

NOSE AND NASO-PHARYNX.

St. Clair Thomson and **R. T. Hewlett** (London).—*Micro-Organisms in the Healthy Nose.* Abstract Paper read on Tuesday, May 28th, 1895. "Medico-Chirurgical Transactions," Vol. LXXVIII.

THE results arrived at contrast in a striking way with those obtained by the majority of previous observers, and are in direct opposition to the opinion held by many physicians and founded chiefly on *à priori* reasoning. About 500 litres of air, bearing on a low average 1500 organisms, are inspired every hour. As all, or at least the greater portion of this comes in contact with the moist mucous membrane lining the tortuous passages of the nasal fossæ, it has been taken for granted that the interior of the nose must show a rich profusion of micro-organisms. This conception is now widely adopted, and its general acceptance probably accounts for the scarcity of recorded observations of bacterioscopic examinations of the nasal cavity in a state of health.

The literature of the subject is gone over in chronological order. Only two papers have been found devoted entirely to the bacteriology of the normal condition; all other references to the healthy state are only made incidentally in the course of researches on diseased conditions. The most diverse results have been arrived at both as to the varieties and abundance of organisms met with. Only two authors—Loewenberg and Hajek—find a scarcity of bacteria in the nose; others record a greater or less variety and profusion. One observer finds the streptococcus of Fehleisen present in one out of every five healthy individuals, and another found the *diplococcus pneumoniæ* (Fränkel-Weichselbaum) once in every four observations. This latter observer frequently met with the *bacillus pneumoniæ* (Friedländer), the *streptococcus pyogenes*, and the *staphylococcus pyogenes aureus*, and not only in considerable numbers, but sometimes in pure culture.

The method of examination adopted by the authors was that of cultivations on agar and cover-glass preparations stained with gentian violet. No attempt was made to differentiate the organisms met with. This research only dealt with the presence or absence of bacteria, and a simple method was adopted to insure uniformity of comparison. Thirteen healthy individuals were examined. Twenty-seven cultures and fourteen cover-glass preparations were made from the vestibule of the nose. Seventy-six cultures and thirty cover-glass preparations were made from the mucous membrane of the nasal cavity. The results are summarized as follows:—

1. In all bacterioscopic investigations of the nasal fossæ, in all researches as to the action of nasal mucus, etc., a clear distinction must be made between the vestibule of the nose and the proper mucous cavity. The former is lined with skin, and is furnished with hairs and with sudoriferous and sebaceous glands; it is not part of the nose cavity proper, but only leads to it.
2. The neglect of this distinction may account for the discrepancy in previous observations on the subject. Contamination with the lining of the vestibule is difficult to avoid, even when this source of error has been realised.
3. In the dusts and crusts of mucus and *débris* deposited among the vibrissæ of healthy subjects, micro-organisms are never absent. They are rarely scanty in number; as a rule, they are abundant.
4. On the Schneiderian membrane the reverse is the case. The authors do not assert that micro-organisms are completely absent; obviously some must occasion-

ally occur, but under normal conditions they are never plentiful; they are rarely even numerous, and in more than eighty per cent. of their observations no organisms whatever were found, and the mucus was completely sterile.

5. The occurrence of pathogenic organisms must be so infrequent, that their presence on the Schneiderian membrane can only be regarded as quite exceptional.

Clinical experience bears out the above conclusions, and their application in practice is sufficiently obvious.

In conclusion, the authors touch upon the problems suggested by the above, and refer to the questions they are at present engaged in solving. *St. Clair Thomson.*

Townsend, C. W.—*Primary Nasal Diphtheria.* "Boston Med. and Surg. Journal," May 24, 1894.

THE writer, from an investigation of several cases, comes to the following conclusions :—

1. That primary nasal diphtheria may occur of a very mild type.
2. The dangerous character of these cases on account of their remaining at times unrecognized, for the following reasons—(a) Their resemblance to an ordinary coryza, a membrane not being noticed in some cases, except by careful scrutiny. (b) The normal or only slightly elevated temperature often present with but slight constitutional disturbance. (c) The intermittent character of the nasal discharge. (d) The apparent recovery, even with cessation of nasal discharge, while Klebs-Loeffler bacilli are still present. (e) The fact that the patient having the bacilli in his nose, though apparently well, may transmit the disease in a fatal form to others. (f) The difficulty of always finding the bacilli in the nose when they are present.
3. The importance of bacteriological examination in all suspicious cases of nasal discharge.
4. The importance of prolonged isolation, together with a refusal to consider a case cured until several consecutive negative cultures have been obtained.

