nose.* "Therap. Blatter," 1893, No. 7.

THE author applies the massage probe to an electromotor. *Michael.*

Hornung.—*Case of Nervous Coryza.* "Wiener Med. Presse," 1893, No. 13.

A PATIENT, forty-three years old, had attacks of serous coryza for half a year. Cure by atropin. *Michael.*

Hovorka (Wien). — *Contribution to the Anatomy of the External Nose.* "Wiener Med. Presse," 1893, No. 36.

THE author differentiates concave, convex, and non-curved noses. The forms depend upon the shape of the nasal skeleton, the position of the processus frontales, the form of the apertura pyriformis, and of the nasal bones. *Michael.*

Ziem (Dantzig).—*On the Treatment of Deflections of the Nasal Septum.* "Monats. für Ohrenheilk.," July, 1894.

IN preference to the chiselling operation so much recommended, Ziem advises the use of the saw, and describes a mechanical one worked by means of a dental machine. (His saw can be bought for thirty shillings, and in respect of cheapness it is preferable to the other excellent mechanical saws in our market.—ABS.) *Dundas Grant.*

Anton.—*Congenital Deformities of the Nasal Septum.* "Archiv für Ohrenheilk.," Band 35.

THE author has examined fifty-six cadavers of the new-born, and has found deviations in nine (equal sixteen per cent.). *Michael.*

Spitzer (Wien).—*Impermeability of the Nose and its Treatment.* "Centralblatt für Therapie," 1893, Nos. 7 and 8.

REVIEW. *Michael.*

Hellmann (Würzburg).—*Etiology and Treatment of Nasal Hæmorrhages.* "Zeitschrift für Aerztlicher Landprager," 1893, No. 8.

SOME remarks on the favourite places for epistaxis, the dilatations of vessels on the septum. These spots must be examined without a speculum, because the latter easily covers them. The treatment recommended is cauterization and tamponing. *Michael.*

Roth (Wien).—*Habitual Epistaxis.* "Wiener Med. Presse," 1893, Nos. 23 and 24.

HABITUAL epistaxis may arise from general or local causes. General causes are diseases of the vessels or of the blood, such as scurvy, morbus maculosus Werlhofii, hæmophilia, atheroma, or acute and chronic general diseases, such as typhus, diphtheria, malaria, pyæmia, and diseases of the heart and the liver, or vicarious menstruation. Local diseases of the nose are erosions, varices, ulcers, causing perforation of the septum, lues, tuberculosis, lupus, neoplasms, and traumata. To find the original place of the hæmorrhage, the author examines the mucous membrane with the probe. Where the mucous membrane is healthy, this palpation is without effect; where it is diseased, bleeding occurs upon palpation. This must be continued to a time when the bleeding ceases. If there is a hæmorrhage, it is not possible to find the place. Inasmuch as cocaine causes anæmia, would it not be practicable to apply it before the examination with the probe? The treatment consists in tamponing during bleeding; but the tamponing should be made through the nares, and not by Bellocq's sound. Sometimes compression with the finger is sufficient to arrest the bleeding If neoplasms are the cause of bleeding, they must be removed. Excoriations and dilated vessels must be cauterized with the galvanocautery, trichloracetic acid, or chromic acid. After treatment with pyoktanin is recommended. *Michael.*

Onodi (Budapest).—*Unusual Case of Rhinitis Hypertrophica Posterior.* "Pester Med. Chir. Presse," 1893, No. 21.

THE patient had so mobile a tongue that he could project it behind the palate into the naso-pharyngeal space. By frequently repeating this experiment, he produced hypertrophic catarrh of the turbinateds.

Michael.

Tacquet (Paris).—*The Lachrymal Ducts as Factors in the Nasal Origin of Ocular Diseases.* Thèse de Paris, 1894.

REPORT of the papers published upon that subject, with some original observations, showing the relations between the nose and ocular diseases.

A. Cartaz.

Tissier, P. (Paris).—*Ozæna.* "Annales de Médecine," Nov., 1893, and Jan and Mar., 1894.

ANATOMICO-PATHOLOGICAL and clinical study of this disorder. The author reviews the various opinions relative to the etiology of ozæna. He himself believes atrophic rhinitis to be dependent upon a necrotic osteitis of the ethmoidal cells or sphenoidal sinus. The sapro-genetic bacteria invade these cavities, and the putrefaction is caused by that invasion. Consequently atrophic degeneration of the epithelium and the glandular system occurs. For the cure of ozæna, it is necessary to cure the osteitis of these sinuses. He uses antiseptic syringings, curettage, and insufflations of iodol. *A. Cartaz.*

Wright, G. A.—*Remarks on some Affections of the Accessory Nasal Cavities.* "Med. Chronicle," July, 1894.

