scopical examination showed that the mucous membrane covering the growth was healthy, the bulk of it being composed of delicate bundles of wavy fibrous tissue, which interlaced. Between the bundles were numerous cells, in some places forming large clusters. Numerous vessels were scattered through the growth.

W. Milligan.

NOSE, &c.

Alexander, A. (Berlin).—*The Mucous Cysts of the Maxillary Sinus.* "Archiv für Laryng. und Rhinol.," Bd. VI., Heft 1.

SIX cases are reported in which the author diagnosed a cystic condition of the antral lining membrane by making the exploratory puncture and aspirating serous fluid. Attention was directed to the antrum in these cases, chiefly by the recurrence of nasal polypi, or the results of transillumination. One patient complained of the occasional discharge of a greenish yellow fluid from the right nostril; both inferior turbinates were much hypertrophied, and muco-pus was present in the middle meatuses; transillumination was the same on both sides. Two syringefuls of fluid were aspirated from the right antrum; nothing was obtained from the left. On opening the right antrum small cysts were found on the anterior and median walls and a tag of membrane, which proved to be the wall of a large cyst.

The author reviews what has been written as to the frequency, multiplicity, site, and appearance of these growths. From a study of the symptoms in eighteen published cases he shows that the disease runs its course either without symptoms, or presents merely those produced by other foreign contents in the antrum. Thus, frontal headache, dull feeling in the head, pressure in the forehead and giddiness, which have been noted in the above cases, may also be associated with empyema, or tumours of the antrum. Transillumination gives but slight assistance in forming a diagnosis. Even the exploring needle may fail to reveal the presence of a cyst owing to its position, and it may be necessary to pierce the lateral wall of the nose at a number of points, both in the inferior and middle meatus. The exploratory washing of the antral cavity in these cases is useless, as the serous fluid would not be sufficiently evident. Treatment may be called for on account of the distension of the walls of the antrum or pressure symptoms, or, possibly, because of the frequent recurrence of nasal polypi. An attempt might be made to reduce the cyst by frequent puncture, or by the injection of fluids which would set up inflammation within its cavity. The most radical method would be to open the antrum and scrape out its lining membrane. *A. B. Kelly.*

Baratoux (Paris).—*An Attempt to Classify the Diseases of the Ear, Larynx, and Nose.* "La Pratique Médicale," No. 50, 1896; and Nos. 1-14, 1897.

THE author has adapted the decimal classification of Melvil Dewey to the needs of these specialities. The numbers 1, 2, and 3 have been given to the ear, nose, and larynx respectively. The second figures have the following significations:—0, generalities, congresses, clinics, treatises; 1, normal and pathological anatomy; 2, examination; 3, symptoms; 4, etiology, prognosis, complications; 5, hygiene, therapeutics, operations.

16. Diseases of the ear in general, and diseases of the external ear.

26. Generalized diseases of the nose, nasal fossæ, sinuses, and naso-pharynx, and external diseases of the nose.

36. Diseases common to the mouth, pharynx, and larynx, trachea, lungs, thyroid body, œsophagus, and neck.

17. Diseases of the middle ear.
27. Diseases of the nasal fossæ.
37. Diseases of the mouth.
18. Diseases of the internal ear.
28. Diseases of the naso-pharynx.
38. Diseases of the pharynx.
19. Deaf-mutism.
29. Diseases of the sinuses.
39. Diseases of the larynx.

Each of these divisions is taken up in succession and its different subdivisions indicated; a very detailed and elaborate classification is thus evolved.

A. B. Kelly.

Blessig.—*Empyema of the Frontal Sinus; perforation of the Orbit and the Cranial Cavity.* "St. Petersburgh Med. Woch.," 1897, No. 26.

A MAN, forty-four years old. No rhinological examination was performed because there were no special symptoms of any disease of the accessory cavities of the nose. Empyema of the right frontal sinus; perforation of the orbit; afterwards of the cranial cavity. Operation. Death three days after. *R. Sachs.*

Cline (Indianapolis).—*The Sequelæ of Grippe involving the Accessory Cavities of the Nose.* "The Laryngoscope," Aug., 1897.

PFEIFFER'S bacilli with their toxins are the cause of *la grippe*. These bacilli find all the requirements for their growth and rapid reproduction in the accessory cavities of the nose, viz., darkness, warmth, and moisture, absence of disturbance, and abundant absorbing vessels. Active hyperæmia or inflammation are followed by sneezing and watery discharge. This may clear up or become chronic. Retention and pressure cause pain—usually called "neuralgic"—of frontal, temporal, and facial regions. After an ethmoiditis polypi may result, or the antrum of Highmore may be directly affected by discharge flowing from the ethmoidal cells.