W. Milligan.

Loewenberg. — *Chronic Cocainism of Nasal Origin.* "Bulletin Méd.," March 17, 1895.

DR. LOEWENBERG relates two cases of young women having serious toxic accidents, insomnia, visual and auditory hallucinations, attacks of mania or melancholia, anorexia, gastralgic pains and other various nervous troubles. The origin of the intoxication was the use of snuff-powder with cocaine. Instead of three or four pinches a day, for rhinitis and rhinalgic pains these patients took the powder in its entirety. The writer estimates the dose of cocaine daily snuffed as one and a half grammes. The suppression of the drug gave rise to a rapid and complete cure. The author protests against the abuse of that dangerous alkaloid in current prescriptions.

A. Cartaz.

Bergeat (München).—*Treatment of Sequestra and Rhinoliths in the Nose by Acids.* Note on a Rhinolith. "Münchener Med. Woch.," 1895, No. 12.

THE author recommends treating the sequestra and rhinoliths with mineral acids, especially hydrochloric acid, to decalcify them and facilitate in this manner their removal. He then relates a case in which he applied this method without result.

Michael.

Wroblewsky (Wien).—*Tincture of Iodine in Nasal and Pharyngeal Diseases.* "Therap. Monats.," March, 1895.

RECOMMENDATION of this medicament for treatment of nasal and pharyngeal catarrhs, and for treatment of empyemata of the antrum of Highmore. *Michael.*

Schnee (Moskau).—*A Nasal Hammer*. "Zeitsch. für Kranken.," Band 17, Heft 3.

THE author recommends the massage of the nose in cases of acute coryza, and executes the *tapotement* by knocking with a mallet which he has invented.

Michael.

Morf, J. (Winterthur).—*A Contribution to the Symptomatology of Rhinitis Chronica Atrophica, with Special Reference to the Affections of the Ears*. "Arch. of Otol.," 1894, No. 4.

FROM a study of eighty consecutive cases of ozæna in the otological clinic at Basle, the writer derived the conclusion that disease of the middle or internal ear is a frequent complication, occurring in fifty-five per cent. The middle ear was affected in thirty-eight of the eighty cases and the internal ear in eight, the disease of the former being attributable to closure or irritation of the Eustachian orifice, that of the latter to some constitutional cause, such as syphilis, tuberculosis, or infectious diseases which affect alike the nose and the internal ear. Ozæna was found chiefly in young persons, in women more than men, almost always bilateral, foetid in ninety per cent. of the cases, often affecting the naso-pharynx, rarely the larynx and trachea. In a few cases the middle turbinated bodies were hypertrophied or covered with mucous polypi, and in these there was suppuration from the accessory cavities.

Dundas Grant.

Abate, C.—*Ozæna*. "Archiv. Ital. di Laringol.," XV., Jan., 1895.

CONCLUDES with the corollaries: Ozæna is hereditary, but not contagious; a patient is born with ozæna because he is born with the tendency to scrofula; a microbe (or perhaps different microbes) is the indispensable factor of a special pathological condition of the mucous membrane, giving rise to the specific odour and change in the secretion.

St. Clair Thomson.

Winkler (Bremen).—*Malformation of the Upper Jaw in Cases of Obstruction of the Nose*. "Wiener Med. Woch.," 1895, Nos. 9 and 10.

DESCRIPTION of two cases of exquisite gothic palate, with some remarks on the relation of rachitis and nasal stenosis to the etiology of this malformation.

Michael.

Nasse (Berlin). — *Two Cases of Congenital Median Fissure of the Nose*. "Langenbeck's Archiv," Band 49, Heft 4.

A FISSURE along the whole septum separated the anterior part of the nose into two parts, so that the septum was freely felt and seen. The fissure began in the frontal bone. Rhinoscopy showed no anomalies. The patient is eighteen years old. Up to now no operation has been tried. A similar case was observed in a child some weeks old.

Michael.

Le Dentu. — *Osteotomy of Superior Maxillary, with Section of Nasal Septum, for Uranostaphyloraphy*. "Bull. Acad. de Méd.," April 2, 1895.

