Culbert, Wm. Ledlie (New York).—*Report of a Case of Chronic Suppuration of the Antrum of Highmore; Puncture followed by Septic Pemphigus and Death.* "Laryngoscope," August, 1910, p. 824.

The patient was a woman, aged fifty-seven. Right antrum suppuration, for which the cavity was punctured and washed out four times in ten days. At the last puncture the solution returned clear. While under this treatment pemphigus set in, and gradually spread to involve the entire cutaneous and mucous surfaces, ending in death in about five weeks. *Dan McKenzie.*

Meyer, A. (Berlin).—*On the Nasal Offshoots of Hypertrophic Naso-Pharyngeal Tonsils.* "Zeitschr. f. Laryngol.," vol. iii, Part III.

While in the great majority of cases adenoid vegetations do not extend to the margin of the choana, and are therefore accessible for removal with the Beckmann curette, the author, two or three times a year, meets with a case in which, after the operation has been carefully carried out, posterior rhinoscopy discloses small remains of adenoid tissue hanging down from the upper edge of each choana. The patients are always either older children or adults with a considerable amount of adenoid tissue in the naso-pharynx. The most pronounced example of the condition was that of a man, aged thirty-five, who had recently undergone an operation for removal of adenoids, but still complained much of nasal obstruction. On posterior rhinoscopy the naso-pharynx was found to be free from adenoid, but masses of the latter were seen filling up most of the space between the septum and middle turbinal. On anterior rhinoscopy, after the application of cocaine and adrenalin, the upper choanal margin and the anterior surface of the body of the sphenoid on both sides were seen to be covered with an irregular swelling, evidently of the nature of adenoid tissue. These masses were easily removed on each side by means of a snare passed through the nose, after which nasal respiration was free. Microscopic examination confirmed the diagnosis of intra-nasal adenoid. *Thomas Guthrie.*

Thompson, John A. (Cincinnati).—*A Safe Intra-nasal Method of Opening the Frontal Sinus.* "Laryngoscope," August, 1910, p. 810.

A curved probe is inserted into the frontal sinus, and over it a pointed "rasp" is passed, having a groove upon its back to enable it to slide along the probe. The rasp is pushed up into the sinus in successive jerks so as to bore its way through the bone. After the sinus is opened diseased bone in the anterior ethmoidal region is removed with curettes, forceps, etc. As the probe, etc., remain in position during these proceedings, the mucous membrane of the posterior wall remains uninjured, and there is no danger of damage to the cribriform plate.

Dan McKenzie.

PHARYNX.

Somers, L. S.—*Significance of Œdema of the Soft Palate.* "Journ. Amer. Med. Assoc.," September 10, 1910.

The author states that œdema of the uvula may occur as a traumatic lesion from over or improper use of the voice. It is often a prodromal symptom of acute articular rheumatism. In chronic specific infections, as tuberculosis and syphilis, it may occur late, and is significant of grave

local lesions and destruction of tissue. It may be the only symptom of approaching uræmia. It is rare in acute nephritis, but occurs in scarlet fever as a sign of profound intoxication. *Macleod Yearsley.*

Guthrie, Thos.—*A Method of Removing Naso-pharyngeal Fibromata, with two Illustrative Cases.* "Lancet," October 29, 1910.

The author discusses these uncommon growths and the methods of dealing with them by operation. His method is then detailed. It is essentially that advocated by Brady, with the difference that the bony anterior nasal aperture is widened through an intra-nasal instead of an external incision. *Macleod Yearsley.*

LARYNX AND TRACHEA.

Blumenfeld, F. (Wiesbaden).—*On the Pathological Anatomy of the Vocal Cords.* "Zeitschr. f. Laryngol.," vol. iii, Part III.

The text for this paper was supplied by a specimen of laryngeal carcinoma removed *post-mortem* from a man who succumbed to an accident prior to operation for the laryngeal disease. The preparation showed a carcinomatous growth corresponding in extent exactly with the entire vocal cord of one side, the boundary of which had apparently not been transgressed.

From a consideration of this and other similar cases the author concludes that carcinoma of the vocal cord grows chiefly in a direction parallel to the long axis of the cord, which it tends to involve completely or to a very large extent before it encroaches on surrounding parts. This characteristic method of growth is due to the arrangement of the submucous lymphatic space of the cord, which forms a closed sac. This sac is bounded above by the linea arcuata superior of Reinke, which separates it from the ventricle of Morgagni, and below by the linea arcuata inferior, which separates it from the lymphatic spaces of the subglottic mucosa. These lineæ arcuatæ correspond to the lines of transition from squamous- to cylindrical-celled epithelium.

In virtue of these anatomical conditions, vocal cord carcinoma must be regarded as occupying, from a clinical and therapeutic standpoint, a somewhat exceptional position. This is exemplified by the successful results which have not infrequently followed its removal by endo-laryngeal methods. The author would accordingly suggest a classification of laryngeal carcinoma for clinical purposes as follows:

(1) Extrinsic carcinoma, affecting ary-epiglottic folds, interarytænoid area, or pharyngeal wall of larynx.

(2) Intrinsic carcinoma affecting parts of the interior of the larynx other than the vocal cords.

(3) Intrinsic carcinoma limited to one or both vocal cords. In addition to this there would be, of course, a group of more extensive cases, in which the point of origin could no longer be ascertained.

Such a classification would be useful for statistical purposes and for estimating the value of different methods of operation.

Thomas Guthrie.

Citelli (Catania).—*Intubation and Tracheotomy in Acute Laryngeal Stenosis in Children.* "Zeitschr. f. Laryngol.," vol. iii, Part III.

The author belongs to neither of the two groups of those who advocate exclusively either intubation or tracheotomy. It is his practice when