of multiple sinusitis, as it involves only the frontal sinus, the orbital cells, and the anterior ethmoidal cells; for the removal of the last, the section of the upper half of the frontal process of the superior maxilla is often sufficient, and this can be carried out with a correspondingly smaller skin incision. *Dundas Grant.*

Carter, W. W.—*Primary Carcinoma of the Inferior Turbinated Body, with Report of a Case.* "Medical Record," March 16, 1907.

The patient was a female, aged thirty-eight. On examination a cauliflower-looking mass attached to the anterior extremity of the right inferior turbinated body was found. Its backward extensions could not be properly determined. There was a serous and non-fœtid discharge from the nasal passage. A piece of the growth was removed, and found, upon microscopic examination, to be a typical columnar-celled epithelioma. After free opening-up of the nasal passage the growth was found to be confined to the inferior turbinated body. The whole of the external wall of the nasal cavity down to, and including a portion of, the floor was removed, together with the inferior and middle turbinates, and a large portion of the anterior wall of the antrum.

The special points of interest in the case are:

(1) The extreme rarity of primary cancer of the nose, and especially of the inferior turbinate.

(2) The age of the patient, few cases having been met with before the age of forty-five. *W. Milligan.*

Coffin, Rockwell A.—*A New Operation for Correction of the Nasal Septum.* "Boston Med. and Surg. Journ.," January 17, 1907.

The author considers the most objectionable features of the "window operation" to be the length of time required to perform it, and the "strain" to patient and operator. He claims to overcome both objections in the operation described.

He performs his operation in two short sittings. At the first sitting a "more or less perpendicular" incision is made anterior to the deviation, and the muco-perichondrium raised as far as the edges of the deviation. The space thus made is injected with sterilised vaseline, and the nose left for one week. At the end of that time incision is made on the opposite side and anterior to the first cut, and the muco-perichondrium raised. The deviation was then removed and a pledget of antiseptic cotton introduced for twenty-four hours. *Macleod Yearsley.*

LARYNX.

Glas, E. (Vienna).—*On Cysts of the Larynx.* "Arch. f. Laryngol.," vol. xix, Part II, 1907.

Dr. Glas distinguishes the following varieties of laryngeal cyst:

(1) *Retention cysts of the infra- and intra-epithelial glands.*—The most common situation for cysts of the infra-epithelial glands is the anterior surface of the epiglottis, but they are sometimes found on one of the four situations occupied by the "glandulæ aggregatæ" of Luschka. Cysts of this nature on the true cords are extremely rare, owing to the

scarcity of glands in this region. Many cysts of the true cords are really polyps, the lymph-spaces of which have undergone dilatation.

The intra-epithelial glands found by Dr. Glas in the epithelium of the epiglottis, and similar to those which he previously described in the nasal mucosa, are sometimes responsible for small cysts. In addition, some intra-epithelial cysts appear to arise from distension by serous fluid of the intercellular spaces.

(2) *Congenital cysts.*—These rare structures are to be explained by the occurrence of developmental errors at the points of union of tissues whose origin is different. While the epiglottic and thyroid elements are formed from the visceral arches, the remainder of the larynx owes its origin to the pharynx. It is most probable that certain cysts of the aditus laryngis result from a faulty union of these structures.

(3) *Traumatic cysts.*—The author describes a unique case in which a cyst, involving the laryngeal surface of the epiglottis and extending over the anterior portion of the left ventricular band, appeared in a patient who had undergone laryngo-fissure and treatment by dilators for stenosis. This cyst is probably to be regarded as an implantation dermoid.

(4) *Lymph cysts.*—These consist in most cases of polyps which have undergone cystic degeneration. Cystic change of this nature is most often seen in the case of those new growths which spring from situations rich in adenoid tissue, such as the sinus of Morgagni, the posterior surface of the epiglottis, etc.

The author reports shortly sixteen cases observed by himself. Of these six occupied the anterior surface of the epiglottis, two the right ventricle, two the left arvepiglottic fold, and one each the laryngeal surface of the epiglottis, the left ventricle, the left sinus, the right vocal cord, and the vallecula; while one was the traumatic cyst mentioned above.

Thomas Guthrie.

Miller, F. E. (New York).—*An Original Research on the Cause of Vocal Nodules.* "Boston Med. and Surg. Journ.," January 10, 1907.

The author considers these nodules can be produced "by infection of the tonsils and perverting the action of the thyro-arytenoideus externus."

Macleod Yearsley.

Dupuy, Homer.—*Successes and Failures in Intubation.* "New Orleans Med. and Surg. Journ.," March, 1907.

