

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

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RHINOSCLEROMA A PARASITIC DISEASE.

MM. CONNIL and ALVAREZ (*Annales de Derm. et de Syph.*, vol. vi., No. 4) describe a microbe which they have found in preparations from five cases of rhinoscleroma. The rods are always surrounded by a capsule which may contain one, two, or a group of four or five bacilli. These encapsulated rods, which are $2\frac{1}{2} \mu$. to 3μ . long and 0.4μ . to 0.5μ . broad, contain colored granules resembling spores. They are found free in the tissues, between the reticular fibrillae, around the large cells, in the interfibrillary spaces, or in the lymphatic vessels. The authors consider the presumption to be strong that rhinoscleroma is a parasitic disease.

ACUTE CORYZA A MYCOTIC DISEASE.

DR. AUSTIN FLINT, SR., (*Medical News*, October 24, 1885) favors the view that acute coryza is a mycotic disease, differing from influenza only in degree. This is an extension of Prof. Flint's recent assault upon the "taking cold" theory in general. Nevertheless, the effects of "cold" in exciting inflammations in various organs, or at least predisposing to such inflammations, are too well recognized to become a matter for doubt.

TREATMENT OF ACUTE CORYZA.—Several journals contain, copied from one another and variously credited, "a certain means of relieving the discomfort incident to a cold." It consists (DOWSON, *Lancet*, May 31, 1884) in pouring half a pint of boiling water over a drachm of pulverized camphor and inhaling the vapors for ten or fifteen minutes. Dry camphor vapor, *a la cigarette*, suggested by the notorious Raspail, has long been in good repute.

DR. SOLOMON SOLIS-COHEN (*Medical Times*, Philadelphia, August 8, 1885) reports good results from atropine at the commencement of the attack (gr. $\frac{1}{128}$ repeated in four hours), and from ammonium salicylate (gr. x-xv every two hours until tinnitus aurium is produced) when the case has so far progressed that good results from atropine are not to be expected. Cinchonidine salicylate is recommended for influenza. For local application, erythroxyline hydrochlorate (suggested by Bosworth) and infusion of erythroxylon are advised.

ETIOLOGY, PATHOLOGY, AND HISTOLOGY OF CHRONIC INFLAMMATIONS OF THE NOSE AND NASOPHARYNX.

DR. JOHN N. MACKENZIE (*Medical News*, April 4, 1885; *New York Med. Journ.*, August 22, 1885) contributes the results of pathological studies upon acute and chronic inflammations of the nasal mucous membrane. In the

former communication he suggests the following classification by stages: I. Simple inflammatory rhinitis. *a.* Irritability of erectile tissue. *β.* Permanent dilatation of erectile tissue. II. Hypertrophic rhinitis. *a.* Dilatation with hypertrophy. *β.* Complete hypertrophy. III. Atrophic rhinitis. *a.* Commencing atrophy. *β.* Complete atrophy.

In the latter article, a microscopical section through the inferior turbinated bone of a man dead of Bright's disease, the result of long-standing mitral insufficiency, is presented as the probable picture of the histological changes in acute coryza. Another section illustrates dilatation with hypertrophy in chronic nasal inflammation. Dr. Mackenzie recognizes four modes by which the erectile spaces become obliterated in nasal inflammation. 1. By the contraction of newly formed intercellular fibrous bands. 2. By obliteration of their lumen by masses of lymphoid cells. 3. By the formation of thrombi. 4. By the process of septa formation. The author refers to the interdependence of chronic nasal and chronic antral inflammation, and the rarity of secondary involvement of the antrum.

The same writer (*New York Medical Journal*, September 12, 1885) refuses to "ascribe all diseases to the peripatetic excursions of a vagrant micrococcus;" nor does he consider dust the prominent factor that it is sometimes alleged to be in the localization of inflammatory disease in the nasopharynx. Variable climatic conditions, and defective assimilation from whatever cause, whether hereditary or acquired taint, or indiscretions or excesses of any kind, seem the principal exciting and predisposing causes of simple inflammations of the upper respiratory tract.

TREATMENT OF CHRONIC CORYZA.

At the meeting of the American Laryngological Association, June, 1885, prominence was given in debate to the use of mild measures, such as persistent dilatation of the obstructed nasal passages by means of compressed tubes of laminaria, with efficient cleansing by means of slightly aromatized alkaline sprays; supplemented by great attention toward keeping the various emunctories in marked activity, and such general hygienic and dietetic regulations and constitutional medication as the individuality of the case might demand. —*Med. News*, July 4, 1885.

OZÆNA.

DR. E. J. MOURE (*Soc. franc. de Laryngol.*, April, 1885; *Annales des mal. de l'oreille*, etc., September, 1885) does not admit the incurability of ozæna. He proposes the use of the nasal douche with solutions of sodium bicarbonate, chlorate, or chloride, to soften and detach the crusts, followed by antiseptic irrigations, and insufflation of astringent powders; with constitutional medication by cod-liver oil or potassium iodide, the use of the Pyrenean thermal waters, and sojourn at the seashore.

DR. S. SOLIS-COHEN, in a communication to the American Laryngological Association (*Annales des Maladies de l'oreille, du larynx*, etc., Sept. 1885), considers solution of hydrogen dioxide (10 vol., diluted, if necessary, with one or two parts of distilled and nrematized water) the best detergent and disinfec-