The writer concludes: "I should like to remark how unusual this case is, presenting a primary melanosis of the palate, without co-existing lesions of the eye or skin, a slow evolution of twenty years, and a recent rapid sarcomatous growth." *Price-Brown.*

NOSE AND ACCESSORY SINUSES.

Downie, Walker.—*Sarcoma of the Nose, with Six Cases.* "Glasgow Med. Journ.," August 1, 1907.

Sarcoma of the nose is rare, and mentioned only briefly in text-books. It grows from the antrum, the ethmoid cells, and the middle turbinal, and comes at any age, as shown by these cases, and in either sex. In some cases it has a characteristic malignant tendency, and in other cases it resembles an ordinary simple polypus or papilloma, and, therefore, a great deal of confusion takes place.

Sarcoma is often not recognised until too late. The following symptoms point to malignancy: (1) Occasional attacks of epistaxis; (2) hæmorrhage on touching the growth; (3) severe pain on probing or removing them; (4) deformity of the nose; (5) general loss of weight and health. The *treatment* is to recognise these growths when small and beginning, and to remove them thoroughly with snares, forceps, or the galvano-cautery. But if these growths come from the antrum or frontal sinus, the prognosis is not good unless a very radical operation is done.

Andrew Wylie.

Haseltine (Chicago).—*The Septum Nasi—a Comparative Study.* "The Homœopathic Eye, Ear, and Throat Journal," July, 1907.

The author studies the nose from a developmental standpoint, including the ontogeny and phylogeny of the organ.

The formation of the face may be considered as one of Nature's difficulties of accommodating the size of the anterior portion of the human brain, and the most difficult part of this face building is the formation of the nose.

The nose is a relatively more important organ in many lower animals, but in no animal is the actual relative size of the nasal chambers so great as in man. So one meets with the curious biological paradox of an organ increasing in size but losing function. This can only be explained by regarding the larger nasal space as caused by the widening facial angle due to cerebral growth.

The structure of the septum in man is altogether different from that of the animal; whilst the latter has the septum practically complete at birth in man its formation is largely a post-nasal process. The bony plates which fill the extra space within the facial angle have but a flimsy support, and are subjected to almost constant disturbance of their inter-relations. Hence deformity results.

This theory of faulty union of the bony plates of the septum is supported by clinical observations. Children are free from septal deformity. The posterior border, which ossifies early and without disturbance, is nearly always normal. The anomaly of septal deformity is less frequent in flat-nosed races with less frontal development. *Macleod Yearsley.*

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Yearsley, Macleod.—*The Rational Treatment of Adenoids.* "Brit. Journ. of Children's Diseases," vol. iv, p. 341.

A strong protest against the so-called "palliative" treatment of adenoids and against imperfect operation. Reviews the literature of tuberculous adenoids and points out the risks run by leaving hypertrophy of the pharyngeal tonsil untouched. Insists upon the importance of *efficient* removal and the discredit brought upon the operation by unskilled and imperfect operators. *Macleod Yearsley.*

Bucklin, C. A. (New York).—*Hypertrophic Nasal Catarrh and Complications, with Clinical Illustrations.* "Arch. of Otol.," vol. xxxvi, p. 398.

This paper is based upon 31,181 operations since 1880. The author considers that hypertrophic nasal catarrh is occasioned by obstruction to nasal inspirations, and states that the vacuum formed within the entire respiratory tract with each forcible nasal inspiration amounts in patients suffering with the condition to about $1\frac{36}{100}$ pounds to the square inch. With this vacuum reduced to about one half, the symptoms of catarrhal diseases and their complications often stop within ten days.

These conclusions, Bucklin considers, can be clearly demonstrated by experiment with the "respirometer" and "displacement vessels," instruments which he describes, with the method of using them, at length.

In speaking of the complications of hypertrophic nasal catarrh, pulmonary tuberculosis is noted, and Bucklin considers that it is exceptional for tubercle bacilli to infect lungs that are not affected with chronic catarrhal diseases.

A list of the conditions curable by nasal operation is given, including "catarrhal otitis media." The highly objectionable advice to perform Valsalva's method of inflation as the only necessary additional treatment is to be strongly deprecated, for reasons well known to every scientific otologist.

The operation recommended appears to be the routine one of removing the posterior and anterior ends of the inferior turbinals, together with any other "nasal deformity." Everything is done under cocaine and adrenalin with a jeweller's saw.

Seven cases are given (out of the 31,181) in illustration of the author's method. *Macleod Yearsley.*

Siebenmann (Basle).—*Osteo-myelitis and Deafness.* "Rev. Hebdom. de Laryngol., d'Otol., et de Rhinol.," July 13, 1907.

Deafness as a sequel to acute septic osteo-myelitis was only represented in medical literature by four instances recorded respectively by Wagenhause, Steinbrügge, Bezold, and Castex, until within the last few years the author met with and reported three new cases of this complication.

The disturbance of the organ of hearing rarely occurs during the acute pyrexial stage of the disease, but most commonly during the period of convalescence, a year or more after its onset. In protracted cases, where many foci have developed successfully at intervals, three years or more may elapse before the deafness is noticed. Both ears are affected, and with rare exceptions at the same time.

In one group of cases the loss of hearing was preceded by subjective

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tinnitus which persisted, and later vertigo and nausea appeared. In the other group, the deafness came on either suddenly or gradually without these disturbances.

In most cases the final result was a bilateral deafness, but exceptionally some slight hearing power remained in one ear.

