

NOSE, NASO-PHARYNX, &c.

Brown, J. (Bacup).—*A Case of Leontiasis Ossea of the Maxilla and Hyoid Bones.* "Manchester Med. Chronicle," Mar., 1890.

A MAN, aged twenty-nine, had suffered a painless enlargement of the jaw, dating from the ninth year of age. At the thirteenth year hypertrophy of the maxillary and malar bones became well marked. The hypertrophy was most rapid from the sixteenth to the twenty-fourth year, but lately has not been so active. The patient has always had good health, and been able to follow his occupation. The face is now much deformed. It is not symmetrical, the left malar and nasal process of the upper maxilla being larger than the right, and the right ramus of the inferior maxilla is larger than the left. During the last four or five years the enlargement has encroached upon the orbital, nasal, and oral cavities. The orbital fossæ are lessened, causing exophthalmia of both eyes



especially of the left; displacement of the left nasal duct, causing epiphora; narrowing of the nasal fossa, causing loss of smell, which has been absent for five years. The oral cavity is contracted owing to the enormous hypertrophy of the alveoli. The movements of the jaw are natural, mastication and swallowing being normal. Speech is slightly muffled. The tongue is not enlarged. Taste, sight, and hearing are good, and there is no enlargement of soft parts, which are freely movable over the bones. The skin over the left malar is tight and congested. The nasal cartilages are not enlarged. The body of the hyoid bone is enlarged more on the right than on the left side. The cranial bones are normal. The patient's personal and family history are good. A case was described by Bickersteth (Pathological Society, Vol. XVII.) of "peculiar disease of the cranial bones, of the hyoid bone,

and of the fibula," the hypertrophy proving fatal at the thirty-fourth year. The orbital, nasal, and oral cavities were much encroached upon, and the four wisdom teeth were absent. (In the present case the wisdom teeth were also absent, and the vascular supply which should have gone to them has probably been diverted to promote simple hypertrophy of the alveolar process.)

Bland Sutton recorded a case in the Clinical Society's Transactions for 1889, and these are the only cases the author knows of in English literature.

At first sight the condition might be mistaken for acromegaly, but there was no hypertrophy of the hands or feet, or overgrowth of tissues over the bones of the face.

R. Norris Wolfenden.

Schulten (Helsingfors).—*A Case of Fibro-Sarcoma, originating from the Spheno-maxillary Region.* "Finska Läkaresällskapets Handlingar," March, p. 271.

A TUMOUR of the structure and situation above described, was removed from a lad by means of a sharp spoon introduced through the nose, which was dilated by incision. The operation was accompanied by profuse bleeding, from which the patient (otherwise well) recovered shortly.

Holger Mygind.

Bark.—*Intranasal Growth.* "Liverpool Med. Chir. Jour.," Jan., 1890.

THE patient, a man, aged forty-one, had suffered for eight months from obstruction of the left nostril. A dark-red papillated growth, bleeding freely on touch, was seen to protrude from the left narial aperture, and had caused some bulging outwards of the left nasal bone. It was attached to the outer wall and roof of the left nasal fossa, the septum and floor being quite free. The growth projected into the vault of the pharynx. A section snipped off and examined microscopically showed the growth to be composed of "an irregular glandular structure of doubtful nature." Mr. Bark proposed to remove the growth by partial excision of the superior maxilla, and to report further after operation.

R. Norris Wolfenden.

Phillips.—*Large Turbinated Growth complicated with Cleft Palate.*—"New York Med. Jour.," Mar. 29, 1890. New York Acad. of Med.

THE author presented a patient with a large turbinated growth, complicated with cleft palate, upon which he proposed to operate by first removing the inferior turbinated bones and then doing staphylorrhaphy.

N. Norris Wolfenden.

Nichols.—*Hypertrophy of the Turbinated Bones.* "New York Med. Journal," Mar. 29, 1890. New York Acad. of Med.