THE author relates three cases of hare-lip with alveolar and palatine fissure. He believes that in these complicated cases the operation is made easier and restoration more perfect by preliminary osteotomy of palatine vault and nasal septum. Connection of the edges of the fissure is facilitated by those large liberations.

A. Cartaz.

Chaput. — *Repair of Nasal Deformities by Inter-Cutaneo-Mucous Metallic Prothesis*. "Med. Week," Jan. 4, 1895.

WHEN the osteo-cartilaginous framework persists intact the repair of nasal deformities is easy, but when the skeleton of the nose is broken down rhino-

plasty is difficult. A frontal flap lined with a bony plate is not satisfactory. Dr. Martin supported flaps by a metal frame, but the metal becomes infected by exposure to the air, and suppuration ensues. Chaput's improvement consists in imbedding the frame in the tissues. This frame is triangular in shape, furnished with points at the angles. One point is received into a hole drilled in the bone at the level of the nasal spine, the other two being placed in the maxilla a short distance externally to the alæ nasi. This inter-cutaneo-mucous metallic prosthesis succeeds well.

Wm. Robertson.

Black, A. M.—*The Nasal Trephine in Hypertrophy of the Inferior Turbinated Bone.* "Annals Ophth. and Otol.," Jan., 1895.

THE author's trephine is two and a half inches long, and he advocates its use in hypertrophy and vascular engorgement of the inferior turbinate. There is no discharge after twenty-four hours; there is no cicatrix, and no alteration in the shape of the bone, and there is no risk of adhesion to the septum.

Lake.

Winslow, J. R.—*A Case of Congenital Osseous Occlusion of the Choana.* "American Med. Surg. Bulletin," Feb. 15, 1895.

THE patient, a male, aged eighteen, came to the hospital complaining of deafness and pain in the left ear. He was unable to breathe through the nose, and his voice was "nasal." Examination revealed pronounced granular pharyngitis, velum palati paretic upon the left side, larynx normal, and anterior nares unobstructed. Posterior rhinoscopy showed that the naso-pharynx was blocked up by an ovoidal mass of tissue. None of the post-nasal structures were visible. A steel bougie passed through the left nostril could neither be seen nor felt in the naso-pharynx. The growth was supposed at first to be either a fibroma or a fibro-sarcoma, but upon attempting to remove it nothing but adenoid tissue came away. Shortly after this it was seen that a band of hard, bony tissue stretched across the post-nasal space and hid the greater part of the turbinated bodies from view. This osseous lamella was gradually cut away by means of an electrode, with the result that nasal respiration was re-established, and marked improvement in the hearing power ensued.

W. Milligan.

Baratoux.—*Foreign Bodies in the Antrum.* "Progrès Méd.," April 6, 1895.

THE author relates two cases. In the first, after evulsion of a carious tooth, the wool tampons were protruded in the sinus and the operator drew back a packet as large as an orange.

In the second case, the perforation in the alveolar process had been dilated with laminaria, a piece of which fell back in the sinus, and the patient suffered from a permanent suppuration of the antrum and nose. A large opening in the canine fossa permitted the discharge of a large abscess, but the foreign body escaped and was not discovered. During six years many operations were insufficient, and one day the piece of laminaria came to the orifice of the alveolar perforation and was extracted, when rapid cure resulted.

A. Carraz.

Dmochowsky (Warschau).—*Inflammatory Dropsy of the Antrum of Highmore.* "Centralb. für Allg. Path. und Patholog. Anatomie," 1895, No. 5.

IN the *post-mortem* examination of a patient, thirty-two years old, the author found concretion of the introitus antri, and the cavity filled with serous fluid. *Intra vitam*, no sign of disease of the nose or upper jaw was recognizable.

Michael.

Panas.—*Empyema of the Maxillary Sinus—Orbital Periostitis—Abscess of the Frontal Lobe.* "Bull. Acad. de Méd.," March 12, 1895.

A MAN, thirty-one years old; dental headache and dental caries; purulent rhinitis. A fortnight later, on the morning of the 13th of April, the patient was stupefied by sudden blindness of the right eye, violent pains in the face, fever and chills. On the 16th he came to the ophthalmological clinic with tumefaction of the right eyelids and cheek, considerable chemosis and discolouration of the papilla. Trephining of the antrum, discharge of foetid suppuration, incision of eyelid and drainage were followed by a fall of temperature, diminution of the violent pains, and slight amelioration of the blindness. On the twentieth day cephalalgia, chills, vomiting, ending in death. At the necropsy there were found osteo-periostitis of the orbit secondary to suppuration of the antrum, abscess of the frontal cerebral lobe, with staphylococcus aureus and streptococci, and atrophy of the optic nerve from compression in the inflamed optic canal. *A. Cartaz.*

Cleveland, A. H.—*Carcinoma of the Right Maxillary Antrum.* "Med. News," Mar. 9, 1895.

