

Summary of *post-mortem* report by Dr. Schöllberg: There was localised basal meningitis, and the temporo-sphenoidal lobe was adherent to the dura at a point over the left petrous bone. Microscopic examination of the dura and adjacent part of the brain showed the growth to be an endothelioma which had grown from without through the dura into the brain substance.

## Abstracts.

### NOSE AND NASO-PHARYNX.

**Kanavel, A. B.**—*Removal of Tumours of the Pituitary Body by an Intra-nasal Route.* "Journ. of the Amer. Med. Assoc.," November 20th, 1909.

Kanavel advocates the operation of elevating the nose, cutting the cartilaginous septum, removing the middle turbinales, deflecting the septum, locating the sphenoidal foramina, biting off the attachment of the perpendicular plate of the ethmoid and vomer, entering the sphenoidal sinus, and thus reaching the floor of the sella turcica in removing pituitary tumours.

*Macleod Yearsley.*

**Dupond, G.** (Bordeaux).—*Epithelioma of the Naso-pharynx.* "Revue Hebd. de Laryngol., d'Otologie, et de Rhinol.," January 2nd, 1909.

The record of a case of this rare condition.

A man aged 58, apparently in robust health, had noticed some discomfort at the back of the throat and deafness of the left ear for four or five months. For six weeks he had been troubled with nasal obstruction, causing mouth-breathing at night. A noteworthy point was the entire absence of pain; he had, however, some tickling of the throat. The soft palate was pushed forward by a growth which filled the left side of the naso-pharynx, and could be seen below the lower border of the velum as a multilobular greyish red granulating mass. The tumour was firm in consistence, and deeply adherent to the parts which it covered.

Over the left parotid was a hard lymphatic gland with deep adhesions, and another smaller in the right carotid region. The left ear was affected with exudative catarrh. The nature of the tumour was proved by microscopic examination. The case was inoperable.

*Chichele Nourse.*

### LARYNX.

**Goldstein, M. A.** (St. Louis).—*Lipoma of the Larynx.* "The Laryngoscope," September, 1909, p. 641.

Patient, a woman, age 33, had been suffering from hoarseness, difficulty in breathing, and stridor of gradually increasing severity for several years, culminating in marked respiratory distress, frequent coughing, restlessness, emaciation, and depression.

Examination of the larynx revealed "a large, rounded, pale yellowish-pink mass," "extending from the left lateral wall of the ventricular fossa, pushing the ventricular band upwards, and overlying both vocal cords." The left ventricular band was stretched and arched upwards by the tumour. Save for a small chink in front between the tumour and the right vocal cord, the glottis was entirely blocked, so that when the patient sat upright breathing was well-nigh impossible, and she instinctively leaned the head and neck towards the left side in order to get relief from the dyspnoea.

The growth was found to consist of two separate masses, one of which was easily removed with the cold wire snare, but in the attempt to snare the other the loop of wire became fixed round the pedicle of the tumour, and could neither be withdrawn nor made to cut through the growth. By dint of pulling forcibly upon it, however, Goldstein succeeded in bringing the tumour within reach of a long pair of scissors, with which he divided the pedicle, and so removed the tumour with the snare round it.

Microscopic examination proved the growth to be a pure lipoma.

A summary and discussion of the literature of this rare laryngeal neoplasm is incorporated in the article. Dan M'Kenzie.

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### E.A.R.

**Sydenham, Fred.**—*Treatment of Facial Paralysis due to Mastoid Disease or the Mastoid Operation.* "Brit. Med. Journ.," May 8, 1909, p. 1113.

Case of facial paralysis following the radical mastoid operation in a boy, aged four. Two days after the operation the post-aural wound was again opened up, the aqueduct exposed, and the severed ends of the nerve defined. Silkworm gut was used as the scaffolding for the regeneration of the nerve: "a piece  $\frac{1}{2}$  in. longer than the interval between the two openings in the bone was used,  $\frac{1}{4}$  in. being inserted into each end of the bony canal." The post-aural wound was kept open in order to obtain better drainage. The area of anastomosis was covered with gutta-percha tissue at each dressing until the silkworm gut become covered with granulations. After three months slight movement of *alæ nasi* was observed, and then the other facial muscles gradually recovered their function.

The advantages of uniting the facial end to end, when the ends can be found, is that an unsightly scar is avoided, and the recovery is comparatively rapid, in both of which respects it is preferable to facio-spinal accessory or facio-hypoglossal anastomosis. This operation is also easier than those other methods. Dan McKenzie.

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### MISCELLANEOUS.

**Stocker, S.** (Lucerne).—*On the Contra-Indications for the Use of Fibrolysin.* "Corresp.-Blatt. für Schweiz. Aertze," Year 39, No. 24.

Since too little attention, the author thinks, has been paid to this aspect of the question, he has collected some reports of the adverse effects of this drug, which some have asserted do not occur. As this form of treatment has been recommended for certain aural affections this account may not be out of place.