

The following conclusions were suggested by the experiments: (1) That nasal obstruction leads to death, or to serious impairment of vitality. (2) That the lowered resistance predisposes to infections. (3) That local disease of the respiratory tract is induced. (4) That obstruction of the nostrils leads to dilatation of the heart. (5) That changes in the skin and the blood of dogs occur. (6) That symptoms resembling asthma and emphysema may be induced in the lower animals. (7) That re-opening the occluded nostrils is followed by prompt disappearance of the symptoms.

(*To be continued.*)

## Abstracts.

### PHARYNX.

**Haenisch, H.** (Kiel).—*On the Pathological Anatomy and Ætiology of Black, Hairy Tongue.* "Arch. für Laryngol.," vol. xx, Part III.

The author gives a detailed account of the histological and bacteriological findings in a case of this condition, and carefully reviews the literature of the subject.

He is convinced that the affection is not of the nature of a mycosis, and that the black fungi which are occasionally present are not of ætiological importance. He finds that the pigmentation of the abnormally elongated filiform papillæ is due to keratinisation of their tips, and that the longer the papillæ become, the greater is the degree of horny change and the deeper the resulting pigmentation. The process is probably similar to that found in keratosis pharyngis, the ætiology of which is, however, still doubtful, although some light has been thrown upon it by the researches of Liebenmann and Onodi and Entz.

*Thomas Guthrie.*

**Marschik, Hermann.**—*Septic Hæmorrhagic Pharyngitis.* "Monats. für Ohrenheilk.," Year 43, vol. I.

A case which the author describes under this title forms the subject of an account of what appears to have been an instance of a general septic infection of an extremely virulent nature and running a very rapid course, the main features of which were progressive dyspnoea and dysphagia.

The patient, a postman, aged fifty-four, was brought in an ambulance to Professor Chiari's clinic on the night of February 6, 1908, by his wife, who stated that he could no longer make himself understood. He had always been a healthy man and had first complained of feeling unwell and of headache that morning, and it was not till that night that he had experienced any difficulty in swallowing or breathing, which then came on suddenly and was accompanied with fever. She could assign no cause for the illness.

The patient was a strongly built and well-nourished man, but his present condition at once suggested some grave general infection. The

face was pale, the eyes half closed, the lower part of the face and the neck extremely swollen; pulse 140 and great dyspnoea, on account of which the breathing was very rapid.

Further examination disclosed so great a swelling of the pharynx that its lumen was almost occluded, but the most striking point, however, was the appearance of many dark bluish or brownish-red spots on the surface of the mucous membrane which were obviously due to submucous hæmorrhage. Petechiæ were also seen on both the flexor and extensor aspects of the upper arms and on the lower extremities.

The urgent character of the dyspnoea necessitated immediate tracheotomy, which Dr. Marschik performed, but although a free air-passage was thereby obtained the patient seemed very little relieved, and a seropurulent secretion at once filled the tracheotomy wound and was only partially expectorated. (An examination of this material showed only numerous streptococci and many pus cells.) The pulse became more frequent and running, and was unresponsive to both intra-muscular and intra-venous injections of digitalin, and the patient died comatose the next morning at 11 o'clock.

On account of a suspicion of the very infectious nature of the disease the *post-mortem* was made the same day by Professor Weichselbaum.

This revealed the presence of an acute hæmorrhagic inflammatory condition of practically all the mucous membrane of the alimentary tract down to the stomach, in which ecchymoses were found, and of the larynx, trachea and bronchi, whilst the lungs were œdematous and contained patches of hæmorrhagic lobular pneumonia. There was also serous pericarditis and parenchymatous degeneration of the myocardium and kidneys. The brain was also œdematous and the left antrum of Highmore was especially noted as being affected in this pathological process.

