

THE SIMPLE RADICAL OPERATION OF SOLITARY CHOANAL POLYPUS.

BY DR. LÁNG (Budapest).

Since Killian, in opposition to all other writers, had referred choanal polypi to the accessory sinuses, the speaker had carefully investigated six cases. In addition to the usual methods of examination, he had made an opening into the anterior wall of the antrum, and had examined the mucosa of the cavity by means of a short tube attached to an endoscope. Only in one case had he found the pedicle of the polypus fixed inside the antrum immediately above the ostium. In three cases the polypus was rooted in the middle meatus; in one the growth was attached to the posterior end of the middle turbinal, and in one to the floor of the nose. These results showed that operation upon these polypi should always be endo-nasal. He employed a sickle-shaped probe-pointed bistoury for cutting through the pedicle at its origin.

Dr. KILLIAN had given an exact definition of these peculiar polypoid outgrowths in his work, "Ueber den Ursprung der Choanalpolypen" (*Verhandl. des Vereins süddeutsch. Laryngol.*, Heidelberg, 1909). His experiences since then, involving as they did at least thirty cases, had thoroughly corroborated his earlier views. Besides that, Kubo and an Argentine observer had been able to demonstrate, by investigations both *post-mortem* and during life, that these polypi did actually take their origin inside the maxillary antrum. He regarded Láng's results as unreliable, since his method of examining the antrum did not permit of a free and unimpeded view of the whole cavity. It was, moreover, possible that Láng had been dealing with simple nasal polypi. With regard to treatment, there was, of course, no need to undertake radical operation on the antrum save when the choanal polypus showed a tendency to troublesome recurrence, or when there was concomitant suppuration of the antrum which had proved to be otherwise incurable. To tear through the polypus by means of a hook at the ostium was an ancient practice. It was much better, though doubtless more difficult, to snare the polypus and then to tighten the snare close up to the ostium before avulsing the pedicle. (D. M. trans.)

(To be continued.)

Abstracts.

NOSE.

Honeij, Jas. A.—Common Colds. "Boston Med. and Surg. Journ.," April 27, 1911, p. 604.

This original paper investigates the prevalence of common colds and the economic loss due to them. Fifteen thousand cards of investigation were sent out and resulted in 1633 cases of colds fit for careful study, although the total number of individuals with colds was 3,845, or, including the persons in the family affected with colds, 6,591. The whole paper is most interesting and should be read in its entirety. The summary is as follows: (1) Over half the population have colds during the course of the six months (December to June). (2) One fifth of the population are absent from work on account of colds. (3) The average loss of

time of 568 individuals was six days per six months. (4) The average loss of money was \$21 per six months, not including individual expenditures for medical treatment, etc. (5) The total loss in six months' time was \$12,105.37 for 568 individuals. (6) In addition to this there is a loss of energy equivalent to \$3 per six months per person. (7) The most common cold is the "head cold." (8) Most colds occur in the month of March. (9) Individuals from thirty to forty years of age suffer most from colds. Department store employées suffer most in proportion. Half of them lose time on account of colds. The author's conclusions are: (1) Preventive methods are essential in dealing with common colds. Better working conditions, pure air, even temperature, proper ventilation, and the proper amount of humidity are important factors. Nourishment, general hygiene, and proper clothing are necessary precautions as in guarding against all other disease. (2) After the onset of a cold, proper diagnosis is essential to ascertain whether the cold is infectious. (3) Individuals suffering from infectious colds should be isolated.

Macleod Yearsley.

Gaudier, H. (Lille).—Voluminous Cyst of the Middle Turbinal, with Dermoid Contents. "Rev. Hebd. de Laryngol, d'Otol., et de Rhinol.," January 28, 1911.

The record of a case of a girl, aged fifteen, whose left nostril was obstructed by a large cyst of the middle turbinal. The only symptom complained of was inability to breathe through that side of the nose. The cyst was removed; it was found to contain a mass of sebaceous material, inodorous and sterile, composed of granular and fatty *débris*, with numerous crystals of cholesterine and epithelial cells. The cyst was lined with epithelium, partly columnar ciliated, and partly squamous.

Chichele Nourse.

