

death in certain rare cases of so-called death from goitre; it may also be the cause of the difficulty of decannulation after certain tracheotomies.

5. The expression "thymic asthma" is not exact. It is better to speak of the rapid form of death as "cardiac or sudden death due to the thymus," and of the asphyxial form as "thymic tracheostenosis."

Arthur J. Hutchison.

NOSE, Etc.

Du Fougeray, Hamon (Le Mans).—*The Rhino-pharyngeal Origin of Goitre.* "Le Progrès Médical," No. 21, May, 1901.

In an interesting article the author gives the results of five years' research; during this time he treated over 200 cases of goitre in which naso-pharyngeal lesions were also present. Fifty-two of these cases were quite cured by suitable naso-pharyngeal treatment in periods varying from one to eight months. In 133 cases the goitre, being of old standing, fibrous or cystic, was considerably reduced in size. In 24 cases the swelling was only slightly reduced. Some goitres of over twenty years' duration were reduced 2 to 4 inches.

The author states that in all these cases a previous congestive state of the naso-pharynx had existed, which would react on the thyroid through the venous anastomosis, described by Bimar and Lapeyre (*Transactions of the Academy of Science, Paris, 1897*). He believes that a vascular lesion of the oro-pharynx produces goitre; a vascular lesion of the nose produces exophthalmus; and that mixed lesions, vascular and sympathetic, of the oro-pharynx produce exophthalmic goitre and cardiac mischief.

The treatment consisted in the use of a 10 per cent. menthol spray three times daily, and the use of a 50 per cent. solution of chromic acid as a caustic for enlarged turbinates or pharynx.

Anthony McCall.

Dunbar, Roy.—*Case of Nasal Sarcoma.* "Journal Amer. Med. Assoc.," August 10, 1901.

Record of a case of nasal sarcoma in which ligature of the external carotids was tried with the view of starving the nasal growth. Very little effect was, however, produced, as the patient died seven months after the first appearance of symptoms.

W. Milligan.

Holmes, C. R., and Garlich, H. S.—*Accidents attending Adenoid Operations.* "Laryngoscope," May, 1901.

In Dr. Holmes's case the patient, a female, aged eight, was undergoing an operation for removal of naso-pharyngeal adenoids under chloroform anæsthesia. When the curette had been introduced into the naso-pharynx, and just as pressure was being made, the instrument suddenly snapped. With great difficulty the fragment was drawn down into the oro-pharynx, and removed by means of a pair of forceps.

In Dr. Garlich's case the patient was being operated upon without an anæsthetic. The instrument suddenly snapped, and the broken fragment was swallowed. Suitable diet was prescribed, and the broken fragment, $\frac{1}{2}$ inch long and $\frac{1}{8}$ inch broad, was passed per rectum three days afterwards.

W. Milligan.

Lermoyez.—*Nasal Neuralgia from a Galvano-Cautery Cicatrix of the Inferior Turbinal.* "Archives Internationales de Laryngologie," etc., July-August, 1901.

This case occurred in a girl, aged nineteen, who complained of marked nasal obstruction, without rhinorrhœa. Two years before polypi had been removed, and for about two months previous to consultation with Lermoyez the nasal insufficiency had become worse, and was accompanied by pharyngeal irritation and frontal headache. Otherwise her health was good; there was no hysteria or other nerve abnormality.

On examination, there was a typical diffuse hypertrophic rhinitis, with myxomatous degeneration of the inferior turbinals. No pus or bone lesion.

For two months the cold snare was used to clear the nasal fossæ as completely as possible of all degenerated tissue, without, at the same time, resecting any part of the bone.

The third month, the nose not being completely freed, several applications of the galvano-cautery were made, especially to the inferior turbinal.

The patient returned three months later. The nose was perfectly free, but she suffered with a very severe right suborbital neuralgia, which she attributed to the nasal operation. Antipyrin was prescribed, but the pain continued during the next three months, being sufficiently severe to prevent work. On exploring the part supplied by the superior maxillary nerve, a very painful spot was found at the point of emergence of the nasal branch, and there was a hyperæsthetic zone at the level of the galvano-cautery scar on the right inferior turbinal. The part was removed by turbinotomy, and the neuralgia ceased and did not recur. Macro- and micro-scopic examinations of the tissue removed revealed one interesting point: a nerve fibre was found caught in the scar tissue resulting from the application of the galvano-cautery.