THE patient, a female, aged about sixty, gave the history of having had nasal trouble for at least three months. The right side of the nose was blocked, and there was a considerable discharge of muco-purulent fluid. She also complained of pain in the right ear and of deafness. On examination the lower turbinate was somewhat enlarged, and the middle much enlarged and inflamed. The right membrana tympani was thickened, the left thickened, opaque, and calcareous in the posterior inferior segment. The patient gradually became worse, and upon admission into hospital the following condition was noted: The entire right side of the face was swollen, the right eye was prominent, the lids œdematous, and considerable conjunctivitis was present. The pain in the ear was severe and persistent. Operation was deemed inadvisable. The patient died shortly afterwards, and the following condition was found: A large, extradural mass involved the neighbourhood of the sphenoid bone superiorly, extending anteriorly to the crista galli and the orbital plate of the frontal bone upon the right side, and posteriorly nearly to the anterior margin of the petrous bone. The sella turcica was broken down, and incorporated in the mass. The right optic foramen was enlarged and the bones disorganized. The eye upon this side was diseased, and discharging pus. The right maxillary antrum was filled with a gelatinous mass mixed with pus. The growth and its position pointed to its having originated in the antrum. Microscopic examination showed the growth to be carcinomatous.

W. Miligan.

Hefebower, R. C.—*Opening of the Accessory Nasal Cavities in Chronic Empyema.* "Cincinnati Lancet Clinic," Feb. 23, 1895.

THE author lays stress upon the following points:—

1. To remove radically all the diseased tissue through a broad opening in the anterior wall.
2. To maintain this opening throughout the entire treatment of the case.
3. To arrange that the patient himself may in part undertake the after-treatment.

The author's method of opening the maxillary antrum is as follows. The entire anterior wall up to the level of the infra-orbital foramen is removed by means of chisel and bone forceps. Granulation tissue, sequestra, etc., are now removed by means of a sharp spoon. The mucous membrane which has been reflected upwards is now tamponed as deeply as possible into the large opening

thus formed, in order to obtain its adhesion to the inner walls of the antrum, to maintain the opening and to facilitate the introduction of the obturator. The author remarks upon the extreme difficulty in *completely* arresting antral suppuration, and upon the necessity of great patience and perseverance in the after-treatment.

W. Milligan.

Herzfeld (Berlin).—*Treatment of Empyema of the Frontal Sinus.* "Deutsche Med. Woch.," 1895, No. 12.

THE diagnosis of chronic empyema may sometimes be rather difficult, and the cure of the affection sometimes dubious, even if the sinus is opened by operation. The author believes that the opening by the nose is too dangerous, because the lamina cribrosa might be injured by the instrument; he therefore recommends the frontal operation and describes three cases in which he has performed it. (1) A patient, forty-five years old, acquired a coryza in 1885, followed by chronic left-sided headache. Then followed swelling of the left half of the forehead. Opening of the antrum of Highmore without improvement. Then opening of the frontal sinus, discharge of foetid pus; enucleation; cure. (2) A patient, aged nineteen. Many polypi had been removed from his nose since his youth. Opening of the frontal sinus; discharge of caseous pus; cure. (3) A patient, fifty years old, had for many years otorrhœa, discharge of pus from the nose, swelling of the frontal bone. Operation; cure.

Michael.

Müller, Leopold (Wien).—*Empyema of the Frontal and Ethmoidal Sinuses.* "Wiener Klin. Woch.," 1895, Nos. 11 and 12.

(1) A PATIENT, twenty-three years old, suffered eight days with headache, swelling and reddening of the left eye. The eyelid was red and swollen, its mucous membrane chemotic, and there was high fever. Incisions were made in the swollen part without effect; therefore some days later the sinus frontalis and skull were opened by Billroth, and pus was evacuated from the sinus and the subdural region. The bones of this region were carious. Within the next few days the pus became putrid, and opening of the dura mater was practised. No abscess was found there. *Exitus lethalis* followed. The *post-mortem* examination showed empyema of the frontal sinus and meningitis. (2) A patient, twenty years old, was affected with inflammation of the eyelid and extreme œdema of the conjunctiva. By incision no pus was removed. The frontal sinus was trephined. Evacuation of pus; drainage. Three weeks later cure. The differential diagnosis between orbital and frontal processes is often very difficult.

