

**Mandach** (Schaffhausen). — *Cure of a Diverticulum of the Œsophagus by Operation.* "Correspl. für Schweizer Aerzte," 1894, No. 24.

A PATIENT, sixty-two years old, had for many years difficulties of swallowing, increasing more and more, until he could not any longer swallow anything, even fluids. The examination showed that there was an œsophageal diverticulum on the right side of the trachea. Extirpation of the diverticulum was followed by complete cure. *Michael.*

**Schmidt, Meinhardt** (Cuxhaven).—*External Œsophagotomy.* "Deutsche Zeitsch. für Chir.," No. 39, Heft 5 and 6.

A GIRL, twenty-one years old, had difficulty in swallowing for some time, which increased so that the patient could not swallow anything. Examination showed stricture of the œsophagus, impermeable to any probe. No cause for the stricture could be found. Œsophagotomy was followed by feeding with a canula. Some months later, division of the stricture and dilatation with bougies was made. Cure followed. Now the patient can swallow very well; has increased twenty-two pounds. Bougies are introduced occasionally. *Michael.*

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## NOSE AND NASO-PHARYNX.

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**Bresgen** (Frankfurt-a-Main).—*Nasal Diseases of School Children.* "Münchener Med. Woch.," 1895, No. 1.

ON the relation of nasal diseases to the general health, headache, and aural diseases of school children. *Michael.*

**Pierre, J.**—*Nature of Scrofulous Diseases of Eyes, Ears and Naso-Pharynx; Treatment by Sea Climate.* Thèse de Paris, 1895.

SCROFULOUS inflammations of eyes, ears and naso-pharynx are local diseases, depending ordinarily upon another local disease, viz., adenoid vegetations. They are not the result of the so-called scrofulous temperament, but of anterior and primitive marasmic conditions of childhood. The recurrences and persistence of these, otitis, blepharitis, and rhinitis are due to numerous micro-organisms seated in the crypts of hypertrophied tonsils. Ablation of the adenoid tumours is the only treatment, to be combined with sea air and seaside as modifying agents of the general health. *A. Cartax.*

**Black, G. M.**—*A new Instrument for Vibratory Massage of the Nasal Mucous Membrane.* "New York Med. Journ.," Dec. 22, 1894.

THE author, after an extended experience of massage of the nasal mucosa in cases of atrophic rhinitis, has formed a very favourable opinion of its utility. The main objection he found was that the manipulations were very tiring to the operator. To overcome this, the motor power for propelling his instrument is derived from an eighth horse-power electro-motor, to which is attached a White's dental shaft and hand-piece. To the hand-piece is attached the probe-carrier, which slips over the hand-piece by two rings, and is held in place by thumbscrews. The probe, made of copper and with a bulbous end, slips into a tube soldered to the two rings, and held fast by another thumbscrew. Introduced into the hand-piece is a shaft which carries a piece of leather. As the shaft revolves, the leather strikes against the probe during each revolution, and causes it to vibrate. Any

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number of vibrations can be obtained up to several thousand a minute, according to the capacity of the motor. With this form of intra-nasal vibrator the author has found the use of cocaine unnecessary, as the vibrations are so gentle and regular that the patients rarely complain. *W. Mulligan.*

**Cimmino.**—*Rhinitis Caseosa, or Cholesteatomatosa.* “Bollett. Malattie dell Orecchio, &c.,” Sept. and Oct., 1894.

REFERENCE is made to the scarcity of British and German literature on this subject, which was first fully treated of by Duplay in 1874. The author claims to have seen three cases during the three years he had been assistant in the clinic of Prof. Cozzolino, although the latter had previously only come across three cases during the preceding twenty years. He only narrates one of them, but, unfortunately for his thesis, in the following number Prof. Massei writes to say that he had opened an abscess of the septum in the same patient a few days previously, and that the cholesteatomatous masses were simply inspissated pus.