Mr. B., aged thirty-two, had *la grippe* of catarrhal type in 1889, with much mental and physical depression. Recovery was slow and incomplete. In spring, 1893, he had another attack, followed by despondence and dismal forebodings. The right nostril was filled high up with polypi, and there was a profuse muco-purulent discharge from the anterior ethmoidal region. The removal of the growths with one half of the middle turbinate, thus improving drainage, gave complete relief.

Mr. S., fifty-two, had two attacks of *la grippe*, the first accompanied by much pain in the head and face, and followed by a profuse muco-purulent discharge from the nose. Much mental and physical depression. The discharge continued more or less four years, when it was increased by a second less severe attack of influenza. A year later, when examined, the middle turbinate on right side found to be very boggy and covered with yellow pus from frontal and anterior ethmoidal cells. Right maxillary sinus was filled with pus. The removal of anterior half of middle turbinated and the drilling of the antrum of Highmore were followed by great improvement, though pus comes from frontal sinus yet. *R. M. Fenn.*

Doyen.—*Du Tubage du Larynx dans les Opérations sur la Cavité Naso-Buccale, la Plèvre, et le Poumon.* "Arch. Internat. de Larnyg., Otol., et Rhinol.," May and June, 1897.

THE canula employed is made on the same principle as Trendelenburg's instrument, but is introduced *per vias naturales*. By its use it is possible to administer the anæsthetic at a distance, and without interference with the operator. In operations upon the lung it permits of insufflation of that organ. *Waggett.*

Doyen.—*Rapid Extirpation by the Natural Passages of Large Naso-Pharyngeal Polypi.* "Arch. Internat. de Laryng., Otol., et Rhinol.," May and June, 1897.

THE author reports three cases in which he has removed large, readily bleeding naso-pharyngeal polypi from children, by rapidly turning them out with a specially devised raspatory. His method has been to seize the polypi with forceps, introduce the finger to make out the seat of attachment, and bring the tumour away whole with one or two strokes of the instrument. Hæmorrhage has been profuse for a moment, but in each instance has immediately ceased on applying pressure. He believes that the rapid act much diminishes the loss of blood on account of its rapidity, and is of opinion that the more time and care spent on precautionary measures the greater is the amount of blood lost. *Waggett.*

Gaudier.—*Naso-Pharyngeal Fibroma in an Old Woman; Removal with the Curette. Cure.* "Echo Méd. du Nord," July 25, 1897.

THE tumour, the size of a mandarin orange and bleeding freely after digital examination, was removed with two or three strokes of a large-sized post-nasal curette of the ordinary shape. Some force was used, and the periosteum was in part stripped off the naso-pharyngeal vault. Hæmorrhage was insignificant.

Waggett.

Goldzweig, Ludwika (Poland).—*Contributions to Olfactometry.* "Archiv für Laryng. und Rhinol.," Bd. VI., Heft. 1.

IN these investigations the quantitative estimation of the sense of smell was made by means of an instrument closely resembling Zwaardemaker's olfactometer. The substances used for testing were iodoform, oil of sandalwood, and artificial musk, after having been mixed with litharge and glycerin to form firm masses.

It has already been shown that hearing and vision are diminished during fever; the authoress now proves that olfaction is then also blunted. Her observations were made on patients with hectic fever, or on those whose temperature underwent marked temporary elevation. Such persons present no apparent changes in the nose attributable to the fever, consequently the access of the odoriferous air to the Schneiderian membrane is not affected. Twelve cases are reported in which the olfaction was measured and temperature taken both in the morning and evening. The results clearly show that the sense of smell is more acute in the morning than in the evening, when the temperature is higher.

The action of cocaine was next considered. The sense of smell having been measured, an equal quantity of ten per cent. solution of cocaine was sprayed into both nostrils. The subject was then tested uninterruptedly with iodoform, musk, and sandalwood oil in turn, and the time noted when a change in the perception of the odours occurred. It was found that cocaine diminished the true sense of smell, although sometimes in an irregular manner.

The authoress has also demonstrated the gradual blunting and ultimate abolition of the olfactory sense which follow the prolonged smelling of an odorous substance. During the period of induced anosmia, which lasted several minutes, other odours were perceived.

In addition to the above quantitative measurements, the purely qualitative condition of olfaction in different diseases was investigated. For this purpose, iodoform, menthol, cinnamon oil, glacial acetic acid, etc., were employed. Forty-two patients, chiefly with nervous or infectious diseases, were examined, and in these the sense of smell was found deteriorated both as to quality and quantity. Olfactometry is therefore to be recommended as an aid in diagnosis.