FOUR cases of antral disease and one of frontal sinus disease are described in detail. There is only one new point in the paper, which is the suggestion, in cases of certain disease of the anterior ethmoidal cells, to open them from their orbital aspect. *R. Lake.*

King, H. M.—*Suppurative Disease of the Accessory Sinuses of the Nose.* "New York Med. Journ.," July 21, 1894.

THE author remarks that there still exists considerable discrepancy of opinion as to the most frequent cause of antral suppuration. The disease in question is, however, without exception, due to one or more of three conditions—(1) disease of the teeth or surrounding structures, (2) disease of the nasal chamber proper, or (3) a constitutional condition which predisposes to erosions of mucous surfaces throughout the body, especially those of the upper air chambers. Empyema of the antrum may supervene upon a catarrhal inflammation in the nares, without other factors in its causation, under two conditions—(1) there must be an extension or a coexistence of the catarrhal inflammation in the lining membrane of the antrum exciting secretion in excess of what can be absorbed by the lymphatics; (2) there must be an occlusion of the ostium maxillare of sufficient duration for the accumulation and decomposition of the secretion, which may then, by the irritation of its presence, excite a further discharge which finally becomes purulent. The author has not found Voltolini's transillumination test of great value in antral cases. He considers a chronic purulent discharge from the nares, more or less profuse, especially if unilateral, and syphilis, foreign body, neoplasm and simple purulent rhinitis can be excluded, a sufficiently suspicious sign to warrant taking the only step which makes the diagnosis absolutely correct, viz., the abstraction of pus from the suspected cavity. The prognosis must be guarded, as such cases are rarely seen until chronicity has been established. *W. Milligan.*

Lermoyez (Paris).—*The Treatment of Accessory Sinus Disease in Vienna.* "Annales des Maladies de l'Oreille," Jan., 1894.

I. *Empyema of the Maxillary Antrum.*

The indications are:—(1) To evacuate the pus in the sinus; (2) to check suppuration by treating the lining membrane.

Washing out the antrum through the ostium maxillare being extremely unsatisfactory and often impossible, an artificial opening must be made in either (1) *the middle meatus*, (2) *the inferior meatus*, (3) *an alveolus*, or (4) *the canine fossa.*

Of these, the first is unsuitable and dangerous; the second is only suitable for an exploratory opening; the fourth is only exceptionally employed—namely, when the patient refuses to have a tooth extracted, or when we require a large opening in order to curette the walls of the sinus.

The method most in favour, therefore, is opening into the antrum through an alveolus. The aperture must be large, and is best made by a trocar from four to five millimètres in diameter. Two or three drops of a two per cent. solution of cocaine are previously injected into the gum.

To check suppuration, if antiseptic irrigations and insufflations of iodoform or iodol do not succeed, the antrum is plugged with a fifty per cent. iodoform gauze bandage, two centimètres wide, and about fifty long, with a selvage on each side.

II. *Frontal Sinus.*

Evacuation of the pus must first be attempted by the natural channel through the nose. The anterior extremity of the middle turbinal must be removed as a preliminary, and all polypi and granulations curetted.

To irrigate the frontal sinus, a canula is used, which is bent to a right angle six or eight millimètres from the end. The narrowest point in the fronto-ethmoidal passage is in the anterior portion of the ethmoid ("anterior ethmoidal cell"), connecting the hiatus with the sinus. When the sound or canula reaches this narrow point it must describe a rotatory movement, so that its beak is directed a little internal to the side of the nasal wall. Thus the sinus is easily entered.

Hajek believes he has affected this when—(1) He feels the sound has cleared a passage and entered a cavity. (2) When the sound occupies exactly the position it would do if passed in a skull with the sinus exposed. He employs for washing out the sinus a three per cent. boric solution; this failing, a five to ten per cent. solution of nitrate of silver.

Zaufal, after laying bare the entrance to the infundibulum, applies the air douche directed into the sinus through a fine india-rubber tube, and evacuates the pus. In most cases this operation, repeated daily, effects a cure. Zuckerkandl states that he has never found pus in the frontal sinus, and not in the corresponding maxillary antrum at the same time (*post-mortem*). Frontal abscess is usually opened by trephining the anterior wall, but some rhinologists think the case should be left to Nature first. If the pus points on the inner wall of the orbit, the abscess must be opened there.

III. *Sphenoidal Sinusitis.*

The sphenoidal sinus must be reached through the nose, because in endeavouring to reach it by the pharynx (1) we should have to employ a bent instrument, which cannot be used with the same skill and strength as a straight one. (2) The inferior or pharyngeal wall of the sinus is thicker than the anterior nasal one. (3) Because if the sinus is small, there is a risk of wounding the basilar process. Perforating the sinus

through the nose is effected easily by passing a straight trocar obliquely backwards and upwards between the septum and the middle turbinal.