THE author demonstrated the case of a patient upon whom he had operated several times, at different intervals, for severe cough and asthmatic seizures. The operation had consisted in the removal of hypertrophied turbinated bones, and a quantity of adenoid tissue. The patient's condition had been improved for a short time only, the paroxysms invariably returning. The last operation had been performed some three weeks previously. There was an interval of comparative comfort, but

at present the condition could not be said to have been improved. Another patient exhibited by Dr. Nichols presented almost total destruction of the soft palate and uvula, with thickened epiglottis. There had been no pain at any time. There was no history of syphilis or tuberculosis. The patient had been under treatment for several years without benefit. Despite the history, the opinion of the gentlemen present was that the disease was probably syphilitic. The case has just come under the care of Dr. Nichols, and he said that he intended to put the patient upon vigorous anti-syphilitic treatment. *R. Norris Wolfenden.*

Schmiegelow, E.—*Cysto-Pneumatic Expansion of the Middle Turbinated Bone.* "Ugeskrift for Læger," February, 1890.

THE author reports three clinical cases of the above mentioned abnormality, described by Zucherkandl in his work (p. 29).

1. The patient, a woman aged forty, had suffered from neuralgia of the left side of the face for about seven or eight years. Two years previously a polypus had been removed from the left side of the nose, with some amelioration of the symptoms. The highly expanded anterior extremity of the middle turbinated bone was punctured with the galvano-cautery in several places, and the parts between were cut with scissors. About a month later the patient was doing well.

2. A woman, aged forty-six, had suffered from coryza and pains in the head for ten years. After the removal of several polypi originating from the middle turbinated bones, these were found greatly expanded. Destruction by galvano-cautery, and removal with cold snare. The patient did well for six months, when the polypi returned.

3. A lady, aged thirty-three, with frequent attacks of nervous headache. These disappeared after the removal, in the manner above described, of the right, largely expanded, middle turbinated bone (4 centimètres long and 1 wide). In this case the mucous membrane of the middle turbinated bone was polypoid, degenerated on its outer surface (the microscopic examination revealing, however, no abnormality of structure), while its interior surface was covered with a smooth mucous membrane, which was microscopically found to be invested with a ciliated epithelium, and contained no glands whatever. *Holger Mygind.*

MacKenzie.—*The Relation of Nasal Obstruction to Respiratory Neuroses.* "New York Med. Jour.," Mar. 29, 1890. New York Acad. of Med.

THE author made some remarks on this subject. He said that, though this subject might be considered worn threadbare with the quantity of literature and the frequent discussions on the question, we were really just beginning to discover something by which to arrive at a definite knowledge in regard to the etiology of these troubles. There was no doubt of the relation between nasal diseases and asthma, but the asthma was a symptom and not a disease *per se*. These respiratory neuroses were caused by many things. Irritation of the vaso-motor nerves of the naso-bronchial tract was one of the factors. Vascular changes in the upper air-passages had their effect upon the nervous system, acting pretty much as did an attack of epilepsy. It was a well-known physiological

law that there was intimate sympathy existing between every part of the respiratory tract, and that irritation of one part produced evidences of it in another. The example given was that of sympathetic coryza. Instability of the nervous apparatus might be inherited or acquired. It was to these facts that the frequent nervous explosions were due, and not to some special local lesion situated in the respiratory tract, as was believed by some to be the cause. Asthma might be brought about by some obstructive lesion in the nasal passages, or the asthma might be the cause of the obstruction, or, on the other hand, the growth might be purely accidental. The statement that asthma did not exist without some obstructive lesion in the nose was absurd in the extreme.

Dr. BOSWORTH could not understand why asthma was not called a disease, as no one knew what was meant by nerve explosions, reflexes, neurasthenia, epilepsy, and many other such vague terms. To him the condition which existed during an attack of asthma was perfectly clear. It was one of pure hyperæmia, brought about by vaso-motor paresis. The lesion in a paroxysm of asthma was a vaso-motor paresis of the blood-vessels supplying the bronchial mucous membrane. The blood supply in the nose was regulated by the same vaso-motor tract as that which regulated the supply of the bronchial tubes. It was very easy to be seen why a diseased condition in the nasal cavity caused attacks of asthma. There were factors to be considered in the causation of such tendencies. First, a nervous condition was necessary; secondly, some obscure atmospheric influences; and, thirdly, a predisposition. It was also necessary for some diseased condition of the nasal passages to exist prior to the development of such attacks of asthma. He also stated that in all cases of asthma which had come under his notice, obstructive lesions of the nose were found. While all of the cases were not cured, by operations or treatment directed to these parts, from sixty per cent. to seventy per cent. had been cured and the remainder made more comfortable.