The only sign which serves as a guide when to intubate is persistent and progressive dyspnœa. The causes of failure in intubation are unskilfulness and inexperience, disregard of the all-important fact that persistent and increasing dyspnœa calls for operative relief, neglect of intubation in favour of antitoxin. The whole paper is a plea for early intubation.

Macleod Yearsley.

Escat, E. (Toulouse).—*Uses and Value of the Galvano-Cautery in Various Forms of Laryngeal Tuberculosis.* "Archives Inter. de Laryngologie, d'Otologie," etc., September—October, 1906.

The author refers to the use of the galvano-cautery in laryngeal tuberculosis as being an old treatment brought forward again. He has treated cases since 1895, and, although he considers the method efficacious, he thinks great judgment is necessary in determining which type of

tuberculosis will give the best results. He considers the galvano-cautery most effective in cases where the lesion is torpid, and localised general infiltration is best left alone. *Anthony McCall.*

Althoff, E. (Strassburg i E.)—*On Endotheliomata of the Interior of the Nose and the Accessory Cavities.* "Archiv für Laryngol.," vol. xix, Part II.

The author of this paper defines an endothelioma as a malignant tumour originating from endothelium. He refers to the various points of similarity between endothelium and epithelium, but does not agree with Stöhr as to the identity of the two. An endothelioma often very closely resembles a squamous-celled carcinoma. It is distinguished mainly by the following characteristics:

(1) A plexiform structure, resembling lymph-channels and spaces.

(2) The cells are oval and possess an easily-stained nucleus. As compared with cancer-cells they are remarkably uniform in both size and shape.

(3) Although cell-nests are present they contain no horny substance; no intercellular bridges, and no prickle-cells are found.

(4) The tumour appears to grow largely by the conversion of the cells of neighbouring tissue-spaces into tumour-cells, and in some cases the actual point of transition may be discovered.

(5) The nuclear-mitoses are different from those of cancer-cells.

(6) In a few cases fine connective-tissue fibres are found passing in between the individual tumour-cells—a point of resemblance to sarcoma.

(7) The tendency to metastasis is very slight; and the rate of growth in some cases extremely slow.

The author was unable to find records of more than nineteen cases of endothelioma of the nose and its accessory cavities. He describes at length three cases of his own, in which the growth was of large size, and all of which terminated fatally. Microscopical examination showed in all cases well-marked plexiform arrangement; and although in only one case could the actual conversion of the cells of the lymph-spaces into tumour-cells be made out, yet in all the intimate relations between the tumour-cells and the connective-tissue stroma strongly suggested that the former had originated where they were found, and had not reached their position by immigration. Dr. Althoff could find no previous description of certain very striking gland-like structures, which were present in one of the cases. In two of the patients symptoms had existed for a period of only four weeks and two months respectively; while in the third case the disease appeared to have been present for twenty-three years.

Thomas Guthrie.

Crawford, G. R.—*Report of a Case of Abscess of the Larynx.* "Maritime Medical News," January, 1907.

In this case there was nothing extraordinary in the history, except that the patient had just recovered from an attack of typhoid fever. Laryngological examination revealed redness of the inner coating of the larynx and swelling of the right side. Movements of the vocal cords were defective. The diagnosis was subglottic laryngeal obstruction, but of what nature it was impossible to say. The attacks of dyspnœa, while occurring only three or four times in twenty-four hours, were often very severe.

Tracheotomy was prepared for, should emergency demand it. It was put off, however, on account of the comparative comfort which the patient enjoyed for many hours each day.

Finally, the house-surgeon was summoned one night after midnight to do tracheotomy. The operation, however, was done too late.

Post-mortem examination revealed an abscess of the cricoid extending to the right arytenoid cartilage. There was a small opening at the upper end of the abscess penetrating the larynx; and no doubt the pus, finding sudden and free vent into the narrowed glottis, produced death by suffocation before surgical relief could be given. *Price-Brown.*

Hammerschlag, Victor (Vienna).—*On Disturbance of Speech in Childhood.* "Arch. of Otol.," vol. xxxv, No. 4.