*St. Clair Thomson.*

**Guilpin, Fernand.**—*Study of Simple Atrophic Rhinitis and Ozena.* Thèse de Paris, 1895.

THE author believes atrophic rhinitis to be absolutely distinct from ozena. The first is a consequence of a vascular sclerosis, the second of epithelial sclerosis. Sometimes both can be observed simultaneously in the same patient. The bad odour of ozena is the result of fermentations by micro-organisms. This pamphlet is neither clear nor demonstrative. *A. Cartaz.*

**Sulzer.**—*Optic Neuritis secondary to Ozena.* “Annales d’Oculist.,” Jan., 1895.

THE author relates two cases of optic neuritis appearing as a manifestation of ozenous rhinitis. The first patient, a man, aged thirty-four years, had ozena since childhood; he had been operated on by Rouge’s method, without success. The habitual treatment by washings had not been conducted so regularly for some months, and at that precise period the ocular troubles appeared. Now papillitis and optic neuritis are well defined. The treatment of the rhinitis is ordered with the greatest care by washings, pulverization, and internally iodide of potassium, in spite of the absence of specific origin. In proportion as the state of the nose improved the ocular troubles disappeared. In the second case, a woman, aged twenty-four years, similar lesions occurred in the optic nerve with ozenous rhinitis, and similar improvement of the ocular disease followed after cure of improvement of the ozena. *A. Cartaz.*

**Sanger** (Magdeburg).—*A Mechanical Device for Ozena.* “Therap. Monats.,” 1894, No. 10.

OZENA, as is well known, is most often observed in noses having large cavities. The author believes that the broadness of the nose favours the development of ozena in a high degree, from the smaller intensity of the respiratory stream. This diminution in intensity prevents the differences of air pressure during inspiration and expiration, and has, therefore, an unfavourable influence on the circulation and secretion of such nasal cavities. In normal noses the blood is aspirated into the vessels during inspiration, and expelled by expiration. The author has, therefore, constructed a little apparatus, consisting of two small plates stenosing the entrance of the nasal meatus. He has applied this apparatus in some cases of ozena. In slight cases he obtained cure; in grave cases improvement. *Michael.*

**Dedieu.**—*Furulent Rhinitis in Children.* Thèse de Paris, 1895.

THE author studies suppurative rhinitis specially in the new-born and young children. The frequency of this disease is the result of a special anatomical disposition of the nasal passages in childhood, the narrowness of these passages, and the tendency to pyogenic infections. He believes purulent rhinitis to be frequently caused by gonococcus, but he does not give any bacteriological proofs of the blennorrhagic origin; he indicates the symptoms, principal complications (bronchitis, otitis, etc.), and discusses the treatment (nasal boracic irrigations, antiseptic powders).  
A. Cartaz.

**Eudlitz.**—*Syphilitic Primary Ulcer of the Lower Border of the Nasal Septum (Sous-Cloison).* Soc. Française de Dermatol, Feb. 14, 1895.

THE syphilitic chancre was situated upon the nasal septum (sous-cloison), between the nostrils; the ulceration had eroded the tip of the nose. Origin unknown. The woman was forty-five years of age. The characteristic roseola appeared six weeks after the ulcer.  
A. Cartaz.

**Martin, W.**—*Some Rhinological Cases of Interest.* "Med. News," Jan. 26, 1895.

(1) ANGIOMA of naso-pharynx. A fair-sized tumour, springing from the "posterior turbinated tissue," red and pulsating synchronously with the heart. The growth was pedunculated. (2) A button in a child's nose, which had been unrecognized for one year. (3 and 4) Deviation of septum and split septum; the latter appears to have been a hæmatoma of the septum. (5) Angio-neurotic œdema, a case of a woman twenty-eight years of age, who, during treatment for hypertrophic rhinitis, developed œdema of the left orbital tissues. The variety of treatment previously used is not stated.  
R. Lake.

**Gouguenheim.**—*Deviations of the Nasal Septum.* "Semaine Méd.," Feb. 20, 1895.

CLINICAL lecture. Nothing new.

A. Cartaz.

**Chaput.**—*Restoration of Nasal Deformities by Metallic Prosthesis.* "Bull. Soc. de Chir., Paris," XX., p. 845.

THE author relates two cases of nasal deformities, sinking in of the nose, from syphilitic osteitis with destruction of bones and cartilages. For the correction of the nasal depression, he has used the prosthetic system of Martin, a metallic (platinum or silver) trivet, inserted under the cutaneous tissues. But the author's proceeding differs from that of Martin, etc. By a horseshoe section he divides the cutaneous tissues of the nose from the forehead over the lateral parts, and along the ala of the nose, but without opening the mucous membrane. The metallic support is inserted under this cutaneous flap, and fixed in adjacent bones by drilling. The flap is sutured and the wound dressed with iodoform powder. If the skin of the nose is in a bad state or ulcerated, flaps must be taken from the cheeks or the forehead. This metallic "trivet" is well tolerated. The author has a patient operated on by this rhinoplastic proceeding fourteen months ago, and who is now without trouble or pain.  
A. Cartaz.

