

The prognosis is worse the younger the patient. Infants succumb easily to intestinal complications from swallowing infectious pus. *Guild.*

N O S E, & C.

Albers-Schönberg.—*Lupus and X Rays.* “Münch. Med. Woch.,” Feb. 15, 1898.

THE author showed two cases of lupus successfully treated by Röntgen rays. In the first case the skin over the nose was affected, and had been unsuccessfully treated by other means. The other case was lupus of the cheek, and of the nasal mucous membrane. The former was; cured the latter was hardly favourably influenced. *Guild.*

Bergeat.—*Antrum of Highmore.* “Münch. Med. Woch.,” Feb. 22, 1898.

THE author demonstrated twenty-five preparations of the pathology of the antrum of Highmore from his collection. He considers important the thickness of bone between the teeth and the antrum in the etiology of disease of the antrum. The striking frequency of pus in *post-mortem* examination of the antrum he considers due to disturbance of nutrition in fatal diseases, and should be imputed to weakened constitution. One preparation showed marked decrease in size of the antrum, and a striking asymmetry of the facial bones in consequence of empyema. Spontaneous healing of chronic empyema is proved by the filling up of the antrum with connective tissue; further, by a large perforation through the anterior wall artificially, healing is brought about in an analogous way. Polypi in the antrum are found oftener when the contents are mucous, and not purulent. Mucous cysts are found in thirty per cent. *Guild.*

Burwinkel.—*Inoculation of Syphilis by Lunar Caustic.* “Deutsche Med. Woch.,” Feb. 2, 1898.

THE author refers to a case described by Fournier in 1897, where syphilis was communicated to the forearm of a man who was being tattooed. He describes a case, seen by himself, where a man, twenty-four years of age, with syphilitic ulceration of the nose, had the following history. There was no family history of syphilis or tubercle. Patient was quite healthy till he was twelve years old, when he had difficulty in breathing, owing to a polypus in the right nostril. It was cauterized several times with nitrate of silver; since then a spreading ulceration had developed, and led to destruction of the tip, alae, and side walls of the nose. He had been cauterized and injected with tuberculin without result. Cicatrization followed antisiphilitic remedies. *Guild.*

Hajek.—*Etiology and Diagnosis of the Diseases of the Accessory Cavities of the Nose (the Antrum of Highmore excluded).* “Wien. Klin. Rundschau,” No. 46, 1897.

THE author thinks that, considering the variety of known bacteria—diplococci pneum. (Fraenkel-Weishselbaum); staphylococci pyog. aur.; streptococci pyog.; bacill. mucos. capsul.; bacterium coli, etc.—in the accessory nasal sinuses, one is forced to believe that they only predispose to suppuration, the latter increased by some other bacterium already in the normal nasal cavity. Another question is whether inflammations of the accessory cavities are independent diseases, or whether they are only extensions from the mucous membrane of the nose. The author thinks it is certain that some cases of inflammation of the accessory cavities are

produced by a disease of the nasal mucous membrane. Referring to nasal polypi, he thinks it very difficult to decide whether they are able to cause a suppurative disease of the accessory sinuses; but without any doubt their existence is very favourable to the origin and the continuance of suppurations of the accessory cavities. Whether ozæna can be the cause of suppurations of the accessory nasal cavities, or whether ozæna has only accidental signification, is still quite undecided. In diagnosis of the diseases of the frontal and ethmoidal sinuses there is a great difference between the opinions of the rhinologists on one side and the surgeons and oculists on the other side; but the author thinks the reason of this is that we rhinologists see these diseases from the beginning, whereas the others see them only later on in more advanced stages; and the diagnosis of a latent empyema always wants thorough rhinological science.

