

to destroy sensitive nerve endings (Roe), or to produce "superficial organic alteration of the nasal mucous membrane" (Snijous), is still ardently advocated as a means of radical cure. That incurable, offending pathological tissues should be removed, whether by forceps, acids, cold or heated wire, or incandescent blade, is conceded. That destruction of all tumefiable tissues will effectually preclude occlusion by tumefaction, is self-evident. Destruction, however, is not cure, and the production of unnecessary cicatrices may prepare the ground for less benign disease in the future. While instances of permanent relief by these methods are sufficiently numerous, the fact cannot be ignored that cases of reported cure are sometimes compelled to seek treatment for recurrence. The choice between reliance upon a satisfactory palliative or resort to operative interference in the chance of permanent relief must be settled between patient and physician.

#### REFLEX NEUROSES AND SEQUELÆ.

A great mass of literature is accumulating upon this topic. While some contributions are of real value, many are apparently hasty and ill-considered.

DR. JULIUS SOMMERBRODT, of Breslau (*Berliner klin. Wochenschr.*, 1885, No. 11), states that of 138 cases in which he had occasion to produce galvanocauteristic destruction of hyperplastic nasal mucous membrane, 8 only were conscious of nasal disease. 20 were cases of vasodilator neurosis of the bronchial mucous membrane without asthma. In the severest case, the slightest probing of the terminal extremities of the swollen lower turbinated body of the right fossa excited a painful tickling beneath the sternum, and a paroxysmal spasmodic cough and gagging lasting for half a minute, or a minute, and then suddenly ceasing. The case was cured by electrocauterization. Other affections, proceeding from a similar cause, include larygismus, migraine, asthma (52 cases, only 4 of which had nasal polypi; 2 typical cases of hay asthma unrelieved despite energetic cauterizations), pharyngeal hyperæsthesia, spasmodic sneezing, nasal cough, trigeminal and supraorbital neuralgia. Most of these cases were relieved by electric cauterization under cocaine anesthesia.

DR. FINCKE (*Moniteur de la Polyclinique*, June 7, 1885) reports sudden, numerous, and repeated attacks of epileptiform convulsions in an individual sixty-four years of age, whose right nasal fossa was obstructed by a racemose group of polypi. Removal of the neoplasms cured the epilepsy, and the patient has remained well for two years.

#### MEMBRANOUS OCCLUSION OF THE POSTERIOR NARES, WITH OPERATIONS BY THE GALVANOCAUTERY.

DR. W. E. CASSELBERRY, of Chicago (*Journ. Am. Med. Assoc.*, Aug. 8, 1885, p. 148), reports an interesting case, occurring in a man of forty, a native of Russian Poland. Symptoms of obstruction of the left nasal passage had been complained of for thirteen years, with left-sided deafness and tinnitus aurium. Rhinoscopic examination showed the left choana to be covered almost completely by a tense membrane, approaching so closely to the septum that but a very narrow chink was left. The left Eustachian orifice was hidden from view. On the right, a similar membrane intercepted the view of the superior

turbinated body, the outer half of the middle turbinated body, and the Eustachian orifice. After preliminary training, the membranes were divided by a gylmnoeustic knife introduced through the mouth, under rhinoscopic guidance. Three operations cleared the left side from all obstruction; and four were necessary upon the right.

The author gives a *résumé* of the literature of atresia narium. He considers the malformation in his case to have been congenital.

#### OSSEOUS OCCLUSION OF THE CHOANÆ.

SCHÄUTTE, of Vienna (*Monats. f. Ohrenh.*, etc., No. 4, 1885) describes a case in a female nineteen years of age, and presents a reference to nearly all other reported cases. His own case was bilateral. It was treated by boring through with an electric cautery and chiselling off the lateral edges.

#### PRIMARY MALIGN TUMORS OF THE NOSE.

DR. E. SCHNIEGELOW, of Copenhagen, contributes to the *Revue Mensuelle de Laryngologie* (August and September, 1885) a valuable paper on this subject. He reports two cases of lipoid polypi (polypes lipoëux), one of carcinoma and one of sarcoma. Operative measures (cold wire, electro- and chemical cauterization) were successful in each instance. The questions of diagnosis and prognosis were treated of to some length, and a number of important points are brought forward. The cases of lipoid polypi are compared by the author to the well-known tuberculous granulomata of the larynx, to which attention has recently been called by J. N. Mackenzie, Kidd, Schnitzler, and others; and the general analogy between lupus and local tuberculosis is accepted as indicating the identity of the affections.

#### OSTEOMA OF NASOPHARYNX.

DR. THEO. STANLEY (*Med. and Surg. Reporter*, May 9, 1885) reports a unique operation by Prof. Garretson. The patient, a lady of fifty-five, had been troubled for eight years with gradually increasing occlusion of the posterior nares, until, finally, nasal respiration had become impossible. Diagnosis of an osseous tumor, springing from the base of the sphenoid bone, was made after palpation with a probe passed along the floor of the nose from in front, and with the finger passed behind the velum. The nasopharyngeal space was greatly encroached upon.

The patient being etherized, a buttonhole incision was made through the soft palate, and the overlying soft tissues were separated from the bony mass by means of a delicate chisel, curved on the flat, an incision having been previously made the whole length of the tumor. The osteoma and the body of the sphenoid bone were then drilled away by means of a burr attached to the surgical engine, "the only part of the body of the bone left being the half-cut-away shell of the pituitary fossa." The patient made a good recovery in fifteen days. This is a remarkable operation, and one that would have been impossible before the invention of the surgical engine.

#### PHARYNGEAL BURSA.

DR. G. L. TOBWALDT, of Danzig (*Ueber die Bedeutung der Bursa Pharyngea*, etc., Wiesbaden, 1885), calls attention to the importance of this structure in