NOSE, Etc.

Bécigneul.—*Remarkable Improvement of Adenoids after Diphtheritic Serotherapy.* "Gaz. Méd. de Nantes," January 1, 1899.

Bécigneul relates the case of a child, aged seven years, with large pharyngeal adenoids, admitted in the hospital for a diphtheritic angina. Injection of Roux's serum. After culture the diagnosis was angina staphylococci; it was not Löffler's bacillus. After the serum injection the adenoids constantly diminished, and the child, who before the angina required operation, can easily breathe by the nose.

Heurtaux has tried in a case of adenoids in a child the same treatment (injection of 10 c.c. of anti-diphtheritic serum). The result was successful; the adenoids had disappeared in three weeks; the deafness was cured. *A. Cartaz.*

Bernard.—*Acute Pneumococcic Sinusitis without Suppuration.* "Rev. Hebd. de Lar., O., R.," August 13, 1898.

The author reports two cases of acute sinusitis associated with coryza, in which the non-purulent discharge was constantly blood-stained, and resembled pneumonic sputum. The condition in both cases was of an acute character, and after a few days (eight and six) resolution took place with rapidity. In both, severe neuralgic pain was experienced, and there was a marked degree of general lassitude. Pneumococci were present in abundance. *Waggett.*

Brindel.—*The Cysts and Pseudocysts of the Nasal Fossæ.* "Rev. Hebd. de Lar., O., R.," February, 1898.

This is a useful résumé of this chapter in the literature of nasal pathology, and further includes the reports of some eight illustrative cases. *Waggett.*

Collier, Mayo.—*Nasal Obstruction and Ear Affections.* "Lancet,' October 15, 1898.

The article gives an explanation of the manner in which nasal obstruction affects the Eustachian tubes. The importance of treating nasal obstruction and the accompanying catarrh is pointed out as a necessary first step in the majority of aural affections.

StClair Thomson.

Delie.—*Endothelial Sarcoma, or Angio-sarcoma of Middle Turbinate.* "Rev. Hebd. de Lar., O., R.," December 10, 1898.

The case of a female patient of fifty-nine, in whom, after several unsuccessful attempts by other doctors to restore patency to the nasal fossæ on the left side, the author found a well-developed sarcoma of the middle turbinate and ethmoidal cells. Operation was refused, and the neighbouring parts were rapidly invaded, enlargement of the cervical glands taking place. Death was due to invasion of the anterior cranial fossa, as shown by autopsy. *Waggett.*

Gougenheim and Lombard.—*Cupric Electrolysis in Ozæna.* "Ann. des Mal. de l'Or.," September, 1898.

The authors give a detailed account of the technique and reports of seven cases in which the symptom of fœtor seems to have reacted

well to the method. The article should be read in the original by those who take a practical interest in this mode of treatment.

Waggett.

Gradenigo.—*A Case of Congenital Osseous Occlusion of the Right Choana.* "Ann. des Mal. de l'Or.," March, 1898.

The case of a man of eighteen complaining of nasal obstruction of five years' duration and deafness on the right side. Adenoids were present, and the left nose was blocked by hypertrophic rhinitis. Post-rhinoscopic examination showed the right choana of normal size, but closed by a wall of red colour, which was situated about 1 centimetre within the nasal fossa.

When viewed by anterior rhinoscopy, the obstruction was seen to be funnel-shaped, and to be formed by the convergence and union of the walls of the nasal cavity, and particularly of the outer wall and floor. Examined from the mouth, the hard palate was found to be elevated on the right side posteriorly, leaving, as it were, the proper level, and so increasing the length of the velum on that side.

The occlusion was perforated with a large trocar, and the opening subsequently enlarged with bistoury and punch forceps. *Waggett.*

Hamm (Brunswick).—*The Submucous Treatment of Hypertrophic Rhinitis.* "Monatschrift für Ohrenheilkunde," September, 1898.

He recommends the submucous injection of half a gramme of 10 per cent. solution of chloride of zinc. The results, he says, are excellent, and in a week the cure is complete. *William Lamb.*

Huttner (Berlin).—*Die Syphilitischen Granulome (Syphilome) des Nase.* "Archiv für Laryngologie," vol. vii., parts 2 and 3.

