

conduction very defective, especially on the left side. With considerable difficulty the chinks between the bony tumours and meatal walls were cleared of wax and epithelial débris, and hearing restored. The case was shown with a view to ascertaining, in the event of operation becoming necessary, what would be the best method of procedure.

Abstracts.

NOSE, Etc.

Hellet.—*Case of Rhinoscleroma.* "Petersb. Med. Woch.," 1900, No. 2.

The author mentions the difficulty in the diagnosis of rhinoscleroma. This case was considered as a syphilitic one in two different hospitals. At last, through microscopical examination, they found it was rhinoscleroma. Both sides of the nose were filled up with masses, and also the whole of the naso-pharyngeal space was one gray mass, only the meatus narium superior being still patent. He considers the treatment as very hopeless. *R. Sachs.*

Neumann.—*On the Nasal Douche and its Substitute.* "Petersb. Med. Woch.," 1900, No. 17.

The author contends that syringing the nose is very dangerous for the mucous membrane, the accessory cavities and the middle ear. Therefore he never uses syringes; he prescribes a solution of menthol with paraffin liquid (2 per cent.) either as drops (4-10) or as tampons of cotton wetted with this liquid. *R. Sachs.*

Ross, George T.—*Quarterly Retrospect of the Department for Diseases of the Throat and Nose.* "Canadian Medical Record," August, 1900.

Refers to atrophic rhinitis and the importance of recognising the points of difference between it and functional collapse of the nasal tissues, the latter not appearing, as a rule, before adult life, whereas atrophic rhinitis may often be seen in children at the age of ten, crusts and profuse muco-purulent secretion being present in the latter, whilst in functional collapse almost no secretion is present. The author speaks highly of formaldehyde used in the form of a spray, 1 part to 5,000, to follow the cleansing alkaline solution. *St. George Reid.*

Tilley, Herbert.—*Chronic Empyema of the Frontal Sinus, with Notes on the Treatment of Fourteen Cases.* "Lancet," July 14, 1900.

After some consideration of the anatomy of the frontal sinus the writer passes on to the etiology, symptoms, and diagnosis of frontal sinus suppuration. Under the heading of treatment he mentions that he has given the method of intranasal irrigation a fair trial in four cases, but without any permanent result except in one case. He then

describes the external operation as now generally performed: opening of the cavity, removal of pathological contents, free communication established with the nose, and packing with gauze. The external skin wound should not be at once completely closed up. To neglect of this he attributes some of the fatal cases which have occurred. The paper is accompanied by a table giving particulars of fourteen cases which were operated on by the external method. *StClair Thomson.*

LARYNX.

Dickerman, Edward T.—*Papillomata of the Larynx in Children.* "Jour. Amer. Med. Assoc.," October 27, 1900.

He had seen five cases, three in private practice, and two in his clinic. In his clinic the ratio was about 1 to 1,200 cases, Schroetter finding it in 1 to 700 cases.

The first case, a little girl, aged six years, had hoarseness following diphtheria two years before, and during the last six months breathing had become difficult. The child's general condition was poor, and the larynx was found nearly filled with a cauliflower growth of pale grayish-white colour. A tracheotomy was done, and five days later thyrectomy. The growth was found attached to the false and true cords, and extended upon the inner side of the aryepiglottic fold. It was removed with scissors and curette, and the base cauterized with chromic acid. The mother took the child home four weeks later and the tube was removed. The growth recurred five months later, and tracheotomy was done by the local physician.

The second case, a boy, nine years old, had a sore throat one year before, and during the time had attempted to use his voice for singing. His voice failed him, and since he has been gradually growing worse. A lobulated growth was found springing from the under side and free edge of the left cord, and at the angle extending across to the right cord. He removed the growth, but it recurred. During seven months he operated five times, and after the last operation followed by the use of a 5 per cent. solution of salicylic acid with 3 per cent. resorcin in alcohol, applied daily. For two years the larynx has been free and the voice clear.

The third case, a girl of five years, had part of the growth removed after tracheotomy, and then disappeared from observation for six months, when the growth had disappeared.

In the fourth case, a child of two years, a tracheotomy was done for the dyspnoea and no other treatment. The growth appears to be growing smaller.

The fifth case, a girl of four years, was sent to the hospital to have tracheotomy done, but upon arriving there the child began to cry, and before the tracheotomy could be finished was dead. The growth sprang from the true and false cords, and nearly filled the glottis opening. Deep inspiration had wedged the growth in the chink of the glottis, producing asphyxiation.

After giving a summary of the cases reported in the literature, he makes the following deductions: That papilloma of the larynx is a rare disease, especially in America. In a number of cases they undergo