Dr. LUBET-BARBON. *Laryngeal Hæmorrhages in the Course of Alcoholic Cirrhosis.*

The case of an alcoholic man of forty, with cirrhosis of the liver, ascites, turgescence of facial and nasal venous radicles. Morning epistaxis was habitual, but the lungs were healthy. Loss of voice had been noticed one month, and for several days the patient had been spitting blood in small quantities.

Examination showed the trachea to be fairly healthy, but the interior of the larynx was red, as if bathed in blood, and in the interarytenoid space and on the right vocal cord small brown blood-clots were seen. On removing these with a cotton swab, blood could be seen oozing from the surface of the vocal cord.

Dr. LICHTWITZ. *Escape of a Voluminous Cholesteatoma through an Extensive Breach in the Bony Wall of the Meatus.*

The case of a woman of twenty-five, the subject of recurrent otorrhœa from childhood. Symptoms did not amount to more than a sense of fulness in the head and deafness. On examination the posterior superior wall of the osseous meatus seemed to be covered by a greyishwhite, velvety mass, friable when probed. Cholesteatoma was diagnosed, and attempts were made to remove it by irrigation. Some inflammation of the soft tissues and periostitis of the meatus followed, and when this had subsided, a mass the size of a large nut (*grosse noisette*) came away. The next day a similar and slightly larger mass was removed, and the carious walls of a large spherical cavity laid bare. The whole of the posterior wall, with the exception of its lower edges, was found to be absent.

NEW INSTRUMENTS.

M. MARTIN showed a *Punch Forceps* (figured) *for Removal of Nasal Hypertrophies.*

M. RUAULT had already employed a similar instrument, and had found very little hæmorrhage follow its use.

In reply to M. EGGER, M. MARTIN said that the punch cut cleanly, and did not crush the tissues. *Ernest Waggett.*

ABSTRACTS.

NOSE, &c.

Alexander, A. (Berlin).—*Nasal Polypi in their Relations to Empyemas of the Accessory Cavities of the Nose.* "Archiv für Laryngol. und Rhinol.," Band V.

PREVIOUS to the publication of Ziem's paper on nasal suppuration in 1886 polypi were supposed to originate in consequence of chronic catarrh of the nasal mucous membrane. After this, however, attention was gradually called to the connection

existing between nasal polypi and antral empyema, and subsequently to their relation to affections of the other accessory cavities. Differences of opinion early arose as to whether the empyema caused the polypi, or *vice versa*, etc. This paper is a contribution to the solution of the problem.

The author has had at his disposal the large material of the Berlin University Polyclinic for Diseases of the Throat and Nose. In 27,600 patients, seen in nine years, 850 cases of polypi (three per cent.) and 276 cases of empyema (one per cent.) were treated. Only those cases which the author had repeated opportunities of examining have been utilized; they amount to 274. A brief summary of each case is given.

Of the 274 cases, 104 sought treatment for nasal polypi, and in thirty-five of these (33·6 per cent.) empyema was subsequently found to be present. In 170 cases empyema was diagnosed at the first examination, and in forty-five of these it was associated with nasal polypi. Therefore, in 149 cases of polypi, empyema was also present in eighty. The cavities affected were: the antrum in fifty-seven patients; the frontal sinus in one; the sphenoidal sinus in five; the ethmoidal cells in eight; and several cavities in nine.

The author points out wherein his statistics vary from those of Grünwald, and attributes the discrepancies to the modes of examination employed, and to the interpretation of the conditions found by the respective observers. He then describes the signs to which he attaches importance and the diagnostic methods he uses.

The question as to whether polypi or empyema is the primary condition—involving the consideration of the manner in which polypi arise, and the investigation of certain processes which take place in the bone—is discussed at length.

He regards polypi as inflammatory hyperplasias. The proliferating mucous membrane is thrown into folds, some of which become œdematous and form polypi. The œdema he attributes to congestion. The changes in the bone consist in an increased porosity of the middle turbinate, due not to osteoporosis, but to rarefying osteitis. The relation of the outer and inner mucous membrane coverings to each other, and to the bone of the middle turbinate, is of such an intimate nature that an affection of one surface must be directly conveyed to the other. Thus, if a primary empyema of the ethmoidal cells is present, and the lining membrane in consequence becomes hyperplastic and œdematous, and perhaps also undergoes polypoid degeneration, the nasal mucosa covering the turbinate will in a short time be similarly affected. The same holds good for the antrum, the extension of the pathological processes taking place in the middle meatus where the two mucous membranes may be directly contiguous.