Sections were cut of various portions of the areas affected and subjected to histological examination, the result of which all pointed to the fact that the infection was of an extraordinary virulent nature, as the clinical evidence had, indeed, already demonstrated, since no pus-cells were found in the tissues, only mono- and polynuclear leucocytes. Streptococci were found in large numbers in the submucous tissue, but the superficial layers and even the hæmorrhagic areas contained no bacteria, with the exception of the sections from the uvula, where they were abundantly distributed throughout the whole structure.

Marschik concludes his account with a critical discussion as to the ætiology of the case and again lays stress on its extremely rapid course—from the occurrence of the first symptom to the time of death was less than fourteen hours. He thinks the left maxillary antrum may be excluded as the site of origin of the disease, though at first sight that might appear probable, as the inflammatory condition of that cavity was in a much earlier stage than the other parts affected, and the hæmorrhagic spots here were not found, and he submits that this case really belongs to a category of its own, since it does not conform to any other descriptions of septic throat.

*Alex. R. Tweedie.*

**Williams, Leonard.**—*Adenoids, Nocturnal Incontinence, and the Thyroid Gland.* "Lancet," May 1, 1909.

The author, after detailing fifteen cases, points out that adenoids can no longer be regarded as a cause of nocturnal enuresis, but that the latter is due to an insufficiency of the internal secretion of the thyroid gland, and is ameliorated by administration of thyroid extract. In treating

cases by this method the question of dosage is of paramount importance, and it is essential to success that the initial dose should be very small.

*MacLeod Yearsley.*

**Rouvillois.**—*A Case of Palatine Insufficiency.* "Rev. Hebd. de Laryngol., d'Otol., de Rhinol.," December 26, 1908.

The case described is that of a young adult male who suffered from a defect of speech, and slight occasional trouble during deglutition from food passing into the naso-pharynx. This condition was due to an inability to bring the velum into contact with the posterior pharyngeal wall. The defect had persisted since infancy; it was caused by imperfect contraction of the muscles, and not by an undue shortness of the velum.

*Chichele Nourse.*

**Mouret, Jules** (Montpellier).—*Median Pharyngotomy.* "Rev. Hebd. de Laryngol., d'Otol., et de Rhinol.," October 17, 1908.

The author explains his preference for transhyoid pharyngotomy instead of the subhyoid operation. Where the extent of the tumour to be removed renders the former procedure insufficient, it can be combined with median thyrotomy. This combined operation, of which a full description is given, serves for growths situated in the epiglottic region as well as for those which lie at a lower level in the laryngo-pharynx. When the epiglottis itself is not involved and is a hindrance to free access, it can be split in the median line, and the two halves re-united by sutures at the conclusion of the operation. A tube should be left in the œsophagus, and the cannula retained in the trachea for three or four days.

*Chichele Nourse.*

## NOSE.

**Horeau, A.** (Nantes).—*A Case of Complete Functional Impotence of the Nose.* "Revue Hebd. de Laryngologie, d'Otologie, et de Rhinologie," December 26, 1908.

In this case the patient, a woman, aged thirty-six, had no mechanical obstruction to nasal respiration. A nasal spur and the anterior extremity of the inferior turbinal on the right side had been removed three years before with temporary relief. Then occurred a discharge of pus and crusts from the right nostril, which was followed by an atrophic condition and complete loss of the sense of smell on that side.

The patient was completely cured by a course of nasal gymnastics.

*Chichele Nourse.*

**Steiner, M.** (Budapest).—*A Contribution to the Further Study of Ozena.* "Arch. für Laryngol.," vol. xxi, Part II.

The author has made careful observations of thirty-four cases of atrophic rhinitis with a view to ascertaining the relative frequency of the various symptoms and pathological conditions met with. Of these cases twenty-one were under twenty years of age and in several the disease was said to have been present since infancy. Seventy-eight per cent. presented a definitely characteristic type of facies, and this was apparently due to congenital shortness or imperfect development of the basis cranii. Atrophy of the middle turbinates was found in one third of the cases, and of the inferior turbinate in all but two cases. In only 15 per cent. was the disease associated with accessory sinus empyema.