Dr. ROBINSON agreed with Dr. MacKenzie in the statement that a super-sensitive condition of the respiratory tract must exist in these cases, but it was also a fact that in many pronounced cases the pathological lesion could not be found. It was also true that in many instances there were lesions to be found in the nasal cavities. He could not agree with Dr. Bosworth when he said that obstructive lesion of the nose was necessarily present, and that asthma was a disease and not a symptom. He thought that such a statement was erroneous, and that the work was expended in the wrong direction which led to any such conclusion. There was no question but that asthma was a symptom of some disease, and the condition which produced it might reside anywhere in the body or on the skin. It was a fact that most people had a more or less obstructive lesion of the nose, which, unless they passed into the hands of a specialist, would probably have caused them no trouble whatever. It was too bad to believe that all of these people would have to go through some form of operation either to cure or prevent asthma. The speaker related his experience, and that of some other rhinologists in operations upon the nose for the relief of asthmatic paroxysms, and said that in all cases the

trouble was not benefited, and the paroxysms returned with greater severity than before.

Dr. DELAVAN thought that the subject was far from clear, and therefore he did not state any definite views. He said that an idea had been lately advanced as to the bulbar origin of these troubles which he thought was well worthy of consideration.

Dr. A. H. SMITH said that there were two factors to be considered in the causation of asthma, and those were predisposing and exciting. The predisposing might be hereditary or acquired, and the exciting principally reflex in its action. And of the reflexes, which had such wide distribution, the most common one was that from errors in diet. The condition of spasm of the muscular fibres in the bronchial tubes was brought about by irritation and reflex action from the pneumogastric nerve and its bronchial branches. He thought it was irrational to suppose that a lesion must exist in the nasal passages when asthma was present. He had seen some of the most severe paroxysms produced by errors of diet.

Dr. MACKENZIE closed the discussion by stating that his treatment in these cases had been uniformly successful, and that his efforts were directed to improving the patient's general health, and if any special lesion existed, this was corrected as far as possible.

R. Norris Wolfenden.

Abramson, J. G. (Kovno). — *Reflex Neuroses of Intranasal and Pharyngeal Origin.* Proceedings of the Kovno Med. Soc. for 1889, p. 36.

THE author furnishes details of the following instructive cases :—

1. *Epilepsy.*—A girl, aged thirteen, daughter of a hysterical mother, since six years of age had suffered from nightly epileptic attacks, recurring three or four times a week, notwithstanding the usual treatment. Breathing with open mouth. Examination revealed chronic hypertrophic rhinitis, with a very considerable enlargement of the left two lower and the right middle turbinated bodies. Eight cauterisations with chromic acid in the course of three weeks led to cessation of fits for four months, when she caught a violent acute coryza, and had a fit. Complete cure after further three cauterisations. (About one year and a half elapsed without any fits.)

2. *Catalepsy.*—A girl of thirteen, with hysterical family history. Severe cataleptic fits occurring, one after another, for two days. On examination there was detected nothing abnormal beyond chronic rhinitis, with enormous hypertrophy of the lower turbinated bodies. The treatment consisted in painting with a five per cent. solution of cocaine, and syringing out the nasal cavities with soda and boracic acid; both twice a day. An immediate and complete cessation of the fits. Cure lasting for a year.

3. *Bronchial asthma.*—A woman, forty-six years old, with most obstinate asthmatic paroxysms recurring almost every night and day for four years in spite of all treatment. On a careful examination nothing abnormal, except chronic hypertrophic rhinitis, could be made out. Cauterisation with chromic acid. A striking improvement after three sittings, and complete cure after six. (One year and a half passed without recurrence.)

4. *Migraine*.—A girl of nineteen, with frequent hemicrania (sometimes right-sided; at other times left-sided), of a twelve-month's standing. Nothing wrong beyond hypertrophy of the lower turbinated bodies. A complete cure after eight applications of chromic acid.

5. *Hiccough*.—A boy, eight years of age, with hiccough lasting all through the day (but ceasing at night) for four weeks. Pharyngitis granulosa. After two paintings with a three per cent. solution of cocaine hiccough disappeared. No relapse.

6. *Hiccough*.—A boy of ten. Agonising hiccough depending upon granular pharyngitis. Cured by a single application of the cocaine solution.

Valerius Idelson.

Schmidt.—*The Question of Treatment of Empyema of Cavities with Hard Walls.* "Berl. Klin. Woch.," No. 7, 1890.