Michael.

Heller (Nürnberg).—*Naso-Pharynx in Pathology; Clinical Study.* "Deutsche Archiv für Klin. Med.," Band 55, p. 540.

THE naso-pharynx is the situation of many acute and chronic infectious diseases. It is in normal health the preserver of the organism, because the major part of inspired inorganic and organic matters suspended in the air are retained here, and prevented from entering the deeper parts.

Michael.

Meyer, Wilhelm (Copenhagen).—*Adenoid Vegetations; their Distribution and Antiquity.* "Hospitals Tidende," 1895, No. 6.

THE discoverer of adenoid vegetations, Dr. Wilhelm Meyer, of Copenhagen, has written an elaborate and interesting article on the distribution and antiquity of these growths. Dr. Meyer has endeavoured to collect evidence of the existence of adenoid vegetations in different parts of the world and in the different races. In Greenland Dr. Helms among sixty Esquimaux children, between six and fourteen

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years of age, found only sixteen who were free from adenoid vegetations, while the remaining 73·3 per cent. suffered from the disease. In North Dakota Dr. Quarry found adenoid vegetations frequently among the native Indian tribes, but the growths were but little developed in the adults. Dr. Cantley, of Hongkong, reported to Dr. Meyer that the native Chinese of the Mongolian race, as also those belonging to the mixed Chinese Portuguese race, frequently suffered from adenoid vegetations. In Bangkok Dr. Deuntzer rarely found adenoid vegetations among the native Siamese. Dr. Romback, medical superintendent in the Dutch Indian colonies, collected evidence from several military surgeons, with the following results. In Singkil, on the north-west coast of Sumatra, one hundred and thirteen natives were examined; of these, three—*i.e.*, 3·5 per cent.—had adenoid vegetations. On the island of Amboina three hundred and twenty-six school children were examined, with the result that none of the girls and two of the boys (equal to 0·8 per cent.) had adenoid vegetations; on the island of Saparoua none of one hundred adults examined had the growths mentioned, whilst five out of seven hundred and seventeen school children (equal to 0·7 per cent.) suffered from them. Dr. Meyer accordingly comes to the following conclusions. Adenoid vegetations are to be found with different frequency in at least three parts of the world—*viz.*, Europe, America and Asia; the Mongolian race is almost as much predisposed as the Arian; a warmer climate seems less favourable to the development of the growth than a cold one. Dr. Meyer has, further, with great perseverance studied portraits and busts in numerous European collections in order to detect as far back in time as possible undoubted sufferers from adenoid vegetations. The principal results of this very interesting examination are the following. As a proof of the existence of adenoid vegetations in the commencement of the present century, numerous portraits of the eminent sculptor, Canova, are mentioned. They all depict the artist with an open mouth, a narrow nose, and a languid expression, and one of his pupils has stated that the great sculptor was somewhat deaf. Dr. Meyer also found indisputable evidence that the Emperor Charles the Fifth had adenoid vegetations; he also notoriously suffered from asthma, and that this disease was not produced by nasal polypi is proved by the fact that the earlier portraits of the emperor are much more typical than the later ones. King Francis the Second of France, the first husband of Mary, Queen of Scots, who, according to the French otologist Potiquet's recent investigations, suffered from adenoid vegetations, has, according to Dr. Meyer's opinion, perhaps suffered from these growths. But Dr. Meyer points out that his nose is far from being typical. It is, therefore, doubtful whether the king did not suffer from nasal polypi. Among ancient Greek sculpture Dr. Meyer has not found a single instance which might serve as a proof of the existence of adenoid vegetations in ancient Greece. This might, however, be explained by the circumstance that the ancient Greek artists had a tendency to idealize the human features. Several ancient Roman statues and busts, on the contrary, show undeniable evidence that adenoid vegetations existed as far back as Roman art goes. As the most pronounced examples, Dr. Meyer quotes Nos. 80, 189 and 192 in the Chiaramonti Gallery in the Vatican, of which three busts the two first mentioned represent children. Dr. Meyer, finally, concludes that it is probable that adenoid vegetations have existed since the early ages.

Holger Mygind.