Jay, Melville (Adelaide).—Asthma in Relation to the Nose. "Australasian Medical Gazette," May 20, 1911.

About 30 or 40 per cent. of cases of asthma if not actually caused by, are at least connected with, certain nasal conditions. In the majority of these cases there is present a hyperæsthetic area, most commonly, but not invariably situated on the septum. The bulbar nuclei of the fifth nerve are anatomically connected with the vagus, and in this way nasal irritation may excite reflex phenomena in the respiratory tract. By intra-nasal treatment a great many cases of asthma can be permanently cured. Polypi must be removed thoroughly with the diseased bone-cells from which they spring. Sensitive areas are then treated with the galvano-cautery.

J. Brady.

Blumfeld, J.—Nasal Reflex during Anæsthesia. "Proc. Roy. Soc. Med." (Anæsthetic Section), March, 1911.

Dr. Blumfeld recorded a case of sudden shock during the administration of chloroform and ether (2:3), in a case of submucous resection of the septum nasi; the anæsthesia was commenced with the patient horizontal and was still light (corneal reflex present) when the patient was raised almost into a sitting posture. About half to one minute later, while an injection of six drops of 1 in 4000 adrenalin was being made into the mucous membrane, the patient became very pale, and the pupils were found to be large and the cornea insensitive. Artificial respiration soon brought about recovery, and the operation was

completed under chloroform anæsthesia with the patient in the sitting posture.

In the subsequent discussion, Mr. A. D. Flemming, Mr. C. Carter Braine, Mr. L. K. Thomas, and Dr. W. J. Hewitt, and Dr. McCardie favoured the view that the sudden shock was due to the injection of adrenalin. Mr. Braine mentioned a case of tonsil removal under chloroform in which death occurred immediately after a small injection of adrenalin had been made on each side.

Dr. Probyn-Williams, on the other hand, thought the shock was due to the sudden change of position during the general anæsthesia.

Mr. Harold Barwell, who operated on the case, gave it as his opinion that the injection of adrenalin was responsible for the condition, although he had never seen any marked shock when adrenalin was injected in case of local or of ether anæsthesia. Mr. Harvey Hilliard reminded the section of Dr. Brodie's experiments on monkeys, which proved that stimulation of the nose and base of the skull produced even greater cardiac inhibition than crushing the testicle.

J. S. Fraser.

PHARYNX.

Holmes, E. M.—**The Examination and Treatment of the Naso-pharynx and Eustachian Tube by Aid of the Naso-pharyngoscope.** "Ann. of Otol., Rhinol., and Laryngol.," vol. xx No. 1, p. 31.

Emerson, F. P.—**The Electric Naso-pharyngoscope.** *Ibid.*, p. 41.

These are two short, but important papers. The value of the electric naso-pharyngoscope appears to be more recognised in America than in Great Britain. The instrument referred to in these communications is one invented, on the lines of the cystoscope, by Dr. Holmes. Judging from these authors, this method of examination is a very valuable one, as it enables the surgeon to ascertain and to treat directly the condition of the mucous membrane, the condition of Rosenmüller's fossæ, the mobility of the Eustachian tube, and the changes within its lumen for approximately five-eighths of an inch, the condition of the choanæ, vomer, and posterior pharyngeal wall, the condition of the larynx, and, in about 40 per cent. of cases, the condition of the sphenoidal opening, with occasionally a posterior ethmoidal cell.

Macleod Yearsley.

Faunce, Calvin B., Junr.—**Acute Toxæmia caused by Infection of the Throat by the Colon Bacillus.** "Boston Med. and Surg. Journ.," April 27, 1911, p. 613.

A woman suddenly developed headache, chilly sensations, lumbar and joint pains, followed in twelve hours by prostration and fever (103° F.). Throat red, greyish-white exudate on tonsils; became steadily worse, prostration being profound twenty-four hours from onset. Cultures negative for K.L. bacillus, but, on clinical grounds, 6000 units of antitoxin given. General improvement, but throat the same. Gradual improvement; throat normal in two weeks. All cultures negative for K.L. bacillus, but characteristic of colon bacillus (pure). Apparent improvement after antitoxin probably due to coincidental formation of antibodies.

Macleod Yearsley.