

rice-pudding the child gave a sudden cough, which was followed by profuse arterial hæmorrhage, and death ensued immediately.

Post mortem.—A breaking down of the glands was found on the right side of the neck. At the level of the angle of the jaw, just behind the pharyngeal wall, a small cavity was disclosed filled with blood-clot. The walls of this cavity were ulcerated, and at the upper part the internal carotid artery was involved in the ulceration.

Notes.—These cases are of interest, as very few of the kind have been reported. In the first case, there being no throat trouble present, it is probable that a deep lymph-gland broke down, involving the coats of the internal jugular vein, from which vessel blood oozed into the surrounding tissue, giving rise to the swelling behind the right tonsil. In the second case a septic ulceration of the tonsils took place, affecting, secondarily, the glands, the breaking down of which involved the coats of the internal carotid artery, causing that vessel to give way suddenly. In neither of these cases were there any symptoms indicating implication of the vessels.

Andrew Wylie.

Hurd, L. M. (New York).—*Pemphigus of the Throat; Report of a Case.* "The Laryngoscope," September, 1909, No. 9, p. 689.

A woman, aged 33. Five years before she first consulted the author, sore throat, dysphagia, and anorexia, were experienced at irregular intervals. Four years later a similar condition began to affect the conjunctiva of the left eye.

On examination, bullæ, vesicles, and superficial ulcers were seen on the velum, posterior pharyngeal wall, and base of the tongue. There never had been any eruption on the skin.

A subsequent report from the patient conveyed the information that she had lost the sight in the left eye.

Pemphigus entirely limited to mucous membranes is rare.

Dan M'Kenzie.

NOSE.

Baumgarten, E. (Budapest).—*The Early Forms of Ozæna.* "Archiv für Laryngol.," vol. xxii, Part III.

The author has observed three cases in which babies during the first year of life have been the subjects of crust-formation within the nose to such a degree that tubular masses representing casts of a great part of the nasal cavities could be removed. He has been able to follow up the subsequent history of these cases, and has found that this tendency to crust-formation has, after persisting for a few months, completely disappeared. A period then followed during which the nose presented no definite abnormality, but about the third or fourth year examination showed a state of affairs which the author believes from his observation of these and many other cases to be the early stage of ozæna. During this early period the characteristic appearance is that of contraction of one inferior turbinal with relaxation of the other; but repeated examination shows that there is neither hypertrophy nor atrophy, since the change from contraction to relaxation and *vice versa* is constantly occurring on both sides. In addition, there is manifest, even during this period, a tendency to drying of the nasal secretion in the form of thin lamellæ, both on the surface of the inferior turbinal and more especially in the posterior part of the inferior meatus. In the three cases above referred to ozæna was fully developed about the fifth or the seventh year.

Dr. Baumgarten is of the opinion that true ozæna never makes its appearance after the tenth year. As regards the ætiology of the disease he considers it probable that there exists an anomaly of secretion due to a trophic disturbance, possibly of central origin. The anomaly consists in a diminution of secretion with a tendency to the formation of crusts, which by their pressure on the mucous membrane lead to circulatory disturbance and consequent atrophy. *Thomas Guthrie.*

Fein, J.—*The Simple Window-resection.* "Archiv für Laryngol.," vol. xxii. Part III.

The author draws attention to what he considers the advantages in certain cases of the old operation of simple resection of the deformed portion of the nasal septum—resection, that is, of all the constituents, bone, cartilage, and muco-periosteum, so that a permanent perforation is left. The operation, as compared with that of submucous resection, possesses the following advantages: (1) It is very much more easy to perform. (2) It occupies much less time. (3) Imperfect results, such as are not uncommon after the submucous operation, do not occur. One of the principal objections which can be suggested is that trouble, such as crust-formation, a tendency to bleeding, and a whistling sound on respiration, may result from the presence of the perforation. The writer has, however, employed the method in twenty cases, in only one of which was there the slightest subsequent trouble of this kind, and in that patient the crust-formation which occurred was due to the presence of sinus disease. He recalls the frequency with which large septal perforations are discovered in patients who have never suffered the least inconvenience from their presence. It is, in fact, only the small anteriorly situated perforations which interfere in any way with the patient's comfort, and they are, indeed, perforations of this nature which are apt to occur as a result of the performance of the submucous operation in difficult cases.