A. B. Kelly.

Jankau, L. (Munich).—*A New Nasal Opener and Inhaler.* "Archiv für Laryng und Rhinol.," Bd. VI., Heft 1.

FELDBAUSCH'S nasal opener is disliked by patients, because when worn it is seen and causes discomfort; in addition, it always acts on both sides. Schmithuisen's instrument is also objectionable, because of the pressure it exercises on the septum.

The author has had a nasal opener constructed, which is easily introduced, can be worn day and night in one or both nostrils without discomfort, and, when *in situ*, is not noticed.

The instrument is made of vulcanite. It is spherical, conical, or egg-shaped, measuring 1·25 to 1·5 cm. in length, and ½ to 1 cm. in its broadest diameter. It is hollow, with an opening at one pole and another at one side, and is introduced so that the former projects into the inferior meatus, while the latter is opposite the external opening of the nose.

The conditions in which its use is indicated are: chronic nasal catarrh, all chronic affections of the nose and naso-pharynx in which massage of the mucous membrane is employed and the nasal respiration is obstructed; also in cases of hypertrophy of the middle turbinate in which nasal respiration is free during the day but choked at night.

The instrument may also be used as an inhaler by placing in the hollow absorbent paper saturated with a volatile substance. *A. B. Kelly.*

Jeanselme and **Laurens.**—*Local Manifestations of Leprosy in the Nose, Pharynx, and Larynx.* Soc. Méd. des Hôp. "Presse Méd.," July 24, 1897.

FREQUENTLY the first symptoms of leprosy are nasal, and consist of epistaxis and persistent catarrh, with crust formation. The importance of this point is very great, for the nasal secretion contains Hansen's bacillus in large quantities, and in a virulent condition, and may easily form an infectious medium. *Waggett.*

Mink, P. J. (Zwolle).—*Choanal Forceps.* "Archiv für Laryng. und Rhinol.," Bd. VI., Heft 1.

THESE forceps resemble Jurasz's in shape. The ends are fenestrated, the inner edge being cutting, while the outer is blunt. When closed they are about as thick as a large-sized catheter, and, like it, they are introduced through the inferior meatus. Their position is determined by the posterior edge of the septum, according to Löwenberg's method. Polypi and polypoid vegetations close to the posterior ends of the turbinates can be caught; the inner sharp edge of the fenestra is intended to punch them off, while the outer blunt edge holds them fast until withdrawn. *A. B. Kelly.*

Polyak, L. (Buda-Pesth).—*Contributions to the Pathological Anatomy of the Hypertrophied Nasal Mucous Membrane.* "Archiv für Laryngologie und Rhinologie," Band VI., Heft 1.

IN this paper the author deals with only a few of the results obtained by him in the course of an extensive investigation of the structure of nasal polypi and mucous membrane hypertrophies—namely, with the hyaline and colloid degeneration of the cells. The following are some of his conclusions:—

In the hypertrophied nasal mucous membrane, including polypus and Hopmann's "soft papilloma," homogeneous globules are found in the connective tissue, their number being proportionate to the cells. In the most of these bodies the atrophied nucleus is recognizable, proving that the globules originate from cells undergoing degeneration. The retrograde changes begin by the cell swelling and the protoplasm becoming dark and flaky. Subsequently the flakes increase in size, becoming rounded and shining. The cell, which is now considerably enlarged and spherical, assumes a raspberry-like appearance. The small globules then unite to form several

larger flakes; the atrophied nucleus is usually still visible. Finally, perfectly homogeneous round or oval formations result.

In the epithelial layer, in large round cavities which have been produced by the pushing apart of the epithelial cells, the following structures occur:—(*a*) Collections of white blood corpuscles with fragments of nuclei. (*b*) Homogeneous, spherical structures identical with those described as occurring in the connective tissue layer. (*c*) Scattered migratory cells and abundant fatty granular cells, proving anew that the latter possess the power of movement.

In the homogeneous structures enclosed in the cavities of the epithelium the atrophied nucleus is still frequently visible. Sometimes, however, when they are composed of several smaller globules the nucleus appears in the middle as an irregularly compressed body. The author has not observed the initial stages of degeneration in the epithelia.

A transition from the fatty granular cells or epithelial cells to the homogeneous cells is not demonstrable.

Distinct transition forms are seen only in the round cells of the infiltration; the homogeneous structures appear wherever an infiltration of round cells is present, but they are always absent when the tissue is fibrous and poor in cells.

The homogeneous bodies consist of a colloid substance—at least, they react to stains and concentrated acids and alkalies exactly as the colloid of the thyroid gland. At first they are made up probably of a more plastic material, so that larger flakes can arise by the closer packing and confluence of the small spheres.

