

## Abstracts.

### NOSE AND ACCESSORY SINUSES.

**Francis, Alexander.**—*On the Nature of the Connection between Asthma and the Nose.* "The Clinical Journal," January 20, 1904.

The author thinks that the only point upon which physicians seem to be at all generally agreed is that at the present time damage is being done by too free surgical interference with the nasal apparatus. He communicates the two following theories as those commonly accepted on the subject :

1. That nasal obstruction, by interfering with the nasal respiratory function, prevents the inspired air from being either properly warmed or purified before entering the lower respiratory tract. Consequently the delicate bronchial mucous membrane is exposed to changes of temperature and to the irritation of various inspired particles, for which it is not prepared. Bronchial catarrh results, which in turn produces asthma.

2. That certain nasal lesions act as the sensory exciting cause of a reflex, which manifests itself as an asthmatic paroxysm.

These theories Dr. Francis proceeds to pull to pieces, entering, in the case of the second one, into a discussion as to the relation between asthma and nasal polypi. He infers from the following facts that polypi do not commonly supply the exciting cause of the asthmatic reflex :

1. The removal of polypi by no means always relieves asthma.

2. Not infrequently the asthmatic condition becomes aggravated after polypi are removed.

3. Occasionally asthma makes its first appearance after the removal of polypi.

4. A marked insensibility of the nasal mucosa is nearly always found associated with the presence of mucous polypi.

As it is undoubtedly the morbid activity of the respiratory centre which is really responsible for all dyspnoea (save that due to direct mechanical impediment), therefore all asthma is fundamentally the same. Gastric, cardiac, and spasmodic asthma, which we are asked to believe have nothing in common, are fundamentally identical, differing only in the nature of the exciting cause. If, then, the connection between asthma and the nose be one between the respiratory centre and the nose, and further, if the stability of the respiratory centre can be more or less controlled by treatment of the septal mucous membrane, far-reaching effects should be achieved. Putting the assumption to a practical test, the author now treats asthma by cauterising the septal mucosa not only in nasal, but in cases apparently bronchial, gastric, or cardiac.

Of 543 cases of all kinds of asthma thus treated, 316 obtained complete relief, 157 great relief, 15 temporary relief, 16 slight relief, 24 no relief, and 15 were lost sight of. *Macleod Yearsley.*

**Roques (Cannes).**—*Treatment of Ozena by Collargol.* "Archives internationales de Laryngologie, etc.," January and February, 1904.

The author records a number of cases where the use of this preparation has had most gratifying effects. The method of employment is as follows:—The nasal mucous membrane is cleansed from all crusts and discharge, dried, and then a powder composed of collargol and sugar of

milk in the preparation of I in 30 insufflated twice daily; as the condition improves the proportion of collargol and the frequency of the insufflations are lessened. The powder acts better than solutions or ointments, and improvement amounting to a cure has resulted in four or five days. A little of the powder should be insufflated along the floor of the inferior meatus, so as to reach the posterior wall of the pharynx, and also some directed towards the septum and superior turbinate.

*Anthony McCall.*

**Mignon** (Nice).—*Catarrh of the Frontal Sinus, with Obstruction of Frontal Canal.* "Annales des Maladies de l'Oreille, du Larynx, du Nez, et du Pharynx," December, 1903.

Dr. Mignon records a case of a woman, aged thirty, who complained of great pain in the region of the left frontal cavity; transillumination showed the left side darker than the right. Treatment by local application of cocaine, inhalations of menthol, and washing out by means of the catheter gave no satisfactory relief. On opening the frontal sinus only mucous secretion was present; drainage *viâ* the nose was made good, the external wound healed by first intention, and the patient was cured. The author believes that in most cases the mucous precedes the purulent stage, and such cases should be treated early.

*Anthony McCall.*

## TRACHEA.

**Neumann.**—*Syphilis of the Trachea and Bronchi.* "Wiener Klinische Rundschau," January 3, 1904.

Specific disease of the trachea and bronchi has been often observed as a symptom of late syphilis either along with gummata of the larynx or without any other such tertiary symptom.

Gummata of the larynx tend to break down, and the cartilage becoming involved leads to necrosis, luxation, or fracture. The healing of these ulcerations brings about the formation of fibrous-tissue bands and cicatricial protuberances of the mucous membrane with resulting narrowing of the lumen. Serious dyspnoea may afterwards ensue, and with the bronchi also affected a condition of tracheal bronchial stenosis may exist. Such a condition may, rarely it is true, be secondary—a packet of enlarged, hard, lymph-glands pressing on the trachea and bronchi.

Besides the danger of death being caused by suffocation, there is a case of fatal hæmorrhage reported by the ulceration extending into a branch of the pulmonary artery, and a phlegmonous inflammation in the anterior mediastinum from ulceration at lower end of trachea has been observed.

Tracheotomy has in many cases been very unsatisfactory, but of fourteen cases collected together by Vierling, in each of which tracheotomy was performed, twelve died.

As yet laryngologists regard as somewhat uncertain operations for removing the cicatricial bands and connective-tissue protuberances in the trachea or bronchi. Such operations are difficult because of their situation and because of the great tendency to an early recurrence of adhesions and new band formations, etc.

Neumann describes in detail an interesting case of multiple tracheal stenosis with bilateral bronchial stenosis.

*A. Westerman.*