As the result of *post-mortem* examination, lesions were found in the labyrinth similar to those occurring in meningitis complicated by labyrinthitis. *Chichele Nourse.*

Bichaton (Rheims).—*The Nasal Treatment of Asthma.* "Rev. Hebdom. de Laryngol., d'Otol., et de Rhinol.," August 3, 1907.

Admitting the connection between asthma and intra-nasal conditions, which has been recognised by various medical writers even as far back as A.D. 1650, the author discusses the hypotheses which have been advanced to account for it, alluding finally to the views of Francis and his treatment by cauterisation of the tubercle of the septum.

Of four cases of asthma so treated by the author, two were nearly cured while the others received no benefit whatever.

Chichele Nourse.

Broeckaert, J. (Ghent).—*Endothelioma of the Maxillary Sinus.* "Rev. Hebdom. de Laryngol., d'Otol., et de Rhinol.," September 7, 1907.

An interesting and important paper, read before La Société Française d'Oto-rhino-laryngologie, upon this form of malignant neoplasm, with notes of three cases. The mode of origin and histological characters are fully described, and the symptoms are discussed. The tendency of such tumours is to recur locally after removal, and incomplete removal acts as a stimulus to new growth; the author therefore recommends that any interference should be of the most radical character. He lays especial stress upon the avoidance of any interference with the tumour itself during the operation, for, he says, removal in fragments leads almost inevitably to inoculation. *Chichele Nourse.*

De Ponthière, L. (Charleroi).—*Sarcoma of the Ethmoid; Operation; Cure.* "Rev. Hebdom. de Laryngol., d'Otol., et de Rhinol.," September 7, 1907.

Notes of a case occurring in a girl, aged twenty. The symptoms consisted of a sensation of tension in the fronto-nasal region, progressive obstruction of the left nostril by a greyish-red tumour, and a fœtid, purulent discharge. There were two attacks of epistaxis. The duration of the symptoms was only two or three months. A radical operation was performed in August, 1906. The patient was well and free from any recurrence in May, 1907. *Chichele Nourse.*

Menzel.—*Entrance of Fluids into the Frontal Sinus during Forced Irrigation of the Antrum.* "Arch. für Laryngol.," Bd. xvii, p. 377.

Menzel quotes Lermoyez ("Ann. d. Mal.," November, 1902) to the effect that this can take place. Menzel's experiments led him to the conclusion that a direct infection of the frontal sinus in the manner described by Lermoyez, even during the most forcible irrigation of the antrum, cannot take place, because the fluid cannot force its way into the cavity which is already filled with air. He believes, however, that in a few rare cases the fluid can enter that part of the anterior ethmoidal

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labyrinth which corresponds to the cell of the bulla ethmoidalis, but suggests that this may lead to infection of the bulla, from which, by continuity, infection of the rest of the anterior ethmoidal, the labyrinth, and eventually the frontal sinus may take place. Menzel advises that instead of a thick, vulcanite cannula, a middle-sized one of about ½ or 1 m. in diameter should be used, and that the pressure exercised should be very moderate, so that the fluid, on its exit from the maxillary ostium, may scarcely go above the level of that opening. *Dundas Grant.*

LARYNX.

Dupond, G. (Bordeaux).—*Double Crico-arytænoid Arthritis with Fixation of Both Vocal Cords.* "Rev. Hebdom. de Laryngol., d'Otol., et de Rhinol.," August 31, 1907.

A man, aged fifty-four, suffering from pulmonary and laryngeal tuberculosis, was attacked suddenly, consequent upon exposure to cold, with dyspnœa and suffocative crises. These symptoms were found to be due to acute arthritis of both crico-arytænoid joints, with fixation of the cords in the median position. *Chichele Nourse.*

Birkett, H. S., and **Muckleston, H. S.** (Montreal).—*A Case of Perichondritis of the Larynx, occurring during the course of Typhoid Fever.* "Montreal Medical Journal," August, 1907.

The patient, a Polish labourer, aged twenty-one, was admitted to the hospital with typhoid fever on October 31. The disease ran a severe course. In addition to the usual bronchitis he had repeated attacks of epistaxis, and twice developed broncho-pneumonia. He suffered also from intestinal hæmorrhages and subcutaneous abscesses. He was delirious for one week.

Early in December laryngeal symptoms developed, with hoarse voice and noisy breathing. Laryngeal examination revealed acute perichondritis with involvement of crico-arytænoid joints. The left cord was fixed and ulcerated, right one limited in movement; both were œdematous. Steam and benzoin inhalations afforded some relief.

On the sixth day of laryngitis, breathing became stertorous and pulse rapid, with the usual symptoms attendant upon cyanosis. Tracheotomy was resorted to.

The subsequent course was satisfactory with the exception of the laryngeal condition, and the patient was discharged from the hospital 116 days after admission, still wearing the tube.

Six weeks later the laryngeal mirror gave the picture of the vocal cords fixed in adduction, but hidden in their posterior half by a smooth globular mass, which was adherent to the left arytænoid cartilage. The voice was hoarse but intelligible.

As the mass gradually decreased in size during the subsequent weeks, repeated attempts at dilatation were made, but nothing larger than a laryngeal probe could be passed.

On May 20 he was again admitted to the hospital. The vocal cords were found to be adherent in their anterior half, but movable to a limited extent posteriorly. There was also subglottic thickening of the mucosa and narrowing of the lumen of the trachea from granulations along the track of the tracheotomy tube.

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