**Surmay.**—*Deviations of the Nasal Septum. New Treatment.* "Bull. Soc. de Chir.," XXI., p. 36.

THE case of a young man, aged twenty, with a large deviation of the nasal septum in the anterior part of the left nasal fossa. After anæsthesia by cocaine, the author divided the inferior part of the septum with tenotome and transfixed in cutting the

whole deviated portion, creating a large opening between the two cavities of the nose. Rapid cure resulted, with complete disappearance of respiratory trouble and nasal voice.

*A. Cartaz.*

**Domoe.**—*Treatment of Palpebral and Nasal Epithelioma by Methyl-Blue.*  
Thèse de Paris, 1895.

THE author has employed, with success, the procedure of Mosetig-Moorhof in twenty-one cases of pavement epithelioma of the lids and nose. He destroys the ulcerated and vegetating parts with the galvano-cautery, after cocaine anæsthesia, and chromic acid. The wound is dressed with methyl-blue powder. After some days, the surface granulates and the scar is epidermized. Methyl-blue has anti-septic power and reaches deep into the tissues, modifying the neoplastic epithelial cells.

*A. Cartaz.*

**Ziem** (Danzig).—*Second Article on Diseases of the Nose in Infectious Diseases, with special regard to Diphtheria.* "Munchener Med. Woch.," 1895, No. 8.

REVIEW of Harke's book on pathological anatomy of the accessory cavities.

*Michael.*

**Michael.**—*On a Case of Empyema of the Antrum of Highmore caused by an Aberrant Tooth.* Aerztlicher Verein in Hamburg Meeting, Dec. 11, 1894.

A PATIENT, twenty-nine years old, suffered some weeks previously with swelling of the cheek and a tumour on the side of the last left upper molar tooth. She was treated by extraction of the tooth, opening of the antrum of Highmore, and irrigation, followed by tamponing with iodoform gauze. The disease not improving, she came under the author's treatment. She now had a very fetid secretion of the nose and mouth. Examination with a probe showed there to be a tooth in the antrum of Highmore, which was removed by an elevator and sharp spoon, and the empyema then ceased in a short time. Another patient consulted the author for a swelling of the upper lip. Examination showed a tooth to be across the gum of the front teeth. Incision and removal of the tooth was followed by cure.

*Michael.*

**Krecke** (München).—*Contribution to the Pathology and Therapy of Chronic Empyema of the Frontal Sinus.* "Munchener Med. Woch.," 1894, No. 51.

THE author has operated in three cases. Two of them have been cured. The third case, with a fatal ending, he relates in detail. A patient, fifty-eight years old, complained of disease of her nose since early youth, and was operated upon for nasal polypus. For a year she had a swelling of the left eye. Eight weeks later there arose a fistula with much discharge of pus. The author found this swelling, a fistula discharging much pus, protrusion of the bulb and suppuration of the nose. A large opening of the frontal sinus under narcosis was performed. The frontal sinus was seen to be as large as an egg, with a chronically inflamed mucous membrane. The mucous membrane was removed and also a part of the nasal bone. For fourteen days cure progressed normally. Then suddenly there arose headache, somnolence, and death the next day. The *post-mortem* examination showed meningitis and an abscess the size of a nut in the frontal lobe.

*Michael.*

**Lagrange.**—*Empyema of the Frontal Sinus, a Sequel of Influenza, spontaneously opened at the corner of the eye.* "Journ. de Méd., Bordeaux," Feb. 17, 1895.

A WOMAN, thirty years of age, on December 1st had a severe cold and influenza. Rhinitis, with abundant mucus secretion. Eight days later violent pains occurred

at the root of the nose, and tumefaction at the corner of the left eye. The resident physician diagnosed probable phlegmonous abscess of the lachrymal duct. On December 15th spontaneous rupture of the tumefaction occurred; discharge of pus, rapid diminution of the pains and inflammatory swelling. Never was any purulent discharge observed from the nose. The probe directed through the small orifice reached a portion of diseased bone in cavity of frontal sinus. *A. Cartaz.*

**Starrs, C. B.**—*Report of Case of Congenital Naso-Pharyngeal Atresia*, "Amer. Lancet," Feb., 1895.

AN infant, seven months old, was brought to the author for difficulty in breathing. A membrane was found, "at a level of the inferior turbinate bones," completely occluding them. This, after division and dilatation, gave no further trouble.