CONCERNING empyema of the antrum of Highmore, the author has observed that in some cases it is possible to cure the patient by cleansing through the natural opening, as recommended by Hartmann, but in most cases it is necessary to extract a tooth, and to treat through the alveolus.

Michael.

Baber, Cresswell.—*Epistaxis, etc.* "Brit. Med. Jour.," Apr. 19, 1890. Brighton and Sussex Medico-Chir. Soc.

NOTES were read of two cases of epistaxis in which the hæmorrhage came from a point on the septum, and was promptly checked by treatment directed to the bleeding spot. Thorough examination of the cavity of the nose in cases of epistaxis was too often neglected, and plugging of the posterior nares consequently resorted to unnecessarily. The author also passed round an excellent photograph of a young lady in whom he had successfully removed some scrofulous cervical glands, and asked the experience of members of this operation, and also how far irrigation and drainage tube were desirable.

R. Norris Wolfenden.

Moure.—*Papilloma of the Nasal Fossæ.* "Archivos Internacionales de Laringologia, Otologia, Rinologia," etc., Feb., 1890.

THESE tumours are supposed to be rare. Hopmann has seen them 14 times in 100 polypi of the nose, Schæffer 20 times in 182 cases of nasal tumours. These authors have, however, included true papillomas, angiomas, adenomas, papillary sarcomas, in their descriptions. Papillary excrescences are often seen, but true papillomata very rarely. They develop at adult age, and commonly after chronic coryza. They resemble, histologically, inflammatory buds, and are clothed with epithelium, either cylindrical or squamous, a connective tissue stroma and a vascular loop. They are ordinarily situated at the anterior and inferior aspect of the nasal fossæ in the respiratory zone, on the inferior turbinated body, the inferior meatus, the floor of the meatus, or internal aspect of the alar cartilage. There also exist sometimes simultaneous myxomatous degenerations of the mucous membrane. They are sometimes single, sometimes multiple, are generally small (size of a pea or almond), but may fill the whole nasal cavity. Their surface is mammillated, cauliflower or mulberry shaped, in colour grey, or greyish red, and ordinarily have a long pedicle.

They may be detached spontaneously. They are a little more consistent and more vascular than mucous polypi. They are very vascular at the base, and slight traumatism may lead to smart hæmorrhage.

They have the same symptoms as ordinary polypus, viz., chronic rhinitis and nasal obstruction, with addition of slight frequent epistaxis. They are easily recognised by rhinoscopy. They have to be diagnosed from sarcoma (pain, ulceration, hæmorrhage, rapid growth), mucous polypi (pale, gelatinous), simple hypertrophy (smooth red diffused swelling), papillary hypertrophy (usually on the posterior aspect of the lower turbinated body and large base of implantation), hypertrophy of anterior aspect of the turbinateds, papillary angiomata (deep colour and abundant and spontaneous epistaxis), papillary adenoma (diagnosed by microscopical examination).

As to treatment, Moure recommends removal by the cold snare or galvano-cautery. The latter is the best, and avoids hæmorrhage. He speaks with particular favour of electrolysis, which he maintains gives excellent results in tumours of even large dimensions (naso-pharyngeal, fibromata, etc.).

The base of the growth must be cauterised with chromic acid or the galvano-cautery in order to prevent recurrence. *R. Norris Wolfenden.*

Thudichum (London).—*Naso-Pharyngeal Fibromata.* "Brit. Med. Jour.," Nov. 16, 1889. West London Medico-Chir. Soc., Nov. 1, 1889.

PAPER read, advocating the use of the galvano-cautery in these cases. The operation was done through the nose. Only in a few cases had the meatus to be widened by partial abscission of the lower turbinated bone. A number of cases were related, all of which had recovered.

Hunter Mackenzie.

Bronner, Adolph (Bradford).—*Catarrh of Bursa Pharyngea.* "Brit. Med. Jour.," Nov. 15, 1889. Leeds and West Riding Medico-Chir. Soc., Nov. 1, 1889.

ATTENTION was directed to the important relationship existing between catarrh of the bursa and diseases of the pharynx, nares and middle ear, the instruments to the naso-pharynx were shown, and several cases were recorded in full.

Dr. CHURTON questioned whether these operations were not becoming too fashionable, and referred to a case of considerable chronic enlargement of the faucial tonsils, which disappeared entirely under the local use of glycerine of tannin.

Remarks were made by other speakers, which elicited nothing new.

Hunter Mackenzie.