Hammerschlag describes a case of his own, and refers to others by Schepers, Schwarz, Calmeil, and Möller. Schepers' (*Berl. klin. Woch.*, 1872, p. 517) was the case of a girl, aged eight, who, on the fourth day of measles, became comatose, and on waking, three days later, was completely aphasic; the legs were paralysed and there was ataxia of the upper extremities. Gradual recovery took place. It is supposed that acute hydrocephalus had been present. Schwarz's case (*Deutsch. Archiv für klin. Med.*, Bd. xx, 1877, p. 615) was one in which the child became aphasic, with motor disturbance in the right upper extremity eighteen days after the beginning of measles. Gradual recovery took place. Calmeil's (*Arch. f. Kinderheilk.*, 1897, vol. xxi, p. 297) was that of a boy who, after measles, suffered from severe convulsions with continuous coma, from which he woke deaf, blind, and dumb. Fourteen days later the hearing returned, and at the end of a year he was able to speak a few words. He remained blind, and became epileptic and hemiplegic on the right side. He died when twenty-two years of age, and sclerosis and atrophy of the entire left hemisphere were found. In Möller's case (*Arch. f. Kinderheilk.*, vol. xxi, 1897, p. 297) a girl had lost all power of speech, except for a few words, after measles. She understood all questions and answered by gestures. She gradually learned to speak, and after a few months the speech was normal. Hammerschlag's own case was one of a child, aged five and a half, who had developed normally during her first years, and at the age of fourteen months could walk and articulate several words, and seemed to have perfectly normal hearing. She was then taken ill with convulsions, rise of temperature, and measles eruption, and was convalescent after sixteen weeks, but after the first seizure the arms and legs of the child appeared to be paralysed, and the rudiments of speech were lost. After one year a number of syllables could again be pronounced: in the third year the child slowly learned to walk and to run, but no further progress was made as regards speech. Otherwise the child was entirely healthy; the intelligence seemed perfect. It followed various orders, and could, for instance, show its tongue when called on. As regards the hearing power, the vowels *a*, *i*, and *u* (German) could be heard when spoken in a low conversational voice at a distance of at least 10 mm. (? m.), and all the Hartmann tuning-forks ($c - c^5$) were perceived on both sides up to the point of dying out. Hammerschlag discusses the question as to whether this "motor asphasia" was congenital or acquired in early childhood. Against the theory of congenital disease was the absence of any hereditary taint and the fact that the power of walking was completely lost after the convulsive seizure, as well as the

clinical fact that aphasia occurs in the course of acute infectious febrile disturbances in childhood. [This paper is of great interest in connection with a case of the kind brought before the Laryngological Society of London by Dr. Davis and reported in this journal, p. 210.]

Dundas Grant.

TRACHEA.

Watson, Edward C.—*Intra-tracheal Medication.* "Queen's Quarterly," January, 1906.

The writer is a firm advocate of this method of internal medication in suitable cases. He looks upon pure olive oil as the best vehicle for the administration of the drugs required, and advises the use of guaiacol, menthol, camphor, ichthyol, chlorotene, and the bromides, in strengths varying from 2 to 5 per cent. in solution.

The preparations should be filtered and heated to blood temperature before injection. The initial dose is one drachm, gradually increased to three or four drachms in suitable cases.

During the treatment all cough mixtures should be discontinued, and stomachics and tonics alone given.

The cases specially benefited by this method of treatment are those of chronic bronchitis, winter cough, chronic laryngitis, early tuberculosis of the lungs, etc. Neurotic cases and patients subject to dry cough are not considered to be amenable to this method of treatment.

Price-Brown.

Hirschland, L. (Wiesbaden).—*A Case of Foreign Body in the Left Bronchus.* "Monats. für Ohrenheilkunde," vol. xl, Part 12.

Dr. Hirschland relates the case of a boy, aged ten, who came to him suffering from great dyspnœa, with violent cough, and expectoration of offensive, blood-stained sputum. Ten days previously the boy had had a sudden choking fit whilst eating, and from this time the dyspnœa had been present. The purulent, offensive expectoration appeared thirty-six hours later. The larynx was much congested, and there was diffuse redness of the tracheal wall. Over the left lung the percussion note was weak, and the breath-sounds were diminished and difficult to hear below the level of the fourth rib. The temperature was slightly elevated, pulse 90, breathing rather accelerated and superficial. A bougie was passed down the œsophagus, and no obstruction was found. The following morning the pharynx and larynx were well cocainised, and the upper part of trachea painted with a 20 per cent. solution of alypin, to which a little suprarenalin had been added. With the patient in a sitting position a tube of 7 mm. calibre was passed into the trachea, and, after considerable difficulty, was made to enter the left bronchus. After removing the mucus and pus a soft, yellowish-red mass was seen to be blocking the entire lumen of the bronchus. Repeated attempts to remove the foreign body with Schrötter's forceps were made, but were rendered useless by violent fits of coughing. The tube was then removed and another substituted, the end of which sloped off obliquely. This was passed into the bronchus, and the narrow part of the tube pressed between the foreign body and the wall of the bronchus. The forceps were again applied, and