These tumours produce no characteristic symptoms, and usually direct attention when they are of such a size as to interfere with secretion or respiration. They are of different size, and may be sessile or pedunculated. Their favourite situation is the anterior inferior part of the septum, but they are also found on the turbinates and the floor of the nasal fossa. The surface is red or reddish-gray in colour, and uneven; superficial ulceration is not uncommon with a covering of muco-purulent matter. The tissue is very soft and brittle, with no tendency to necrosis, which characterizes them from gummata. Inflammatory irritation due to the disintegration of a gumma may result in the formation of granulations. These granulations have only an indirect connection with the primary tissue disintegration, and have as such nothing to do with the original infection. The same relation exists between true tuberculomata and granulations around tubercular ulcers. Where there is a true tuberculoma, we must expect to meet an independent tumour not produced by any change in the neighbourhood, which owes its origin directly to the tubercular virus. Granulations around a tubercular ulcer, on the contrary, are caused not by the virus, but by inflammatory irritation associated with tissue disintegration. Thus it may happen that such granulations may show in their interior characteristics of tuberculosis — giant-cells, tubercle, tubercle bacilli. Tubercular inflammation can attack any part without causing the formation of a tuberculoma. The tumour growth first occurs when a new, stronger irritation, due to tissue disintegration in the neighbourhood, develops, which causes new processes of proliferation in the already specifically infected tissue. In syphilis the same analogy holds, although a little more complicated. There is no specific virus known

in syphilis; the anatomical structure of the syphilitic granuloma contains nothing that is not occasionally found in non-specific tissue, such as cell proliferation, giant-cells, regressive metamorphosis, thickening of bloodvessels. It is often difficult to determine whether an inflammatory granulation or a tumour growth has a specific basis. These tumours must be distinguished from innocent granulation growths, inflamed fibromata, tuberculosis (lupus), sarcoma. Their whole structure and arrangement resembles most closely gummata. The likeness is greater the more recent the growths are. In both cases the process begins under the surface of the tissue with an increasing circumscribed collection of cells, which at this stage do not show what they afterwards will become. By the gradual growth of the tumour the mucous membrane is elevated. But while the mucous membrane with gummata is only raised somewhat spherically above the normal surface, the other tumour, finally not lying in the mucous membrane, forms elevated sessile or pedunculated growths. At this stage a further difference arises, as the elements in the gumma are of short duration; signs of retrogressive metamorphosis speedily appear, which lead to destruction of the tissue. Much greater resistance is shown by the syphilitic granuloma; appearance of degeneration is not uncommon, but there is never central disintegration. *Guild.*

Lacroix.—*A Case of Nasal Vertigo.* "Arch. Intern. de Lar., O., R.," September—October, 1898.

As many physicians are reluctant to accept the nasal lesion as the cause of vertigo in certain cases in which the symptom ceases after intranasal treatment, the author relates the following example, in which it is impossible to put down the happy result either to mere counter-irritation or mental suggestion. The patient was a lady of thirty-eight, who consulted the author for some trivial throat affection. Three small polypi were found in the right middle meatus, and were removed under cocaine without more ado. The patient experienced no pain at all, and the whole affair was of the most trivial character. Ten days later the patient returned and stated that she had been a new woman since the previous visit. She then related for the first time that for more than a year she had suffered with giddiness on making the least movement, and this had been very marked when walking. On several occasions she had fallen. A variety of treatment had failed to give relief, and supposing the trouble to be intractable, the patient had accepted it as the inevitable. She was therefore quite unprepared for the complete suppression of the vertigo, which took place immediately after the removal of the polypi. There is, therefore, no question here of suggestion or of counter-irritation.

Waggett.

Lermoyez.—*Case of Primary Chancre of the Nasal Septum.* "Ann. des Mal. de l'Or.," No. 12, 1898.

This is a report of a case where the development of a syphilitic chancre on the nasal septum gave rise to errors in diagnosis (rhinitis, fibrinosa unilateralis, perichondritis, sarcoma). The occurrence of secondary symptoms made the diagnosis certain, and this was confirmed by the result of anti-syphilitic treatment. *Guild.*

Lermoyez.—*Chancre of the Septum.* "Ann. des Mal. de l'Or.," December, 1898.

The author gives a graphic description of a case of tumefaction of

the nasal septum in a young man which for some weeks baffled all attempts at diagnosis by himself and several other surgeons.

The condition was at first that of a unilateral, firm, non-ulcerated swelling of the cartilaginous septum, covered with a false membrane. The cervical glands became enlarged, and after exploratory puncture in the expectation of finding pus, the septal swelling rapidly increased in size and fungated, completely blocking the nose.

Perichondritis, chancre, and sarcoma were successively diagnosed, but the microscope gave no evidence of the latter. On the eve of an extensive operation a syphilitic eruption made its appearance, and subsequent events proved the nasal lesion to be a hard sore.

Waggett.

Lermoyez. — *Hysterical Nasal Insufficiency.* "Presse Médicale," January 29, 1899.

