

or naso-pharynx to account for the condition. At that time the urine contained neither sugar nor albumin, but some months afterwards it contained albumin and tube-casts.

In another case the pharyngitis sicca was noted in May, but no albumin or sugar in the urine. Examined again in August, the pharyngitis sicca had become more pronounced, and had spread to the naso-pharynx and the arytænoïd region, but still there was neither albumin nor sugar in the urine. The patient passed the winter in Algiers, and on returning to Paris in April was found to have a large quantity of albumin in the urine. Two years later he died of uræmic coma.

A solicitor, aged forty-three, of gouty habit, a great eater, drinker, and smoker, complained of hoarseness and occasional loss of voice, otherwise appeared to be in excellent health. The dull gray, dry appearance of the posterior pharyngeal wall contrasted with the congested condition of the soft palate and pillars of the fauces. Nose and naso-pharynx healthy. No albumin or sugar (July, 1897). In May, 1898, the urine contained 5 grammes of albumin, epithelial débris, and tube-casts. Five months later patient died.

Two other cases are cited, which closely resemble the foregoing.

Arthur J. Hutchison.

Lake, Richard.—*A Case of Foreign Body in the Naso-pharynx.* "Lancet," September 20, 1902.

The presence of foreign bodies in the naso-pharynx is of sufficient rarity to justify the brief report of this case. The symptoms did not amount to more than discomfort or inconvenience. The presence of the foreign body was not suspected.

The patient, a married woman, aged forty-eight years, was sent for an opinion as to the question of involvement of any of the accessory nasal sinuses. For some years the patient had blown from the nose every morning either matter (probably muco-pus) or matter with hard offensive crusts. At times these were covered with mildew. The total duration was about fourteen years. On examining the patient there was obviously rhinitis sicca et atrophica, and the naso-pharyngeal vault could be distinctly seen covered apparently with a crust of congealed mucus, blackish in colour.

She was ordered the use of peroxide of hydrogen (10 volumes) to the vault of the naso-pharynx by means of a post-nasal syringe. Three days later a large fragment of the wing of the seed vessel of the ash or sycamore was removed from the naso-pharynx by the patient.

StClair Thomson.

NOSE AND ACCESSORY SINUSES.

Allen, S. W. (Boston).—*A Probable Myxofibroma of the Nose.* "Boston Medical and Surgical Journal," November 13, 1902.

The patient was thirty-four years of age, and the growth had been under observation for twenty-two years. It first appeared in the left orbit, passing down and protruding from the left nostril as a friable, soft, easily-bleeding tumour; it had lately emerged from the mouth through the hard palate, separating the upper teeth; the centre of the mass had sloughed away, leaving a cavity as large as one's fist. Seven

X-ray exposures diminished the amount of the discharge and odour, and the patient's health was rather improved; possibly also the mass had slightly shrunk.

StGeorge Reid.

Martineau, A. J.—*Case of Saddle-nose treated by Subcutaneous Injection of Paraffin.* "Lancet," August 9, 1902.

The deformity resulted from injury and abscess of the septum at the age of fourteen. The treatment was carried out at the age of twenty, a sterilized paraffin with a melting-point of 110° F. being used.

StClair Thomson.

McKeown, David.—*Chronic Sphenoidal Suppuration.* "Lancet," August 8, 1902.

Some observations founded on three cases. *StClair Thomson.*

Paget, Stephen.—*The Use of Paraffin for Sunken Noses.* "British Medical Journal," January 3, 1903.

In a lecture upon this subject delivered before the post-graduate students of the West London Hospital the author gives a brief résumé of the various uses to which subcutaneous injections of paraffin have been put. He refers at some length to Gersuny's work in this direction, and also to Pfannenstiel's case of pulmonary embolism following an injection for the relief of a prolapsed bladder complicated with a vesico-vaginal fistula.

