

The first-named stated that post-nasal catarrh may occur during the paroxysmal stage and lead to septic absorption; and the latter suggested that when epistaxis occurs during a paroxysm of coughing the hæmorrhage proceeds from adenoids in some instances. He advised that in all cases the naso-pharynx should be kept clean and free from catarrhal products by the use of alkaline nasal douches. *Dan McKenzie.*

NOSE.

Stirnemann, F. (Lucerne).—*The Treatment of Acute Coryza.* "Münch. med. Woch.," December 29, 1908.

The author puts three or four drops of lysoform in the palms of the hands, rubs them together, and inhales four or five times the formalin vapour; this is repeated every two or three hours. The treatment is found unpleasant, but extremely effective. *Dundas Grant.*

Delsaux, V.—*Five Cases of Malignant Tumours of the Accessory Cavities of the Nose.* "La Presse Oto-laryngologique Belge," January, 1909.

Three of the tumours were sarcomatous, one was encephaloid cancer, and one tubular epithelioma. Each case was operated on by opening the sinuses and clearing out the neoplasm as completely as possible. In every case the growth rapidly recurred, and proved fatal in less than a year, in spite of a second operation.

The author remarks that these growths generally spring from the maxillary sinus. He concludes that total resection of the superior maxilla is the only operation which offers any chance of success; at the same time all the lymphatic glands which can be reached should be removed with their afferent vessels. *Chichele Nourse.*

Manasse, P. (Strassburg).—*On the Pathological and Clinical Features of Malignant Growths Involving the Nasal Accessory Sinuses.* "Zeitschr. f. Laryngol.," vol. i, Part V.

The author reports six cases in which malignant growths involved the accessory sinuses. The first three of these were squamous-celled epitheliomata originating in the antrum. The fourth and fifth also grew from the antrum; they were probably both endotheliomata, but the older portions of the growth had many of the characteristics in the former of epithelioma and in the latter of sarcoma. The sixth case was of much interest from a pathological standpoint, because it presented a combination of a benign epithelial with a malignant connective-tissue tumour. It involved the ethmoid and frontal sinuses.

In regard to the diagnosis of malignant growths of the antrum the finding of reddish-yellow coloured fluid on exploratory puncture may be of importance in distinguishing new growth from empyema.

In the treatment of such conditions the operation of Denker, which gives good access to the cavities of the nose, antrum, ethmoid, and sphenoidal sinuses, is often of service when the disease is not already too advanced. *Thomas Guthrie.*

Walb, Dr., and Horn, Dr.—*The Treatment of Diseases of the Accessory Sinuses of the Nose by Suction.* "Ärzt. Rundschau," xix, No. 8, S. 81. Quoted from "Zeitschr. für Ohrenheilk.," 1908, Bd. lvii, H. 1.

The authors have had an instrument constructed, similar to that of Muck and Heermann, which permits of the measurement of the amount of suction and of its regulation. They have treated a large number of acute and chronic cases by means of this instrument, and they find it of great value in diagnosis and in treatment. They were able to cure all their acute cases, and in some cases the chronic cases also improved.

W. G. Porter.

Rydygier, A.—*Further Experience in the Treatment of Rhino-scleroma with X rays.* Quoted from "Gazeta Lekarska," 1909, No. 3. "St. Petersburger med. Woch.," xxxiv, 1909, S. 191.

The author reports fourteen cases of rhino-scleroma (six affecting the nose and eight the larynx). Thirteen underwent treatment; they were all females between ten and twenty years of age. The period of treatment lasted from a few weeks to seven months. In one case thyrotomy was performed and the rays were applied through the wound. In one nasal case the diseased tissue was removed before the application of the rays. No operative treatment was applied to the remainder.

All the patients left the hospital either cured or greatly improved.

W. G. Porter.

Gulliver, F. D.—*A New Method for the Repair of Perforation occurring during the Submucous Resection of the Nasal Septum.* "Lancet," January 16, 1909, p. 166.