Interesting case of a girl having, since childhood, a constant nasal obstruction by a deformity of turbinated bones. Cure by ablation of the obstruction; but in spite of the free nasal passage, nasal respiration is impossible, and when she closes her mouth or simulates closing it, she is little by little cyanosed and has true asphyxia. The patient is hysteric (cutaneous anæsthesia, diminishing of gustation, anæmia, etc.). During the day the mouth is largely opened, but during the night, in sleeping, the mouth is closed and the respiration by the nose is easy and constant. It is a "motrice aboulie" from hysterical origin, and limited to nasal respiration.

A. Cartaz.

Malherbe (Paris).—*Chronic Catarrh of the Naso-pharynx, and its Treatment by the Curette.* "Revue Hebdomadaire de Laryngologie," No. 40, 1898.

Accumulation of tenacious mucus in the naso-pharynx is frequently not the result of nasal disease, but is due to localized inflammation of the adenoid tissue of the pharyngeal tonsil. At puberty there is only partial disappearance; the tissue that remains becomes denser by atrophy of the tubular glands, and hypertrophy of the lymphatic elements and mucous membrane, which frequently leads to the formation of crypts, and even cysts. This tissue the author removes with a curette, and in seven cases which he described a perfect cure was obtained. *Guild.*

Malherbe.—*Chronic Posterior Pharyngeal Catarrh.* "Arch. Intern. de Lar., O., R.," September-October, 1898.

The author is not of opinion that post-nasal catarrh is merely part of chronic rhinitis, though frequently associated with nasal troubles, but that it is a disease on its own account, and dependent on the presence of an abnormal hypertrophied condition of Luschka's tonsil. In the majority of cases a history suggestive of adenoid vegetations is forthcoming. He believes the only proper method of treatment is a thorough curettement under anæsthesia, with subsequent detergent swabbing. *Waggett.*

Molinie (Marseilles).—*Case of Blue Nasal Secretion: Chromo-Rhinorrhœa.* "Revue Hebdomadaire de Laryngologie," No. 43, 1898.

Report of a case where from time to time there was a blue secretion from one nasal fossa. The *Bacillus pyocyaneus* could not be found. The etiology was uncertain. *Guild.*

Onodi.—*A Rare Anomaly (Posterior Ethmoidal Cell).* "Rev. Hebd. de Lar., O., R.," December 24, 1898.

Onodi contributes to the anatomy of the nasal accessory sinuses a case of anomalous posterior ethmoidal cell, with a drawing of the bisected specimen.

On sagittal section of the face, he found a large sinus between the roof of the right orbit posteriorly and the anterior fossa of the skull. At first he supposed this to be part of a posterior diverticulum of the frontal sinus, a condition which has been often described. The anomalous cell proved, however, to belong to the posterior ethmoidal group, and was in no way connected with the rather small frontal sinus. The anomalous cell measured 2 centimetres in height, and 3 by 4 in length and breadth. *Waggett.*

Pierre.—*Lympho-sarcoma of the Naso-pharynx.* "Arch Intern. de Lar., O., R.," July-August, 1898.

The case of a man of thirty-two who presented himself suffering with severe earache on the left side, of some duration.

Examination showed blocking of the choana by a pale-red tumour of raspberry form, springing apparently from the neighbourhood of the Eustachian eminence. To digital examination the growth had the feel of ordinary adenoids, and was accordingly removed with punch forceps and curette. There was no unusual hæmorrhage. The morsels removed had the appearance of adenoids. Microscopic examination showed the growth to be lympho-sarcoma, and recurrence took place with great rapidity, the patient succumbing within two months, after exhibiting paralytic phenomena due to extension of growth.

The fact that the left side of the velum was paretic was noted before the operation. *Waggett.*

Price-Brown.—*Membranous Rhinitis.* "Domin. Med. Month.," April, 1898.

This is a brief report of a case. The left nostril was filled with a large white patch of two weeks' duration; on removal it left a somewhat abraded surface on the septum. A bacteriological report shows that it was due to staphylococci in pure culture.

Richards, G. L.—*Bleeding Polyp of the Septum (Telangiectoma); Report of Case.* "Laryngoscope," December, 1898.

W. H——, male, age thirty-two, clerk, saw the author August 13, 1898, with a history of hæmorrhages from the right nostril for eight months, and difficulty in breathing through the right nostril. An irregular reddish-blue mass about $\frac{3}{8}$ by $\frac{1}{4}$ inch, freely movable, was attached by a very small and short pedicle to the cartilaginous septum, about two-thirds of the way back from the front, and an inch from the floor of the nose.

Author removed it with cold wire snare slowly, and twisting the pedicle somewhat. The bleeding, though from a minute area, was profuse, and was partially checked by the galvano-cautery. Packing with iodoform gauze strips, alternately soaked in peroxide of hydrogen and an antiseptic oil, stopped the bleeding. Twelve days later there was complete healing. Accompanying cuts illustrate the description of the microscopic appearances of the tumour. *R. M. Fenn.*