The best method of diagnosis of the diseases of frontal and ethmoidal sinus is the examination by sounds. In some cases it will always be necessary to remove the middle turbinate. Very often it is difficult to find out if there is any suppuration of the frontal sinus or the anterior ethmoidal cells. Then one ought to watch if the pus runs out of one or of several openings. At the last the author speaks about the suppurations in the sinus sphenoidalis and in the fissura olfactoria, without bringing anything new.

R. Sachs.

Ischwall.—*Polypes Naso-Pharyngiens.* "Presse Méd.," Oct. 27, 1897.

THE report of the removal of a large naso-pharyngeal polyp, encroaching on the right antrum, orbit, and temporal fossa in a child of fifteen. The attachment to the base of the skull was severed with Doyen's elevator, and the tumour seized with forceps. An incision was then made through the temporal fossa down on to the growth, and, after division of the zygoma with scissors, removal by traction was accomplished. The operation occupied only a few minutes, and recovery was uneventful.

Ernest Waggett.

Koppel.—*About the Frequency and the Reasons of Chronic Catarrh of the Superior Air Passages.* "Petersburg Med. Woch.," No. 41, 1897.

BESIDES all the other reasons of chronic catarrh, one principal one is supposed to be the too dry air in the rooms during the winter time. The rest is not of special interest.

R. Sachs.

Lanffs.—*Casual Notes.* "Med. Corr. Blatt der Wurttemb. Aerzte Land. Ver.," Nov. 20, 1897.

THE author reports four cases of nasal stones. One nearly total atresia of the right nasal cavity. One case of two almost symmetric congenital perforations in both arcus glosso-palatini. Eggshell incarcerated in the larynx; removed by forceps; cure. Excessively grown polypus of the ear, covering the concha auris; operation.

R. Sachs.

Lombard.—*Serumtherapy in Ozæna.* "Ann. des Mal. de l'Oreille."

THE author pays particular attention to the accidents which occur in this form of treatment, and concludes that any drawbacks of a serious character may be avoided by using small doses.

He sums up the results of treatment as follows:

1. Complete disappearance or attenuation of fœtor always occurs.
2. Crusts persist, though sometimes diminished in quantity.
3. It is impossible at present to say that good results are lasting. Though of short duration, they are often better than those obtained by douches and cauterization. Children react better than adults.
4. Hyperæmia and swelling certainly occur.

5. He has never observed complete disappearance of Belfanti's bacillus, or Loewenberg's coccobacillus, even during treatment.

6. This treatment is the most convenient method for combatting the feotor, but hopes of a definite cure should not be held out to the patient. In the majority of cases the result will be but temporary.

These conclusions are drawn from observation of Gouguenheim's cases at the Lariboisière Hospital.

Ernest Waggett.

Marcuse, Paul.—*Foreign Body in the Nose.* "Deutsche Med. Woch.," Feb. 2, 1898.

THE patient, a brewer, had complained for several months of foetid purulent discharge from the nose, for which he knew no cause. A decomposing pea of barley was removed, which must have been unconsciously inhaled into the nostril several months before, when sampling grain.

Guild.

Martinez, Emilio.—*Retention Cyst of the Frontal Sinus.* "Arch. de la Policlinica" (Habana), Oct., 1897.

THE author refers to a case which was operated on with satisfactory results. A woman, thirty-seven years of age, complained of crossed diplopia from the left eye, ptosis of the upper lid, external strabismus, and exophthalmos. Examination revealed a small tumour under the upper border of the orbit, rounded surface and soft, which appeared to be the cause of the eye symptoms. It was operated by the eye surgeon, and found to be a mucoid retention cyst from the frontal sinus passing through an aperture in the superior orbital plate.

