DISEASES OF THE THROAT.

By JOHN MACINTYRE, M.B.

Formaldehyde in Atrophic Rhinitis.—Dr. Geo. L. Richards contributes a short article to the Laryngoscope in which he advocates the use of formaldehyde in atrophic rhinitis. His description is as follows:—"Observing the powerful germicidal properties of aqueous solutions of formaldehyde, it occurred to me to try what effect it would have when used in atrophic rhinitis; not to displace any treatment which might be in use, but as an adjunct, for I have not myself used it alone to the exclusion of other remedies. I have used it as follows:—After removal of all the crusts and débris with a weak alkaline solution by means of a syringe and cotton applicators, I have then washed out each nostril thoroughly with a solution of formaldehyde containing about 5 to 10 drops of the 40 per cent solution to 8 oz. of warm water. As it is very irritating even in dilute solutions, a preliminary spraying of the nose with cocaine is advisable. It produces always a sense of smarting throughout all of the nasal mucous membrane with which it comes in contact, lasting, however, but a short time. At home I have 1 drop added to the solution which the patient uses in the douche cup for the daily cleansing. Under its use the crusts diminish in number, and all unpleasant odours cease. This is reported as a preliminary note, with the hope that others will try the remedy, and report on the same."

Tuberculin in the Treatment of Tuberculosis.—Drs. Bussenius and Cossmann have written a work on this subject. The question is discussed in a fair, dispassionate way, and the authors have done good service in showing how limited the field is in which we may expect reliable results. The subject is well reviewed, and the authors relate thirty-four cases. The contra-indications are very well put. They emphasise the selection of cases, and especially condemn its application when there is fever.

Modification of Bartoux’s Laryngo-Phantom (Journ. Laryn., May, 1898).—This well-known model, which has proved of considerable service in teaching, has been modified by Dr. Dundas Grant. It is made by Mr. Trood, of Wigmore Street, London.

The Presence of Microbes in the Nose in Health (British Journ. Laryn., May, 1898).—Some time ago Messrs. Thomson and Hewlett gave the results of their investigations of the upper nasal passages, with the result that a considerable difference of opinion was expressed between them and other writers on the subject. H. Park and J. Wright have again written upon this question, inasmuch as the two former named writers have thrown some doubt upon the work of Dr. Wright. In the present experiments a series of thirty-six normal individuals were chosen, every precaution being taken to exclude any possible error. Tubes of gelatine and serum or agar and serum plates were employed, with the results as below. While it may be admitted that the nasal fossae are not so rich in micro-organisms as was formerly supposed, this is no doubt due (1) to the action of gravity, causing a constant flow of fresh mucus from the upper parts which are not freely accessible to the air currents; (2) to the action of the cilia, which aids the effects of gravity; (3) to the fact that the mucus, though not bactericidal to most microbes, is not a good culture medium; (4) to the filter action of the vibrissae (these hairs are absent in children and sparse in women); (5) to the fact that inspired air usually contains few pathogenic germs.

A Foreign Body in the Oesophagus (British Journ. Laryn., May, 1898).—Dr. Dundas Grant gives a case in which the distal part of a spray tube No. 6. 2 G Vol. XLIX.
became detached while spraying the larynx. The tube was one of metal the thickness of a goose quill, and two inches in length. The ordinary methods having failed to show the position of the foreign body, the x rays were suggested. While the preparations for these were in progress, the patient was describing in a somewhat animated fashion the discomfort which he experienced, notably the increase of pain at the epigastrium when he bent forward. In his anxiety to demonstrate this he bent his body to a considerable extent, and while he was doing this the spray tube was forcibly expelled from his mouth on to the floor. Apparently it had not got beyond the cardiac orifice.

DISEASES OF THE SKIN.

By W. R. jack, M.D., B.Sc.

A Case of Monilethrix—Gilchrist (Journal of Cutaneous and Genito-Urinary Diseases, April, 1898) describes the second case of this disease recorded in America. It differs in some important respects from any of the sixty cases hitherto on record. The main points of interest are as follows:—(1) The patient was perfectly healthy, and of particularly cleanly habits; (2) the disease commenced at about 17 years of age, and not congenitally; (3) the lesions were perfectly symmetrically situated upon the legs and thighs, the scalp being unaffected; (4) there was only a slight keratosis pilaris; (5) fracture of the hair was either clean or fibrous, the latter implicating only the cuticle; (6) when pulled, the hairs broke at the constriction (never at the node), and left a brush-like ending; (7) there was relatively more pigment at the constrictions than in the nodes; (8) there was no evidence of contagion or of any one in the family having had a similar affection; (9) there was evidence of spontaneous cure, as, after nine years, the hair returned on the right thigh; (10) no cause for the disease could be found—the bacillus of trichorrhexis nodosa was not present.

The author concludes that the disease is quite distinct from trichorrhexis nodosa, and that it has its origin in the hair-follicle, very near the papilla, the hair-shaft being secondarily affected. From the symmetry of its distribution in this case, and the absence of other causes, he conjectures that it is probably of tropho-neurotic origin.

Impetigo Herpetiformis (Hebra) in the Male.—In the same number of the Journal, Whitehouse puts on record a case of this disease occurring in the male. There are less than twenty-five cases recorded altogether, and of these only two have been observed in the male sex. Whitehouse first saw his patient—a man of 39—in 1893, when he was suffering from a severe universal eczema. He had been subject to eczema off and on for seventeen years. Two weeks afterwards he had a sharp chill, and the temperature rose. Next day groups of small pustules appeared on the abdomen and ankles, and were succeeded in five days by a fresh chill and a fresh crop of pustules. The fever and the pustules continued to appear at irregular intervals till October, when he had to take to bed, but after that there was a gradual improvement until December, when the eruption had left the trunk and head. In January, 1894, however, the health again suffered, and the eruption took on the characters of impetigo herpetiformis, but without becoming universal. The eczematous characters disappeared, and successive crops of small pustules came out at short intervals on the feet, hands, and fore-arms, and occasionally on the other parts of the body, where rounded patches were formed with dirty-looking crusts in the centre, surrounded by one or more rows of small pustules. The disease gradually progressed, each