It is extremely difficult to enter the natural opening—(1) because its position is extremely variable ; (2) it is hidden from view ; (3) if it were not, the diseased condition of the mucous membrane would in a sphenoidal case be sure to block the olfactory slit. It is usually necessary to remove more or less of the middle turbinal in order to reach the sinus. As large an opening as possible is made into the anterior wall with a sharp spoon, and the cavity is daily washed out with a three per cent. boric, or five per cent. silver nitrate solution. In some cases it is useful to plug with iodoform gauze.

IV. *Ethmoid Cells.*

The middle meatus is cleared of granulations, curetted, and cauterized. A portion of the middle turbinal is resected, if needful. A puncture is made in the *bulla ethmoidalis* without risk of wounding the orbit by means of a small, straight trocar, having a movable shoulder, which can be adapted so as to prevent the point entering more than half a centimètre. Irrigation with a one per cent. lysol, or twenty per cent. silver nitrate, is employed after aspirating pus. As an alternative, insufflation of iodoform or plugging with the gauze. The communications between the cells being usually destroyed by the disease, it is generally sufficient to treat the anterior ones corresponding to the *bulla ethmoidalis.*

Dundas Grant.

Luc (Paris).—*Suppuration of the Frontal Sinus and its Surgical Treatment.* "Semaine Médicale," June 16, 1894.

REPORT of three cases of chronic suppuration of the frontal sinus treated by trephining of the anterior part of the sinus and drainage, and in one case by direct penetration through the ethmoidal cells in the nasal cavity for complete cure. Luc thinks that syringing and drainage of that cavity through the nose is in many cases insufficient, and it is preferable to obtain drainage through the dependent point of the anterior part of the sinus, and perforate that part with the gouge and hammer. The operation is easy under complete anæsthesia and antiseptic dressings, and the drainage is by that means really complete. *A. Cartaz.*

Mermet.—*Nasal Fibro-Sarcoma reaching into the Pharynx.* Soc. Anat., Paris, July 14, 1894.

THE case of a young girl, sixteen years of age, having the symptoms of post-nasal occlusion, caused by a large tumour of the pharynx, with a pedicle implanted upon the posterior end of the inferior turbinated bone. Ablation was easy with the finger. Histologically it proved to be a fibro-sarcomatous polypus. *A. Cartaz.*

Kaarsberg, F. (Copenhagen).—*Electrolytic Treatment of Fibrous Tumours of the Naso-Pharynx.* "Hospitals-Tidende," 1894, No. 7.

THE author reports the results of electrolytic treatment of fibrous tumours of the naso-pharynx in four patients, aged respectively forty-seven, eighteen, sixteen, and eighteen. In all cases chloroform was administered, the strength of the current being very high (one hundred and forty to

three hundred and forty milliampères). The needles applied were made of steel, and rather thick (No. 10 Charrière), and the author recommends the use of two needles, the one of the shape of a catheter for the Eustachian tube being introduced through the nose, while the other one is more curved and plunged into the growth behind the palate, both needles being isolated by means of a drainage tube, and being connected with either pole. One *séance* of from seven to ten minutes' duration is often sufficient to destroy the growth, but two are sometimes necessary. Although the current applied was so very considerable, the author did not observe any bad effects, and in all cases complete destruction of the growth was obtained, galvano-cautery and scissors being, however, also used during the after-treatment. The author also made experiments on living animals to ascertain what strength of the current could be endured, and succeeded in applying a current of seven hundred and sixty milliampères in a dog without its showing any ill effects. *Holger Mygind.*

LARYNX.

Tarunsorvsky (Goibersdorf).—*New Method of Insufflating Powders into the Larynx.* "Therap. Revue der Allg. Wiener Med. Zeitung," 1894, No. 27.

THE insufflator is combined with a double balloon arrangement.

Michael.

Chiari.—*On Intubation in Non-Diphtheritic Laryngeal Stenosis.* Gesellschaft der Aerzte in Wein. Meeting, July 22, 1894.

IN cicatricial stenoses, chronic inflammatory stenoses, granulations, and glottic spasms the author has obtained good results with this method. In cases of tuberculosis the results are not so good, because the irritation of the mucous membrane is too great. *Michael.*

Stern (Düsseldorf).—*On the Use of Opium in the Treatment of Laryngeal Stenoses in Children.* "Therap. Monats," 1894, No. 5.

BY the application of a few drops of opium it is possible to diminish the symptoms of stenosis in children, especially in cases of croup. As soon as the medicament is given the respiration becomes quieter and the cyanosis disappears. Sometimes this improvement is so great that it is possible to avoid intubation or tracheotomy which had seemed to be indicated; but, in cases in which the operations remain necessary, it is possible to defer their performance, and that is often of great use in private practice. *Michael.*

Langmaid, S. G.—*The Treatment of Laryngeal Phthisis.* "Boston Med. and Surg. Journ.," July 19, 1894.

THE main symptoms of laryngeal phthisis are aphonia, dysphonia, dysphagia, stridulous breathing, dyspnœa and cough. The main object of treatment of the tuberculous larynx is to relieve pain and modify or cure the disease, and so to prolong life. Lactic acid may be used