The case was handed over to the author, and an examination of the nasal fossæ revealed an old atrophic rhinitis with patches of cicatricial tissue. Catheterization of the fronto-nasal duct was unsuccessful—this duct being occluded—and not wishing to expose the patient to the risk of forcing the bougie, retro-catheterization was resolved on. Under chloroform anæsthesia an opening was chiselled in the anterior wall of the frontal sinus, close to its inner end, and an Eustachian catheter was passed through it; holding its beak in the infundibulum, a steel wire loop was forcibly passed through its lumen until it appeared in the nasal fossa. This loop helped to pass a silk thread, which was retained in place, and on subsequent days served to draw an increasing number of silkworm gut threads until the duct was considered sufficiently dilated. The silk loop was withdrawn, and the frontal wound allowed to close.

All symptoms had disappeared as soon as free drainage was established through the fronto-nasal duct. Catheterization through the nasal fossæ was continued for two weeks. The cyst was not infected before nor after the operation. Silkworm gut was found excellent as a progressive dilator by its elasticity, which it retains after twenty-four hours of being placed in the duct; at the same time it is a very good drainage medium. The patient, one year after being operated, had not suffered a recurrence, the fronto-nasal duct remaining open.

Muller, M. (Karlsbad).—*Hay Fever.* Wien. Med. Club, Oct. 20, 1897.

THE author reports a few cases of hay fever with gastric symptoms. So he prescribed Karlsbad waters, and at the same time treated the nasal mucous membrane. The author believes he had good results by this method.

R. Sachs.

Röpke.—*Case of Empyema of the Frontal Sinus with Perforation into the Orbit and Anterior Cranial Fossa.* Congress of West German Throat and Ear Specialists, Nov. 7, 1897. "Munch. Med. Woch.," Jan. 25, 1898.

FOR four years headache above the right eye—repeated removal of nasal polypi. In July of last year patient came on account of unbearable pain in and over the

right eye, sleeplessness, and vomiting. Examination showed nasal polypi on the right side, caries, and suppuration of the ethmoid, suppuration of the right frontal sinus, slowing of the pulse (50-54), marked pain on pressure over the frontal sinus and eyeball, which is neither pushed forward nor impaired in movement, tongue dry and coated, no fever.

Frontal sinus was opened with chisel, and measured vertically 7 cm., horizontally $4\frac{1}{2}$ cm. Perforation on the inner wall with pus and granulations. After removing the granulations the dura mater was exposed; laterally the probe could be passed into the orbit. The wall anteriorly and towards the ethmoid was chiselled through, the thickened diseased mucous membrane was curetted. Since then patient has been well; there is still slight discharge from the large wound. Hopmann reported a similar favourable case.

Lowenstein Eberfeld saw Röpke's case three days before the operation. Examination showed no pus, no swelling; there was only severe headache, which seemed to depend on neuralgia.

Moll referred to the method first introduced by himself for diagnosing pus in the nose; it depended on negative pressure, in which nose and mouth are shut, and one tries to suck. The method serves frequently to establish the diagnosis of frontal sinus empyema. *Guild.*

Semonsohn, Max.—*Foreign Body in the Nose.* "Deutsche Med. Woch.," Feb. 2, 1898.

A GIRL, four years old, had been treated with cod-liver oil for a supposed scrofulous disease of the nose. There was profuse fetid, purulent discharge from the left nostril; there was also deafness. Examination revealed a mass, covered with secretion, in the middle meatus, which, on removal, proved to be a small piece of hard sponge. The nose was irrigated with saline solution and recovery ensued. *Guild.*

Stiel.—*On the Connection between Nasal and Ocular Diseases.* "Münchener Med. Woch.," Jan. 25, 1898.

