

into the internal ear or a slow recovery from severe concussion probably explained the return of audition in a certain number of cases.

Abstracts.

PHARYNX.

Link, G.—*Acute Œdema of the Pharynx, with Report of a Case requiring Rapid Tracheotomy.* "Med. Record," March 2, 1907.

In this case the writer was called suddenly to the bedside of a male patient who was suffering from urgent dyspnoea following upon an attack of double tonsillitis. Examination, so far as it was possible to examine, revealed an extremely œdematous condition of the pharyngeal mucosa. An attempt was made to intubate the larynx, but without success, owing to the want of proper instruments. The dyspnoea became so urgent that a tracheotomy was performed. An uninterrupted recovery ensued, the œdema rapidly subsiding. Later both tonsils were carefully removed by dissection.

W. Milligan.

NOSE.

Kubo, I. (Fukuoka, Japan).—*On the Origin of the so-called "Lobular Hypertrophy" of the Turbinates.* "Archiv für Laryngol.," vol. xix, Part II, 1907.

This paper is based upon a microscopical examination of eighteen cases of lobular hypertrophy of the inferior turbinate. Sixteen of these were men, two were women, and more than half were between twenty and twenty-nine years of age. Specimens prepared from these cases showed the following points of interest: The epithelial layer and the basement membrane were free from pathological changes. The papillæ, or lobules, consisted mainly of œdematous connective tissue, showing some round-cell infiltration, and containing neither cavernous spaces nor glands. This tissue closely resembled that composing a nasal polypus, and represented the greatly hypertrophied "adenoid" or subepithelial layer. Beneath this the lacunar or cavernous layer consisted of glands, vascular spaces, connective-tissue fibres, and round cells in varying proportions. Much stress is laid on the fact that the openings of the gland-ducts were situated at the bottom of the depressions between the papillæ, and almost never on the summits of the latter. The cavernous spaces were somewhat reduced in size, and the connective tissue more abundant than usual.

While, in the author's opinion, the so-called "smooth" form of hypertrophy is due mainly to changes in the cavernous layer, the lobular or papillary form is dependent upon an overgrowth of the "adenoid" layer

between the gland-ducts. This tissue is almost uninfluenced by the application of cocaine, and in this respect, as well as in general structure, the lobular hypertrophy agrees with the ordinary nasal polypus.

The author strongly dissents from the views of Hopmann and others, who regard the overgrowth as papillomatous in nature. He finds, on the contrary, that the epithelial layer is quite normal. Nor can he agree with Kopetzky, who has recently attributed the lobular hypertrophy to an increase of elastic fibres in the subepithelial layer. The author's specimens show no such increase, and in some the elastic fibres are more scanty than usual.

Thomas Guthrie.

ACCESSORY SINUSES.

Maljutin, E. N. (Moscow).—*Cases of Frontal Sinus Disease.* "Archiv für Laryngol.," vol. xix, Part II, 1907.

The author describes two cases of empyema of the frontal sinus, both of which were characterised by the formation of a spontaneous fistula of the anterior wall. The first case presented, in addition, an apparently congenital defect of the posterior wall, an anomaly previously mentioned by Zuckerkandl alone, who saw but one instance of it. The patient, a peasant, aged forty-seven, had been treated for about a year for a discharging fistula situated in the middle of the glabella. The fistula had followed upon the opening of an abscess in that position. Operation disclosed a large frontal sinus on the right side extending to the left across the middle line. Within the cavity of the sinus was found a small sac filled with pus and granulations, which communicated with the exterior through the fistula, but was completely shut off from the true cavity of the sinus. Examination of the posterior wall of the sinus itself disclosed an oval defect 2 cm. long and 1 cm. broad, through which bulged the normal dura mater, and in the mid-line the superior longitudinal sinus, the latter showing very well-marked pulsation. The margins of the opening were smooth and rounded, and quite free from any evidence of disease, so that the author has no doubt that the defect was a congenital one.

In the second case an empyema involving the entire frontal sinus had perforated through the anterior wall.

Spontaneous perforation of the comparatively resistant anterior wall, such as occurred in these two cases, is very rare; the author has been unable to find records of more than two similar cases (by Botey).

Thomas Guthrie.

LARYNX.

Bond, J. W.—*Preliminary Laryngotomy.* "Brit. Med. Journ.," January 5, 1907.

During the past fifteen years the author has performed laryngotomy as a preliminary measure when dealing with some of the major opera-