Macleod Yearsley.

Mayer, Emil.—*Empyema of the Antrum of Highmore in Young Infants.* "Med. Record," August 10, 1901.

Not more than a dozen cases of empyema of Highmore's antrum in infants are to be found recorded in medical literature.

The author's patient was a female child, aged two and a half years, who was brought to hospital suffering from eversion of the right lower eyelid, a fistulous opening in the right cheek, and a fœtid odour from the right nasal passage. Shortly before applying at the hospital the child had had scarlet-fever, followed by an attack of diphtheria. A probe passed along the fistulous opening in the cheek entered what was apparently a large cavity. Bacteriological examination of the pus showed strepto- and staphylo-cocci, but no Klebs-Löffler's or tubercle bacilli. The fistulous tract was opened up, and the antrum freely curetted and cleansed. A drainage tube was passed through the cavity, and drawn out through the corresponding nasal passage. A rapid and uneventful recovery followed.

In his remarks upon this case the author refers to a paper by George Wallis, entitled "Tuberculosis of the Upper Jaw in Little Children simulating Empyema of the Antrum," in which he throws much doubt upon the possibility of there being such a disease as empyema of the antrum in such young children, and in which he advances the theory

that such cases are really cases of tuberculosis of the marrow tissue in the nasal and palatine process of the upper jaw.

The author has no doubt in his own mind that antral empyema may occur in quite young children, and quotes various facts to substantiate his contention.

W. Milligan.

Wishart, Gibb. — *Reduction of Turbinal Hypertrophies.* "Canadian Practitioner," July, 1901.

An academic article dealing with each phase of the subject, in which the author advises either the use of submucous galvano-puncture, the turbinal trocar, or the Graefe-knife introduced through a linear puncture in every instance that will admit. He does not approve of complete turbinectomy, and advises conservatism in all methods of treating nasal insufficiency.

Price-Brown.

LARYNX, Etc.

Arslan.—*Laryngeal Hæmorrhage.* "Archiv. Ital. de Otologia," etc., July, 1901.

The author describes eleven cases of this affection, important not only for itself, but as regards the diagnosis of pulmonary hæmorrhage.

As in other pathological questions, the authorities are divided into two camps: Massei, Morell Mackenzie, Fraenkel, etc., regard it as autochthonous; while Moure, Rethel, and others believe it to be only a symptom of multiple lesions of the vocal organ or of pathological conditions of the whole body, and do not consider themselves justified in calling it idiopathic when provoked by common laryngeal catarrh, as in the author's cases. Accordingly, Schnitzler calls it *corditis hæmorrhagica*; Favitsky, Joal, etc., *acute hæmorrhagic laryngitis*, and these believe the hæmorrhage to be merely the effect of local inflammation. In the same way they regard laryngeal hæmorrhage due to general diseases: pseudo-leucæmia, hæmophilia, diabetes, etc., wherein the bleeding is favoured by changes in the mass of blood or in the vessels.

Massei considers laryngeal hæmorrhage a distinct affection when the amount of the bleeding from the free surface exceeds the limits attributed to the increased vocal tension, which is itself an effect of the local inflammation; but, except in a few cases, Arslan does not think this view justified by clinical experience. Moreover, the quantity of blood may vary at each examination. The expression that *the blood should flow from the free surface* he regards as correct. According to Arslan, hæmorrhagic laryngitis or pseudo-hæmoptysis is understood whenever a more or less abundant spitting of blood is produced from the larynx itself.

Besides his own 11 cases, Professor Arslan has collected from the literature others to the number of 73, with the following results: In 62 in which the sex was noted, 34 were men and 28 women, in contradiction to Stepanow, who believes the disease to be a female prerogative. Of the author's cases, 10 were men and only 1 a woman. As regards age, of 51 patients there were 5, 18 to 20 years; 29, 21 to 40; 12, 41 to 50; and 5, 51 to 60. The favourite age is, therefore, from 21 to 40 years, the time of life in which traumatic or mechanical causes are most frequent. Season has a certain influence. Of the 11 patients, 5 were attacked in January, 3 between October and November, 1 in March, and 2 in April.