THE connections between nasal and ocular diseases are essentially of three kinds. The first consists of reflex ocular disturbances, lachrymation, photophobia, scotoma, ophthalmic migraine, and especially asthenopia. Even though the direct proof of the connection of subjective ocular disturbances is not easily established from objectively proved nasal disease, yet the practical experience of a connection cannot be disputed. The second consists of an internal connection between the nose and eye, through the direct communication of the conjunctival sac with the nose by means of the tear duct. The lachrymal duct opens in the inferior meatus, and consists of a membranous covering from the mucosa, of sub-mucous and cavernous tissue like that covering the turbinate. Inflammation in the nose, hypertrophy of the inferior turbinate, ulcerative processes, cause swelling of the cavernous tissue of the lachrymal duct with stenosis, and as a result stagnation of tears in the tear duct. Bacteria increase and cause inflammation of the tear duct walls, producing dacryostenosis and dacryocystitis. As a result preliminary treatment of the nose should precede probing and washing out of the tear duct. The third consists in the respective connection between nose and eye. The contents of the orbit which are surrounded by the accessory sinuses of the nose, so that inflammation of these, owing to their thin walls, can easily spread to the eye. Every gradation from simple collateral hyperæmia to orbital abscess and cellulitis has been observed. It has been proved that orbital abscess is usually secondary to disease of the antra.

There is displacement of the eyeball in the opposite direction from the situation

of the abscess, disturbance of movement and pain. The reverse may occur; inflammation from the eye may spread to the nose. This is rare.

Discussion followed. Hirschmann stated that Nieden, Ziem, and Bresgen were the first to point out the connection between nasal and ocular diseases. Reflex affections are very common; asthenopia diminishes after removal of adenoids. He describes a case of bitemporal hemianopsia, which was due to disease of the sphenoid. It was probably due to an exostosis which pressed on the chiasma of the decussated bundles of the optic nerve, for the patient showed exostoses on the vertex. Death was due to disease of the lungs, but no *post-mortem* could be obtained.

Hopmann stated that many cases of disease of the naso-lachrymal canal, as well as phlyctenular conjunctivitis, were treated unsuccessfully by oculists, because the nose was neglected. In a case of Basedow's disease the symptoms became less after the removal of a nasal polypus and treatment of atrophic rhinitis.

Hirschmann pointed out the importance of the vascular connections between the nose and the eye. Branches of the ophthalmic artery and ethmoidal arteries (ante and post) go to the nose, and the nasal veins communicate with the ophthalmic veins. The principal reflex disturbances are changes in the field of vision, disturbances of accommodation, fleeting scotoma; the nasal causes are hypertrophy of the inferior turbinates and adenoids.

Lieven reported a case of synechia of the inferior turbinate, where there was ciliary paresis and frequent pain in the eyeball; violent coughing was produced on pressure. After removal the symptoms disappeared. *Guild.*

Winkler.—*About Fever after Operations in the Superior Air Passages.* "Wien. Klin. Rundsch.," No. 52, 1897.

AFTER cauterizing, or galvano-caustic treatment of the turbinated bone, operation of tonsils or adenoids (tonsilla pharyngea), in 47 children out of 120 there were observed various degrees of fever. The author thinks the reason of the fever is either an infection of the wound or the swallowed blood, which, in some cases, might be able to produce the fever. To avoid the fever the author proposes a thorough disinfection of the instruments, and no injections in the nose after the operation. If there is any intense, non-purulent secretion, the author recommends an injection of a solution of natr. chlorate before the operation. *R. Sachs.*

LARYNX.

Bar.—*Malignant Disease of Larynx in a Tuberculous Subject.* "Arch. Inter. de L., O., R.," Nov. and Dec., 1897.

THE case of a woman of sixty-five, with evidence of pulmonary disease and tubercle bacilli in the sputa. A small, smooth, elastic, sessile tumour was seen on the left ary-epiglottic fold. A diagnosis of malignant disease was made, but any surgical interference was refused. Eight months later the patient was again seen, with the pulmonary mischief in a dormant condition. The left side of the larynx was now extensively infiltrated with malignant disease, and death followed. No *post-mortem* examination appears to have been made. *Ernest Waggett.*

Bergmann.—*Cancer of Larynx and its Treatment.* "Petersb. Med. Woch.," No. 46, 1897.

DEMONSTRATION of four patients in whom successful extirpation of the larynx was performed on account of cancer. The author concludes that the results of

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