the use of bismuth emulsions with the fluorescent screen, the interesting point is noted that, from the fact that carcinomata are invariably associated with spasmodic strictures usually situated some 4 or 5 cm. above them, both the bougie and bismuth are in such circumstances arrested on the proximal side of the true lesion. With the œsophagoscope the spasm is easily overcome by the application of cocaine, after which the true nature of the parts beyond are revealed. The value of the method in the diagnosis of foreign bodies is discussed. Subjective sensations as an aid to location are often misleading, and the X rays frequently prove useless either owing to the fact that many bodies do not arrest them or difficulty may be experienced in truly interpreting the projection of the shadow on the screen. *H. Clayton Fox.*

NOSE.

Dupuy, Homer (New Orleans).—*A Preliminary Report on the Pathologic* (sic) *Relation between the Frontal Sinus and Affections of the Eye.* "New Orleans Med. and Surg. Journ.," December, 1907.

Based on clinical study of 50 selected cases. The author's conclusion is that ocular symptoms, other than orbital abscess, can be due to either acute or chronic suppurations of the sinus. He groups the ocular affections thus: Changes in the orbital cavity (orbital abscess), affections of the lids (œdema), conjunctival congestion (invariable in acute, generally absent in chronic, cases), asthenopia (more than half the cases), affection of the uveal tract (one case of irido-cyclitis), ptosis (one case), disturbances in vision. *Macleod Yearsley.*

Albrecht, W. (Berlin).—*The Significance of Radiography in the Diagnosis of Accessory Sinus Disease.* "Arch. für Laryngol.," vol. xx, Part II.

In a paper by Goldmann and Killian, based on the examination of thirty cases, it was shown that on radiographs of the skull taken in the sagittal direction, not only were the accessory cavities of the nose clearly defined, but a diseased cavity was darkened as compared with a healthy one of the opposite side. The author has investigated the matter not only on patients with sinus disease but also on the cadaver. His results agree in all essentials with those of Goldmann and Killian, and he believes, as they do, that while radiography is in many cases certainly of no assistance, yet, in the great majority, it leads to conclusions of diagnostic importance.

In empyema of the maxillary antrum the skiagram almost always shows a distinct darkening of the cavity on the affected side as compared with the other. The method is likely, however, to be of comparatively little service in cases of this sort, owing to the greater ease and convenience of transillumination and exploratory puncture. In growths of the upper jaw radiography is of considerable value in showing the degree to which the growth has invaded the neighbouring parts.

In cases of frontal sinus empyema in which the sinuses are large and the disease is unilateral, the skiagram shows unistakable darkening of the affected side. It is of very little diagnostic value in cases of early frontal sinusitis with catarrh and moderate swelling of the mucosa, and also in cases with small sinuses and when the shadow is bilateral.

In ethmoid disease the method is of very great value. In no instance,

either in the living or on the cadaver, was the author deceived as to disease of the anterior ethmoid cells. Not only is the presence of disease appreciable, but also its situation, whether in the superior, middle, or inferior portions of the labyrinth. In disease of the posterior ethmoid cells the method is of no value, and the same is true as a rule in the case of the sphenoidal sinus.

As a result of repeated trials on patients and on the cadaver the writer came to the conclusion that the darkening on the diseased as compared with the healthy side is due both to the pus and to the changes in the mucous membrane. In most instances the pus is the main factor, while in very chronic cases with numerous granulations and much infiltration of the mucosa the reverse may be the case. *Thomas Guthrie.*

Uffenorde, W. (Göttingen).—*On Chondromata of the Nasal Cavities, with an Account of a Case of Enchondroma of the Ethmoid, and a General Reference to the Methods of Operation for Accessory Sinus Disease.*

Chondromata are rare tumours in the nose. They vary greatly in their rapidity of growth, and appear to be especially liable to malignant degeneration. It is, indeed, scarcely possible to draw a sharp boundary between the chondromata and the chondro-sarcomata. The intra-nasal chondromata make their appearance before the age of twenty-five, and affect both sexes with equal frequency. They grow most often from the ethmoid, but have been found arising from the inferior lateral wall of the nose, from the frontal process of the superior maxilla, within the maxillary antrum, and from the septum. As regards the symptoms, four periods are recognisable: (1) The latent period during which symptoms may be absent, or there may be neuralgic pains; (2) the period of respiratory troubles, of which the chief is nasal obstruction; (3) the period of deformities, during which more or less protrusion of the eye is frequent and facial distortion often marked; (4) the period of cachexia, in which pain, sleeplessness, and anorexia are prominent, and pulmonary complications not infrequently precede death.

The writer reports a case characterised by the development during a period of three months of protrusion of the eye, diplopia, nasal obstruction, and one-sided headache. Posterior rhinoscopy showed a prominence of the posterior ethmoidal region, and infraction of the middle turbinate with Killian's long speculum disclosed the tumour growing from the ethmoid. Removal of a small portion established the diagnosis.

For treatment of the condition, apart from the very rare chondromata of the septum, extra-nasal methods of operation are alone admissible. "Para-nasal rhinotomy," usually known as Moure's operation, but which was first introduced by Michaux and Legouest in 1853, is often useful. The author employs a modification of this. His skin incision begins in the centre of the eyebrow, passes inwards, and then curves downwards over the suture between the nasal bone and the frontal process of the superior maxilla, and terminates in the naso-labial furrow on a level with the lower border of the ala of the nose. This permits easy access to the frontal and ethmoid sinuses. The nasal bone may be turned inwards, or removed without fear of a bad cosmetic result. The front wall of the antrum and the floor of the orbit may also be in part removed. A good view is obtained of the whole ethmoid, of the sphenoidal sinus, and of the naso-pharynx. The method is an excellent one for the removal of ethmoid tumours, even when they have invaded all surrounding parts.