The flow of pus from the cavity over the mucous membrane of the middle meatus and middle turbinate is not the sole factor leading to the origin of polypi. The author thinks that the direct extension of the inflammatory process from one mucous membrane to another is much more important. The nasal mucosa is thus in a manner attacked from two sides, and ultimately the large products of an inflammation which has led to hyperplasia and circulatory disturbances, fill the nose. From these considerations the author holds that an antral empyema may give rise to suppuration in the ethmoidal cells, and *vice versa*. On the other hand he does not think that the mere flow of pus from one cavity into another leads to a purulent catarrh in the latter; nor that simple closure of a cavity is followed by empyema. *A. B. Kelly.*

Amyot, J. A.—*Rhinolith with Button for Nucleus.* "Canadian Practitioner," Jan., 1896.

BUTTON pushed in nose when child was four years old. Secretion in time became

fœtid and irritating. Cause not known until rhinolith was removed. Weight of concretion and nucleus thirty-two grains. Age at time of operation twenty-five years. *Price Brown.*

Bergeat, E. (Munich).—*Intranasal Conditions in the Skulls of Various Races seen by Anterior Rhinoscopy.* "Archiv für Laryngol. und Rhinol.," Band VI., Heft 1.

EVEN a hasty rhinoscopic inspection of skulls of various races frequently reveals great dissimilarities, in consequence of variations in the size and position of the individual parts on the outer wall of the nose. In order to study these relations the author has examined the anatomical collection in Munich.

The nasal septum is not considered, the only remark made regarding it being that in Indians it joins the palatine crest usually somewhat in front of the posterior edge of the palate; it is thus shortened posteriorly.

The following are some of the deductions drawn from the investigations, full details of which are given:—The form of the inferior turbinate varies with the angle at its line of attachment, so that the originally simple rolled form (best retained in the negro) becomes gradually more vertical, flatter, and segment-shaped (Indian). From the negro to the European the ethmoid undergoes a diminution in its frontal dimensions; strangely, the development of cells (bullous form) in the middle turbinate, on the other hand, is found oftenest in the European. Increase in size of the bulla ethmoidalis usually goes hand in hand with that of the uncinate process; the negro again presents, on an average, the greatest development, the European the least. The larger the bulla, especially in its anterior part, the further forward extends the uncinate process, until it may even pass in front of the vertical edge of the middle turbinate. The inclination of the middle turbinate downwards and outwards becomes the more marked the less the parts of the ethmoid in the middle meatus are developed (this is best seen in the European).

These considerations are of practical importance in the following respects:—1. In a recent discussion an argument adduced against the etiological connection of genuine ozæna and intranasal atrophy was that ozæna did not occur in the negro, although he had a very wide nose. The author finds, however, that the nose in the negro is not unusually wide when compared with that of the European. 2. There is a striking increase of cavities in the middle turbinate of the European, although the volume of the other ethmoidal spaces seems diminished when compared with the condition existing in the negro. 3. In Europeans, who apparently have the sense of smell least developed, the olfactory fissure is widest, owing to the inclination of the middle turbinate outwards. *A. B. Kelly.*

Bönninghaus, G. (Breslau).—*The Resection of the Facial and the Nasal Wall of the Antrum, with Invagination of the Nasal Mucous Membrane into the Cavity, for the Cure of Obstinate Antral Empyema.* "Archiv für Laryngol. und Rhinol.," Band VI., Heft 2.

TOO little attention is paid to the fact that antral suppuration after a short period of treatment may become latent, but at a later date may again manifest itself. Thus, cases are frequently reported as cured before sufficient time has been allowed to elapse to test the permanency of the result.

A large number of patients with antral suppuration remain uncured for years, in spite of treatment. The author gives a *résumé* of the methods proposed by Küster, Jansen, etc., of treating these obstinate cases through a large aperture in the facial wall. A wide opening being established so that the cavity can be inspected, the lining membrane must be treated according to the changes it presents by localized or general curetting. Excepting for some days immediately after

the operation, the author does not approve of packing the cavity with gauze, owing to the irritation it causes. He also dispenses with drainage tubes and obturators, and introduces only a plug of gauze to prevent closure of the artificial opening.

