

Abstracts.

MOUTH, PHARYNX, NASO-PHARYNX.

Collier, Mayo.—*Nasal Obstruction and Deformities of the Upper Jaw, Teeth, and Palate.* "Lancet," October 18, 1902.

The object of this communication is to show that in impeded nasal respiration there is a difference in the pressure on the outside and the inside of the walls of the upper jaw, and that this difference in pressure, however small, is capable in the young and growing skull of altering and affecting the curves of the upper jaw and the shape of the face and palate.

An explanation that approaches nearest the truth is the one associated with nasal obstruction and mouth-breathing. Here, undoubtedly, a stream of air passes the palate and tongue to find its way to the lungs. The lower jaw is constantly separated from the upper jaw, and the masseter muscles are constantly put on the stretch. The inference is incorrect when it is contended that the alveolar arch is dragged down and approximated by the downward pull of the masseter, and that the palate is pushed up and elevated by the impact of the stream of air upon it. The masseter muscle has no attachment to the alveolar arch, and could only pull down the malar bone and the zygoma, and its action is not therefore an explanation. The effect is produced, according to the author, by the stream of air, on its way to the larynx and lungs, partly abstracting the contents of the nasal chambers, and so producing an increased pressure from without on all the walls of the nasal box. This increased pressure not only pushes up the palate, but approximates the halves of the upper jaw, and so impedes its proper development.

StClair Thomson.

Joal.—*Pharyngitis Sicca and Bright's Disease.* "Revue Hebdomad. de Laryngol," etc., April 19, 1902.

In the year 1882 Joal reported several cases in which atrophic pharyngitis appeared to be a symptom of diabetes, and one case in which it accompanied chronic albuminuria. Two other cases were published soon afterwards in which dry (or atrophic) pharyngitis appeared as one of the early symptoms of Bright's disease. Since 1882 many other authors have noted the coexistence of the two conditions. Garel claims that a hyperæmic pharyngitis is an earlier state of the atrophic, and accordingly is an earlier symptom of Bright's disease. Joal does not agree with this view. In the present article Joal gives a short summary of his own and others' papers on this subject, and cites several cases in which from the presence of pharyngitis sicca he diagnosed Bright's disease. In some of these cases the urine contained albumin at the time the diagnosis was made, whilst in others albumin was not found in the urine till some months later. Joal therefore argues that pharyngitis sicca, which is not accounted for by disease in the nose or accessory cavities, or in the naso-pharynx, is to be regarded as one of the earliest manifestations of Bright's disease.

One case was a singer, thirty-nine years old. Joal had attended him previously, but had not seen him for a year. On examining his throat he was struck by the dry and dull gray appearance of the oro-pharynx, which formerly had been moist and congested. Nothing was in the nose

or naso-pharynx to account for the condition. At that time the urine contained neither sugar nor albumin, but some months afterwards it contained albumin and tube-casts.

In another case the pharyngitis sicca was noted in May, but no albumin or sugar in the urine. Examined again in August, the pharyngitis sicca had become more pronounced, and had spread to the naso-pharynx and the arytæmoid region, but still there was neither albumin nor sugar in the urine. The patient passed the winter in Algiers, and on returning to Paris in April was found to have a large quantity of albumin in the urine. Two years later he died of uræmic coma.

A solicitor, aged forty-three, of gouty habit, a great eater, drinker, and smoker, complained of hoarseness and occasional loss of voice, otherwise appeared to be in excellent health. The dull gray, dry appearance of the posterior pharyngeal wall contrasted with the congested condition of the soft palate and pillars of the fauces. Nose and naso-pharynx healthy. No albumin or sugar (July, 1897). In May, 1898, the urine contained 5 grammes of albumin, epithelial débris, and tube-casts. Five months later patient died.

Two other cases are cited, which closely resemble the foregoing.

Arthur J. Hutchison.

Lake, Richard.—*A Case of Foreign Body in the Naso-pharynx.* "Lancet," September 20, 1902.

The presence of foreign bodies in the naso-pharynx is of sufficient rarity to justify the brief report of this case. The symptoms did not amount to more than discomfort or inconvenience. The presence of the foreign body was not suspected.

The patient, a married woman, aged forty-eight years, was sent for an opinion as to the question of involvement of any of the accessory nasal sinuses. For some years the patient had blown from the nose every morning either matter (probably muco-pus) or matter with hard offensive crusts. At times these were covered with mildew. The total duration was about fourteen years. On examining the patient there was obviously rhinitis sicca et atrophica, and the naso-pharyngeal vault could be distinctly seen covered apparently with a crust of congealed mucus, blackish in colour.

She was ordered the use of peroxide of hydrogen (10 volumes) to the vault of the naso-pharynx by means of a post-nasal syringe. Three days later a large fragment of the wing of the seed vessel of the ash or sycamore was removed from the naso-pharynx by the patient.

StClair Thomson.

NOSE AND ACCESSORY SINUSES.

Allen, S. W. (Boston).—*A Probable Myxofibroma of the Nose.* "Boston Medical and Surgical Journal," November 13, 1902.

The patient was thirty-four years of age, and the growth had been under observation for twenty-two years. It first appeared in the left orbit, passing down and protruding from the left nostril as a friable, soft, easily-bleeding tumour; it had lately emerged from the mouth through the hard palate, separating the upper teeth; the centre of the mass had sloughed away, leaving a cavity as large as one's fist. Seven