In all, he has injected paraffin subcutaneously in twenty-six cases for the relief of sunken noses. The syringe which he has found most useful is Eckstein's, which is protected with indiarubber, as is also the proximal half of the curved needle. He prefers to perform the operation with the patient under an anæsthetic, and any subsequent "touching up" which may be necessary after the injection of a few drops of cocaine. He inserts the needle of the syringe a little to one side of the middle line below the point where the bridge ought to be, and pushes it well upwards under the skin. The moulding of the paraffin has to be done vigorously, and the fingers of the "moulder" must not be removed until the paraffin has set and is unimpressionable.

With regard to the ultimate fate of the injected paraffin, he remarks that the very hard paraffin, such as is used by Eckstein, becomes encapsuled, whilst paraffins which have a melting-point of from 104° F. to 115° F. become slowly replaced by fibrous tissue. The results which the author has had have been good. The method, although it sounds easy of performance, is full of difficulties, requires experience, and involves grave responsibility.

W. Milligan.

Schadle, Jacob E. (St. Paul's, Minn.).—*Adenoid Growths in Children* The "St. Paul's Medical Journal," January, 1903.

The author refers briefly to the history of adenoid growths from the time when they were first observed by Czermak in 1860, and emphasizes the immense value of the work done in this disease by Wilhelm Meyer in 1868; he refers shortly to the various writers on the subject, mentioning points of interest in their papers, and deals with the etiology, pathology, diagnosis, symptoms, and treatment of the disease. The paper is illustrated by numerous woodcuts.

StGeorge Reid.

Woakes, Edward.—*Case of Nasal Vertigo simulating Epilepsy.*
 "Lancet," August 16, 1902.

This case may be regarded as an extreme type of a class of which there are many examples; that is to say, of vertigo of nasal origin, with its varied and often curiously puzzling phenomena. Though constituting a group of disease which is *sui generis* and quite distinct from epilepsy, it sometimes simulates one or other of the forms embraced by this latter term. It has, however, these advantages over true epilepsy, the existence of a recognisable *causâ causans*—viz., ethmoidal disease—and its almost certain cessation when this disease is radically dealt with.

StClair Thomson.

LARYNX, Etc.

Courvoisier, W. (Bâle).—*Stenosis due to Amyloid Degeneration in the Larynx.* "Munchen. Med. Woch.," July 29, 1902.

The writer reports a case occurring in a woman, aged sixty-six, who, after a "cold" in 1900, remained somewhat hoarse till June, 1901, when she had a sudden suffocative attack, ultimately requiring tracheotomy. She was then admitted into the hospital, and found to be somewhat cyanotic, with swellings in the neck and distension of veins. The *alæ* of the thyroid were spread out. The pharynx was apparently normal. The vestibular parts of the larynx were only slightly congested, but below the vocals was, on each side, a rounded swelling of reddish tint and irregular surface. Between these there projected from the posterior wall a smaller outgrowth. There was diuresis without albumin. Tracheotomy was performed; but two days later the patient complained of breathlessness, due to bronchitis. Death took place in about a fortnight, and at the autopsy there were found brown atrophy and fatty degeneration of the heart, a sclerotic patch in the medulla oblongata and bilateral bronchitis. The posterior wall of the larynx corresponding to the plate of the cricoid cartilage was thickened to the extent of about a centimetre; it was of a yellowish-brown colour, granular, and somewhat transparent. The tracheal mucous membrane was reddened. On the left tonsil there was a yellowish-red thickening of the mucous membrane of the size of a hempseed.

Several references to cases published by other authors are given, including one by Schretter, in which there was an irregular, firm growth of a golden-yellow tint infiltrating the mucous membrane over the aryepiglottic folds and the left arytenoid cartilage ("Verhandl. der Deutsch. pathol. Gesellschaft. Düsseldorf," 1898. Another is described by Balser ("Virchow's Arch.," Band 91) in which the symptoms developed during nineteen years. Ziegler ("Virchow's Arch.," Band 65) gives the post-mortem account of another case. In a case of Burrow-Neumann ("Arch. für Klin. Chir.," 1875, Band 18, p. 228) amyloid degeneration took place in fibromata. (These instances of a rare—perhaps often unidentified—condition seem to merit attention. Probably some of our cases of "persistent œdema" of the larynx may be of this nature.—D. G.)

Dundas Grant.