The prognosis after such operations will depend on whether the affection of the mucous membrane was circumscribed and the treatment confined to the area involved; or, the entire lining membrane having undergone change, its thorough removal was required. Cases of the latter class are very difficult to cure. The new lining membrane consists of connective tissue matrix derived from granulations and epithelium which passes into the cavity from the neighbouring mucous membrane. Normal cicatrization takes place only when these two layers are developed *pari passu*. If the epithelium, owing to its limited line of origin, is slow in advancing, the granulations become exuberant. The growth of the epithelium must therefore be hastened by giving it a more extended line of origin, and this can be accomplished by resecting a large part of the inner wall of the cavity, and invaginating the nasal mucous membrane which covered the resected wall. The mucous membrane in the vestibule of the mouth also plays a part in this process of invagination.

The method of operating is as follows:—Carious teeth underlying the antrum having been extracted and their alveoli scraped, an incision is made down to the bone along the highest part of the vestibule of the mouth from opposite the second incisor to the wisdom tooth. The tissues are raised from the bone from close to the pyriform aperture to the zygomatic process, and upwards to near the infra-orbital foramen. The bleeding having been checked, sufficient of the anterior wall of the antrum is removed to allow of a thorough examination of the cavity. If the mucous membrane is but slightly changed, carious spots are sought for, especially on the floor, scraped, and the operation is complete. On the other hand, if the whole mucous membrane is transformed so that it cannot be restored to a normal condition, the bony opening is enlarged, and the entire lining membrane scraped out. At this stage the author proceeds to carry out his own modification. Having distinguished by palpation the upper membranous from the lower rigid portion of the inner wall of the antrum, and having made out their line of union, which corresponds with the attachment of the inferior turbinate, the bony part below this line is carefully gouged away so as not to injure the nasal mucous membrane. Through the opening thus established the nasal mucous membrane is separated from the bone in all directions, and the latter removed with forceps. The upper part of the inner wall is then treated, the thin bone being separated from the nasal mucosa; the antero-superior angle is preserved, however, because of the presence of the lachrymal canal. The narrow horizontal bony ridge of the inferior turbinate now alone remains, and as much as possible of it is also removed after detachment of the mucous membrane. The separated nasal mucous membrane, which now forms the sole partition between the nose and antrum, is pushed from the nose into the cavity, and kept in position by strips of iodoform gauze. The nose is left free. The wound in the mouth is packed. The gauze is removed in four or five days, and by that time the mucous membrane in the antrum has become adherent for the most part. The after treatment consists in cleaning out the cavity by blowing several times daily while the nose is closed and the cheek raised, and by washing morning and night; in the intervals a piece of gauze is kept in the wound. The cavity can be inspected for months, either directly or by means of the laryngeal mirror.

Three cases are reported in which the author operated according to his method.

A. B. Kelly.

https://doi.org/10.1017/S1755146300166065 Published online by Cambridge University Press

Carruthers, S. W.—*Removal of a Foreign Body from the Nose after Twenty-three Years.* "Brit. Med. Journ.," Feb. 12, 1898.

In this case the foreign body or stone had lain in the nasal (right) passage for twenty-three years, during which time the patient had suffered from nasal obstruction, and from frequent attacks of epistaxis. The author removed the foreign body by means of a pair of forceps. He mentions one case in which the foreign body remained in the nose for twenty-seven years, and another for forty years.

W. Milligan.

Chambers, G.—*A Case of Acute Glossitis.* "Canadian Practitioner," Jan., 1896.

The patient, a young man, had inflammation of the tongue twelve years ago, which started in the papillæ. The tongue became black on the surface. This seems like a recurrence of the old disease. The hypertrophied papillæ extend to the base of the tongue on one side, and halfway back on the other. Several spots are black with ecchymosis. The doctor is under the impression that it is a case of icthyosis.

Price Brown.

Douglas, Alex.—*Empyema of the Antrum in a Child Three Weeks Old.* "Brit. Med. Journ.," Feb. 5, 1898.

The patient, a child, aged three weeks, presented a most unusual appearance, the right cheek being swollen, the right eyeball protruded, the eyelids and the conjunctivæ congested. The right side of the roof of the mouth was bulging, and the superior maxillary bone appeared prominent in every direction. Pressure over the cheek caused pus to exude from the right nostril. A diagnosis of antral empyema was made. The antrum was opened and washed out. The case did well, complete recovery taking place.