*R. Lake.*

**Verneuil, Prof.**—*Naso-Pharyngeal Polypi*. "Le Progrès Médical," Dec. 22, 1894.

IN a discussion before the Société de Chirurgie the author explains his preference in ninety-five per cent. of the cases for a slow method of treatment, to the radical, rapid, and complete operation. He follows Nélaton in abandoning the preliminary excision of the superior maxilla, and exposes the tumour by dividing the palate. The soft palate should not be sutured at once, as it may then conceal a recurrence of the growth. The usual teaching was that the more serious the nature of the polypus the larger should be the operation undertaken, but M. Verneuil holds that the more malignant the neoplasm the more innocent should be the methods employed. When a caustic is used he recommends chromic acid.

*St. Clair Thomson.*

**Hopman (Köln).**—*On Plastic Reproduction of the Upper Naso-Pharynx, especially of the Choanæ*. "Deutsche Med. Woch.," 1894, No. 51.

By the application of Stent, as used by dentists, and used for reproductions of the naso-pharynx in the cadaver by Suchannek, the author was able to produce instructive reproductions of the naso-pharynx and choanæ (see also the report of the laryngological section of the International Congress). *Michael.*

**Hopkins, F. E.**—*The Recurrence of Lymphoid Hypertrophy in the Naso-Pharynx*. "New York Med. Journ.," Jan. 26, 1895.

IN this paper the author draws attention to the possibility of the recurrence of naso-pharyngeal adenoid vegetations after their previous removal. He cites several illustrative cases, and quotes the opinions of many authors. He admits that recurrence does take place, that it takes place more frequently than is usually supposed to be the case, and that it may happen even after every vestige of the tissue has been removed from the naso-pharynx. The author strongly insists upon *complete* removal of the growths, the use of a general anæsthetic in children up to fifteen years of age, and suggests that great care be taken in the after-treatment of the cases, especially in looking into the hygienic surroundings of the patient.

*W. Milligan.*

**Ziem.**—*On the Operation for Adenoid Vegetations*. "Monats. für Ohrenheilk.," Nov., 1894.

THE author emphasizes the desirability of operating under the guidance of the finger in the naso-pharynx. He employs a snare, which he introduces through the anterior nares. The wire passes through two parallel tubes, fastened together with sliding rings of zinc. The instrument is thus capable of a certain amount of bending. Any remaining fragments which the snare cannot grasp are removed by

means of Trautmann's spoon. After the clearance he washes out the nose and naso-pharynx with an air-tight pump, and he attributes the occasional occurrence of purulent otitis to too forcible blowing of the nose after the operation, not to the irrigation. He operates without general anaesthesia or even local cocainization.

*Dundas Grant.*

**Wilson, A.**—*Operations on Post-Nasal Adenoids from the Anaesthetist's Standpoint.* "The Med. Chron.," Feb., 1895.

THIS paper will be read with special interest at the present time, when so much has been said and written of late upon the important question regarding the proper anaesthetic to use during the removal of post-nasal adenoids.

The author remarks at the outset of his paper that it is impossible to perform any efficient operation for the removal of adenoids without the use of some general anaesthetic. Children—and it is with children that the operator has most frequently to deal—the subjects of adenoids are usually pale and anæmic, and are therefore unusually susceptible to shock. Consequently they should not be exposed to any severe preparation for the operation, such as prolonged deprivation from food. Vomiting during the operation is a minor evil as compared with faintness. In order to meet the special requirements of adenoid cases (where partial obstruction to nasal respiration exists) the anaesthetic should be one which is non-irritating to the pharynx, which can be rapidly taken, is not unduly depressing, and does not interfere with the proper aëration of the blood, and also one which can be given during the operation. The three anaesthetics in general use are nitrous oxide, ether, and chloroform, alone or in combination.