The author does not suggest that the simple resection should be preferred to the submucous as a matter of routine, but advises the adoption of the former method where the nature or degree of the deformity render a perfect result from the submucous operation uncertain, and when for any reason it is desirable that the operation should be completed as rapidly as possible. *Thomas Guthrie.*

Mainwaring-White, R. M.—*Sinusitis Occurring as a Concomitant Complication of Influenza.* "Lancet," November 6th, 1909.

The writer gives a careful description of sinusitis, usually frontal, following acute influenza. The prevailing organism in the secretion is most often the *Micrococcus catarrhalis*, and very rarely the influenza bacillus. Diagnosis is simple. Treatment consists of local measures to reduce the inflammation and allow free drainage, for which purpose he advises steam inhalation of eucalyptus, menthol, etc., and local applications of cocaine or adrenalin. *Macleod Yearsley.*

Halasz, Heinrich (Miskolcz).—*A Contribution to the subject of the Ocular Effects of Tumours in the Sphenoidal Sinus.* "Monatssch. f. Ohrenh." Year 43. No. 9.

This article formed one of the papers read at the International Congress at Budapest, and consists in an historical survey of the various

writings on this subject with the authors' own views thereon, and an account of a case of this character which came under his immediate treatment.

A man of thirty-one was sent to Halasz by his own medical attendant, as he was unable to breathe through his nose, and the eye was swollen.

The patient stated that seven months previously he had noticed some impairment in the vision of the right eye, which, however, at first he had been able to correct with the use of glasses. Once in sneezing he had noticed a bloody discharge from the right nostril, since when that side had always been stopped. Soon after this he commenced to have recurrent attacks of headache, and it seemed to him also that the right eye stood out further than the left. For some months the eye at times had been completely blind, and at times it seemed to him that it was only veiled, so to speak. He had had a purulent discharge from the right nostril for the last month, and the headache, which was chiefly occipital, became unbearable. On the 7th of April the right eye suddenly became much more swollen, since when he had had no idea of vision on that side, and the eyelids were distended with extravasated blood.

On examination a red, slightly movable swelling was found filling the right nostril from the anterior end of the middle turbinal and extending backwards so as to be visible by posterior rhinoscopy, though it did not invade the post-nasal space. The left nostril was not involved. A small piece of this growth about the size of a nut was removed through the anterior nares with a cold snare, any further removal being prohibited at this sitting on account of the excessive hæmorrhage. On the next day under cocaine and adrenalin the remainder of the swelling was removed, together with the whole middle turbinal, in order to determine the origin of the growth. An abnormally large ostium of the sphenoidal sinus then became at once apparent, with issuing from it another portion of the growth. The sinus was thoroughly exposed and curetted, and when cleared active pulsation was visible through the large opening formed by the operation.

In spite of the cocaine, the patient suffered considerable pain during this procedure, which he referred to the suboccipital region, and described as if something were being twisted round in his brain.

The convalescence was uneventful, and four weeks after the operation the swelling of the lids and palpebral suffusion had subsided, and the pain in the head and neck ceased, but the sight had not yet returned. The optic neuritis which was present before the operation was not now visible.

Pressure by the tumour on the ophthalmic vein is the explanation given for this condition. No subsequent history is noted. On examination the growth was found to consist of a round-celled sarcoma.

Alex. R. Tweedie.

LARYNX.

Fränkel (Berlin).—*Diseases of the Upper Air-passages in Typhoid Fever.*

“Münc. med. Woch.,” January 25, 1910, p. 215.

In the eighties Professor Fränkel had great opportunity of observing cases of typhoid in which there were laryngeal complications. The part most frequently affected was the epiglottis, especially its margins, and in the second place the vocal processes or the arytaenoid cartilages. In the latter position there was necrosis of the mucous membrane, the disease