W. Milligan.

Garel.—*Rare Fractures of the Nose. Necrosis and Elimination of the Inferior Turbinate.* "Ann. des Mal. de l'Oreille," Oct., 1897.

It would appear that fractures involving the inferior turbinate are of great rarity. Two cases are here reported, occurring in children of ten and four respectively. In both cases the nasal process of the superior maxilla was the point injured, and presumably fractured. In the first case fracture of that process was evident, and sequestration occurred. Two weeks after the injury the greater part of the inferior turbinate also came away as a sequestrum. In the second case there was history of considerable swelling, but fracture of the nasal process was not actually made out. The injury was followed by purulent rhinitis, and not until two years had passed was the cause of this condition found to depend on the presence of a necrosed and sequestrated inferior turbinate.

The author asks the question: Did the trauma produce fracture of the attachment of the turbinate, or was the necrosis secondary to the suppurating hæmatoma?

Ernest Waggett.

Gaudier (Lille).—*Case of Tubercular Antral Empyema; Opening by Canine Fossa; Cure.* "Ann. des Mal. de l'Oreille," No. 44, 1897.

Left-sided empyema of Highmore's antrum; opening from the alveolus; daily syringing; no result. Proof of tubercle bacillus in the pus; inoculation positive. Nose intact, only small polypi. Lung condition negative. Thereafter daily application of a two per cent. iodoform in glycerine and iodoform powder; likewise no result. Thereafter wide opening from the canine fossa. Curetting of pieces of bone and granulations. Tampon. Recovery.

Lichtwitz.—*Acute Osteomyelitis of the Superior Maxilla simulating so-called "Classical" Empyema of the Antrum.* "Arch. Intern. de Lar., Otol., et Rhinol.," July and August, 1897.

THE author maintains that the so-called "classical" external symptoms of empyema of the antrum—that is to say, suborbital pain, swelling and redness of the cheek, and prominence of the antrum—are by no means characteristic of antral suppuration. Indeed, in all such cases which he has met with there has proved to be epithelioma, dental or alveolar cysts, gumma, or osteomyelitis.

The present case is that of a man of twenty-nine, who received a blow on the left side of the face two years previously. Suppuration occurred and perpetually recurred during the two years, accompanied by redness and swelling of the cheek. Pus discharged from the alveolar openings, and finally pus escaped into the nose and post-nasal space. An operation was performed, and the whole of the alveolus was found necrosed. Small openings were found leading into the inferior meatus aud the post-nasal space. The deep cavity produced by removal of the sequestrum was roofed merely by the mucous membrane of the antrum, and when opened this cavity was found quite free from pus. References to literature bearing on this point are given. *Ernest Waggett.*

Thorburn, J. D.—*Rhinolith.* "Canadian Practitioner," Jan., 1896.

SUPPOSED to have been caused by point of knife blade from some previous operation. Weight, one hundred and twenty-two grains. *Price Brown.*

LARYNX.

Chiari, O. (Vienna).—*On Angiomata of the Vocal Cords.* "Archiv für Laryngol. und Rhinol.," Band V.

IF growths with a fibrous, cellular, sarcomatous, or cancerous matrix and a very abundant supply of blood vessels be regarded as angiomas, then these are of common occurrence in the larynx, True angiomas, to which the author confines his attention, are, however, very rare. He briefly refers to the cases that have been reported as such, and shows that a considerable proportion of them were merely very vascular papillomas or fibromas.

He reports two cases of his own. Case 1: a man, aged twenty-eight, complained of discomfort in the throat. Chronic pharyngeal catarrh was present, and by chance a round bluish nodule as large as a hemp seed was found on the edge of the right vocal cord about its middle. The laryngeal mucous membrane was very red. With forceps a small membrane was removed, and this was followed by bleeding quite out of proportion to the insignificance of the wound. In place of the nodule a small depression was now found, and immediately before and below this another small bluish projection was observed and subsequently removed. Unfortunately the two small membranes were lost, so that varices could be diagnosed only from the hæmorrhage and the depression following the operation.

In his second case there is complete histological proof of its nature. The growth was found in a larynx which the author had received for examination from Prof. Kundrat. A hemispherical, bluish nodule, about one millimètre in diameter, was observed near the middle of the right vocal cord, somewhat below its free edge.

A series of vertical sections from before backwards was prepared, and a minute description of their microscopic appearances is given. The nodule proved to be a