In the course of resecting a septum with an angular longitudinal deviation a perforation was produced. By means of a piece of muco-perichondrium a quarter of an inch square, cut from the redundant side and inserted between the muco-perichondrial flaps, the perforation was closed. Packing for twenty-four hours. Sutures were not employed. Result perfect.

Dan McKenzie.

Donelan, J.—*The Treatment of Chronic Suppuration of the Maxillary Antrum: An Operation and New Instruments.* "Lancet," June 19, 1909.

The author has abandoned the alveolar route except in a very few cases of acute abscess of dental origin, "and none of these were cured without eventual recourse to the intra-nasal method." For removal of the outer nasal wall he has devised a right and left rectangular chisel, and for the initial puncture an angular gouge, V in section. As regards the inferior turbinal, he brings forward anatomical arguments to bear against removal of its anterior end to facilitate entry to the antrum, and cuts through its middle portion with the gouge, sometimes also finding it advisable to remove the posterior end. Regular douching for from four to six weeks is necessary.

Macleod Yearsley.

Weil, Arthur J. (New Orleans).—*Nasal Causes of Headache.* "New Orleans Med. and Surg. Journ.," May, 1909.

Three different classes of nasal disease each cause headache, and each

by a different mechanism: (1) Diseases attended with nasal occlusion (2) deformities or disease causing pressure of the parts one against the other; (3) affections of accessory nasal cavities. The author repeats Hajek's warning that no headache following influenza should ever be declared neuralgic until a thorough examination of the sinuses has excluded their implication.

Macleod Yearsley.

LARYNX.

Seifert (Würzburg).—*Contusion of the Larynx.* "Revue Hebd. de Laryngologie, d'Otologie, et de Rhinologie," November 7, 1908.

The rarity of contusion of the larynx justifies the publication of every case; the following is the sixteenth instance on record.

A ferry-man received a blow on the neck with the handle of an oar, which caused severe pain and increasing dysphagia. When admitted to the hospital on the twelfth day after the accident he was seriously ill and hardly able to swallow. The pharynx, as well as the base of the tongue and upper part of the larynx, were in a state of inflammatory oedema; there was an extravasation of blood in the soft palate and the adjoining region, and sloughing of the lower part of the uvula and of the left posterior pillar.

The treatment consisted of rest in bed, the application of cocaine and alypin locally to render swallowing possible, and the administration of nourishment in the form of cold liquids. Recovery was rapid. The author disapproves of scarifications, which may lead to secondary infections. In the present case secondary infection probably occurred after a digital examination made by another medical man five days after the accident.

Chichele Nourse.

Hardy, Dr. H.—*A Foreign Body removed from a Bronchus of the Second Order by means of the Bronchoscope.* "St. Petersburger med. Woch.," 1909, xxxiv, S. 201. Quoted from "Finska Läkaresällskapets Handl.," 1909, No. 3.

In a patient who had worn a tracheotomy tube for thirty years on account of a syphilitic stenosis, the tube had become separated from the plate and slipped down the trachea. In an attempt to withdraw it by means of an iron wire the patient had pushed it farther in and also injured the trachea. The author succeeded two days later in removing the tube by indirect bronchoscopy. The tube had reached a bronchus in the middle lobe of the right lung.

W. G. Porter.

Bell, James.—*Excision of Larynx and Pharynx for Carcinoma.* "Montreal Med. Journ.," February, 1909.

The patient, a female, unmarried, aged forty-six, had suffered from dysphagia and hoarseness for eight months. The difficulty in swallowing steadily increased. She was referred to Dr. H. J. Birkett for laryngoscopic examination. He found an area of epithelioma at the upper end of oesophagus and pharynx, closely adherent to lower part of larynx.

In operating, the larynx, the upper portion of the oesophagus and the involved area of the pharynx were removed in one mass, without preliminary tracheotomy. The stump of the trachea was fixed to a skin wound