Nitrous oxide is unirritating, pleasant to take, quick in its action, recovery from it is rapid, it is quite safe, and can be given with the patient in the sitting position. It, however, possesses decided disadvantages. The duration (especially in children) is very short, and a good deal of muscular spasm is produced, especially in young subjects. The duration of the anaesthesia is always uncertain, and with hæmorrhage going on from the pharynx it is dangerous to re-apply the inhaler. In addition, the deep gasping inspirations which occur on the return of consciousness introduce another element of risk, viz., that blood or detached fragments of adenoids may be drawn into the larynx. The author remarks that the dread of pharyngeal hæmorrhage when the patient is unconscious is absolutely without foundation. In hæmorrhage, however profuse, from the pharynx during any operation, the patient if placed in a proper position is infinitely safer when completely anaesthetized than when semi-conscious or actually conscious. With a semi-anaesthetized or just conscious patient there is fright, struggling, irregular respiration, and coughing; blood is drawn into the larynx, coughing and spasm set up, and breathing greatly hindered, while it is difficult or impossible to deal with the hæmorrhage. It is an absolute disadvantage that the patient should recover consciousness while hæmorrhage is going on, and especially when there are any loose growths in the pharynx. In view of the above-mentioned facts nitrous oxide alone is not adapted as a routine anaesthetic for post-nasal adenoids.

The author regards ether as a safe anaesthetic in such cases, as it is not depressing, with it there is no danger of cardiac failure, and the patient keeps a good colour and a good pulse throughout the operation. It is also possible and consistent with safety to produce a deeper degree of anaesthesia with ether than with chloroform, and the anaesthesia is of longer duration. On account of the ease with which chloroform can be given it is an excellent anaesthetic for such cases. There is also the advantage that it can be continued even while the operation is in progress. In practice the author adopts the following routine system: in adults, or children old enough not to be alarmed by the apparatus,

nitrous oxide is first given, followed by ether; while during the operation, if it is necessary, the anesthesia is kept up with chloroform given cautiously from a piece of lint. In young children chloroform is given from the first, and if taken well is continued throughout the operation. If, on the other hand, there is any reason from the feeble condition of the patient to suspect faintness, the chloroform is replaced by ether as soon as the patient becomes semi-conscious.

Regarding the position of the patient, it should be one which is conducive to the safe administration of the anæsthetic and one which will have no tendency to aggravate shock. It must be a position also which will allow the operator free access to the pharynx and permit of the rapid escape of blood, while at the same time it retards the suction into the larynx of detached pieces of adenoid tissue. Of the many positions employed the most advantageous of all is with the patient upon his back, the head fully extended or hanging over the edge of the table. This position (first called attention to by Mr. Mitchell Banks) places the patient in the safest position for the administration of any anæsthetic, and is one which is directly antagonistic to the production of shock. It is also the most stable position. In addition, with the head extended and the mouth open, respiration is most easily performed. It also gives the operator a good view of, and free access to, the pharynx, the tonsils, and adenoid growths. From the point of view of hæmorrhage the position is likewise most advantageous. With the head fully extended, the nostrils and the upper incisor teeth are placed on a lower level than the aperture of the larynx. Hence blood gravitates at once to these most dependent points. An objection has been urged against this position that the congestion from the dependent position increases the hæmorrhage. Although this may to some extent be true, the advantages of the position greatly outweigh this disadvantage, while it must also be remembered that the amount of hæmorrhage depends to a great extent upon the particular method of operating.

*W. Milligan.*

**Pissot, C.** — *On Naso-Pharyngeal Irrigation—its Indications.* Thèse de Paris, 1895.

NOTES on the indications of naso-pharyngeal irrigations in chronic purulent rhinitis, sinusitis, and as a prophylactic in eruptive fevers (measles, scarlatina, typhoid fever, etc.).

*A. Cartaz.*

## LARYNX AND TRACHEA.

**Rethi** (Wien). — *Some Rare Laryngeal and Pharyngeal Affections following Influenza.* "Wiener Klin. Woch.," 1894, No. 48.

1. A PATIENT, fifty-eight years old, acquired influenza. A few days after he contracted pain in the neck and hoarseness. The examination showed the existence of herpes of the soft palate, and a median position of the right vocal cord (paralysis of the right recurrent). The herpes was shortly cured, and the paralysis disappeared in about three weeks.

2. A patient, forty-five years old, suffered from influenza and febrile tracheo-bronchitis. The laryngoscope showed a median position of the left vocal cord. In this case also the condition must be regarded as recurrent paralysis.

3. A patient, eighteen years old, with febrile influenza and laryngitis, with cough, on the fifth day of the disease presented a swelling over the thyroid region, combined with redness and swelling of the laryngeal mucous membrane. The swelling and hyper-sensibility of the throat and neck persisted for eight weeks, and then slowly disappeared.