

During the period of attack two remedies are used—one internally, the other locally. The former consists of ammoniac in 8-grain doses, taken once or twice a day; the latter of a combination of stearate of zinc with aristol, used as a dusting-powder within the nasal cavities. In this way his patients have been made comfortable, and the attacks shortened. *Price Brown.*

Goldsmith, P. G.—*Sarcoma of Right Nasal Fossa with Acute Sinusitis and Orbital Cellulitis.* "Montreal Medical Journal," October, 1900.

Report of a case affecting the right nasal fossa, extending to the antrum of the same side, and causing protrusion and pain of the right eye. Operative treatment only produced temporary relief. Microscopical examination proved it to be sarcoma of the small round-celled variety. *Price Brown.*

LARYNX.

Taptas.—*Extirpation of the Larynx for Sarcoma; External Artificial Larynx.* "Annal. des Mal. de l'Or.," January, 1900.

The case of a woman of forty-six, giving a history of laryngeal symptoms of three and a half years' duration, and of tracheotomy for urgent dyspnoea eight months previously. The larynx was occupied by an extensive fungating tumour which proved to be a round and fusiform celled sarcoma. Removal was accomplished after erosion of muscles from their laryngeal attachment, section of the trachea, and separation of the organ from its attachments from below upwards. The tracheal tube was maintained in the original tracheotomy wound, and the skin sutures immediately above the latter were made to include the anterior œsophageal wall in order to completely shut off the lower from the upper portion of the wound. An attempt was made to close the pharynx by suturing, but fistulation occurred below the hyoid bone. After the third day food was conveyed to the stomach by a urethral catheter passed through the nose. Recovery was uneventful, a small subhyoid fistula persisting.

About the sixth week an artificial larynx was adjusted. This consisted of a tracheal and a pharyngeal portion in metal, united by an external rubber tube. The former was an ordinary tracheotomy-tube, with an extra outlet close to the external orifice for the attachment of the rubber junction-tube. The pharyngeal portion was a curved tube, terminating internally in a rubber valve tube, permitting air to enter the pharynx and preventing the return of food and saliva. When speech was desired, the patient merely occluded the opening of the tracheotomy-tube with her finger. With this apparatus a loud whisper could be produced. It was found that even in the absence of the apparatus the patient could emit an intelligible whisper, a phenomenon attributable to the air in the mouth and pharynx, possibly supplemented by the passage of air from the stomach under forcible contraction of the diaphragm. Unfortunately, recurrence took place in the wound.

Ernest Waggett.