It is well adapted also for cases of ethmoid suppuration which cannot be cured by intra-nasal measures. The cosmetic result is almost perfect. For cases in which mainly the lower lateral wall of the nose is involved Denker's method is to be recommended. *Thomas Guthrie.*

Mink, P. J. (Deventer, Holland).—*The Causation of Septal Deviations.* "Arch. für Laryngol.," vol. xx, Part II.

While it is well known that the so-called dislocation of the septal cartilage is frequently due to trauma, most authorities agree that the regular **C**- or **S**-shaped bend so often seen must be ascribed rather to continuous pressure than to the application of sudden force. It is natural to assume that this pressure is a vertical one, and due either to the cartilage being relatively too large or its three-sided bony frame too small. If the latter be the case it should be possible to establish a relationship between septal deviation and rickets or some other condition which might account for the arrest of growth. Such a relationship has, however, never been established. The view that the cartilage is relatively too large seems unlikely to be correct, when it is remembered that this cartilage is merely that portion of the originally continuous cartilaginous septum which has not undergone ossification. On the whole, the author regards it as extremely unlikely that vertical forces play an important part in the causation of septal deviations, and he believes that lateral forces are the main factor. Direct pressure by enlarged turbinates he considers of small moment, but attributes an important influence to inequalities of the air-pressure on the two sides of the septum. As a result of his manometric investigations he finds, for example, that closure of one internal nasal orifice leads to a relative diminution of the expiratory air-pressure on the opposite side. Asymmetry of the two nasal cavities may therefore give rise to slight inequality of pressure on the two sides of the septum, and if this, though slight, be long continued, bending may result. Inequality of pressure may also give rise to nutritional changes, which in their turn may show themselves as thickenings and spurs. The influence, however, of variations in atmospheric pressure on the growth of tissue still awaits investigation. *Thomas Guthrie.*

Citelli and **Bellotti.**—*Primary Tumours of the Nasal Sinuses.* "Proceedings of the Eleventh Congress of the Italian Society of Laryngology, etc."

The first of the writers deals with the pathological anatomy and ætiology, and gives a sketch of the clinical picture and the treatment. The second discusses mainly the case incidence and bibliography. Citelli comes to the following conclusions: (1) The diagnosis of primary tumours of the sinuses is far from easy; on the contrary, there is a period (which varies in duration according to the nature of the tumour and the sinus affected) during which they are entirely latent and the diagnosis is almost impossible, being often made unexpectedly at the *post-mortem* or the operation. (2) On account of the difficulty in the diagnosis of such lesions there is all the greater usefulness in early intervention; it is necessary to study the symptomatology carefully and to make the most of the signs which may arouse even the slightest suspicion of this disease, endeavouring to confirm them by all the means of diagnosis at our disposal, particularly by exploratory operations. (3) Any intervention, when indicated, ought to be surgical and as radical as possible. (4) The chapter dealing with pathology and clinical

history, of which so little is known up to the present, would make great progress if authors were more precise in their description of their cases, distinguishing as far as possible the primary from the secondary tumours, and one anatomical form from the other This is an indispensable foundation for our knowledge and for decision as to treatment, on the accuracy of which the result greatly depends. Dr. Bellotti's report is full of interesting clinical history and of practical data illustrating this difficult question. *V. Grazzi.*

Broeckaert, Jules (Ghent).—*Contribution to the Surgical Treatment of Hypertrophy of the Nose.* "La Presse Oto-laryngol. Belge," March, 1908.

The problem of treating this disfiguring condition is discussed. The author treated a case in which the deformity was of very large dimensions by removing a wedge-shaped mass of tissue from the end of the nose and bringing the edges of the flaps together by sutures. Hæmorrhage was free, but easily controlled. The result was very good.

Chichele Nourse.

Gallemaerts, E., and **Delsaux, V.** (Brussels).—*Double Frontal Sinusitis Complicated by Suppuration in the Left Middle Ear with Obliterating Thrombosis of the Corresponding Lateral Sinus.* "La Presse Oto-laryngol. Belge," January, 1908.

Chronic frontal sinusitis in a woman, aged sixty-one, was followed by perforation of the anterior wall of the left sinus, the formation of an orbital abscess, and displacement of the eyeball. The case was operated on by the method of Kuhnt. About a week afterwards acute purulent otitis media on the left side supervened, with mastoid pain, necessitating operation. The antrum contained no pus or granulations. As the patient's condition did not improve, and there was marked leucocytosis, a further operation was performed two days later. Two cavities containing granulations were found in the bone, and the lateral sinus, which contained a clot, was opened and curetted. The patient recovered.

Chichele Nourse.

LARYNX.

Strazza, Prof. G. (Genoa).—*On a Case of Grave Laryngeal Stenosis due to Amyloid Degeneration of the Subglottic Region.* "Archiv Ital. di Otologia, etc.," November, 1907, p. 458.

The author describes the case of a man, aged fifty-two, who had good health until 1903, when he had a severe influenza followed by chronic bronchitis, with frequently recurring attacks of what was considered to be asthma. He was admitted to hospital for dyspnœa. There were no thoracic physical signs beyond the noisy respiration. The laryngoscope showed very slight evidence of catarrh and impairment of muscular action. Below the vocal cords, however, there was an intense infiltration of the trachea, the lumen of which was reduced to a narrow ellipse. The patient died in the night unexpectedly, and before his attendants were aware of it. At the autopsy the swelling was found to occupy the whole extent of the cricoid down to the second tracheal ring. Posteriorly it was 6 mm. thick and 4 mm. anteriorly. A similar patch of thickening occurred at the level of the fourth, fifth, and sixth tracheal rings. The