It may be assumed with a good deal of certainty that the presence of cells in the hypertrophied nasal mucous membrane which have undergone hyaline and colloid degeneration is not accidental, but is closely connected with the want of tendency of these hypertrophies to undergo spontaneous resolution.

A. B. Kelly.

Turner, A. L. (Edinburgh).—*Papilloma of the Septum Nasi.* "Arch. of Otol.," April, 1897.

THE growth, distending the side of the nose, and pushing up so as to interfere with vision and with the flow of tears, in a gamekeeper aged fifty-three, had taken three years to develop. There was no backward extension, and no enlargement of glands. The growth was apparently covered with nasal mucous membrane, and by means of the probe was found to be growing from the septum. It was removed by external operation, and along with it the septal mucous membrane, as there were several accessory growths of small size. The diagnosis of papilloma was confirmed by microscopical examination. Dr. Logan Turner details the points of distinction between this rare form of growth and the commoner papillary hypertrophies of the turbinated bodies. He appends a valuable bibliography.

Dundas Grant.

Snow, Sargent F. (Syracuse, N.Y.).—*Headaches from Nasal Causes.* "Medical News," July 10, 1897.

IN this paper the author first refers to the various authorities who have dealt with this subject, and points out how frequently headache is referred to any other cause rather than to the true one—nasal obstruction. He strongly advocates operative treatment for obstinate cases where there is evidence of nasal disease, draining the accessory sinuses where necessary, correcting hypertrophic enlargements, and removing osseous or cartilaginous shelves or thickenings, where causing pressure; he has found the application of iodole and ether, after cleansing the nose, to give relief, especially in those cases due to increase of pressure on the olfactory region from acute or subacute inflammation, without much chronic disease.

Notes of thirty cases treated, with percentage of relief:—

No.	Age.	Relieved	Intranasal Conditions.	Remarks.
		Per cent.		
1	32	40	Deep bony shelf pressing into r. mid. turb.	Severe sick headache each week.
2	32	40	Enlarged mid. turb.	Bi-monthly sick headache.
3	45	75	Enlarged mid. turb.	Bi-monthly hemicrania.
4	35	40	Septal shelf pressing inf. turb.	Severe hemicrania at times each week.
5	25	100	Septal shelf pressing inf. turb.	Frequent hemicrania.
6	56	100	Enlarged mid. turb. with thickened membranes	Severe hemicrania tri-monthly.
7	55	100	Septal shelf and deflected septum	Clavus and general headaches.
8	30	90	Deflected septum pressing r. mid. turb.	Hemicrania once a week.
9	32	90	Deflected septum, large shelf, and mid. turb.	Severe hemicrania. Died of general tuberculosis in 1895.
10	25	75	Deflected septum, large shelf, etc.	Severe hemicrania when she has colds.
11	35	75	Enlarged mid. turb.	Severe weekly hemicrania, pressure on top of head.
12	50	90	Atrophic rhinitis, enlarged turb.	Persistent general headaches almost constant.
13	17	90	Enlarged mid. turb.	Headaches and pressure on top of head bi-monthly.
14	38	100	Septal shelf and thickened mid. turb.	General headaches.
15	19	100	Septal shelf and swollen mid. turb.	Severe sick headache bi-monthly.
16	36	100	Septal shelf and swollen mid. turb.	Severe sick headaches bi-monthly.
17	38	40	Long shelf pressing into mid. turb., etc.	Severe hemicrania once a week.
18	26	75	Deflected septum, mid. turb., filling infundibula, r. s.	Hemicrania bi-monthly.
19	36	75	Thick membrane and enlarged turb.	Severe and frequent hemicrania.
20	27	90	Cartilaginous thickening, pressing mid. turb., l. s.	Severe frontal headaches, tri-monthly.
21	65	90	Deflected septum pressing l. mid. turb.	General headaches.
22	33	90	Thickened membrane on mid. turb. and septum	Frequent headaches.
23	33	90	Mid. turb. pressure on septum	Neuralgia and severe headache.
24	32	100	Mid. turb. pressure on septum, filling infundibula	Very frequent severe sick headaches.
25	35	90	Thickenings and enlarged mid. turb.	Severe neuralgia, and hemicrania.
26	28	40	Septal shelf, and thickened membranes	Catarrhal headaches.
27	40	40	Swollen and sensitive membranes over mid. turb.	Severe hemicrania, when she has colds.
28	40	100	Septal shelf, and sensitive membranes	Frequent general headaches.
29	37	90	Enlarged mid. turb.	Very severe sick headaches twice a week.
30	45	40	Enlarged mid. turb., and polypoid membranes	Hemicrania twice a week.

StGeorge Reid.

https://doi.org/10.1017/S1755146300191279 Published online by Cambridge University Press