

MAN, AGED EIGHTY, WITH SARCOMATOUS GROWTH OF LEFT NASAL CAVITY; QUESTION OF OPERATION.

Shown by Mr. DE SANTI. The patient had been under observation about six weeks. The left nasal cavity was filled with a soft, dark, vascular growth, polypoidal in shape, and attached, as far as could be ascertained, to the septum nasi. Pieces had been removed on three occasions, and subjected to microscopic examination by Dr. Hebb. On each occasion the report was sarcoma.

There was no opacity of the left antrum of Highmore. The question of interest was whether, bearing in mind the age and general weakness of the patient, any large outside operation was justifiable.

Dr. DUNDAS GRANT thought the growth might be completely removed with the portion of the septum on which it grew with every chance of non-recurrence. He considered the morbid histology of tumours of the septum was most peculiar, and that even when they presented features of malignancy under the microscope they were eradicable without necessary recurrence.

Dr. PEGLER remarked upon the rarity of these cases of septal sarcoma. He believed he was correct in stating that this was the first patient shown to the Society of sarcoma confined to the septum. Dr. J. W. Bond's interesting case, twice shown, last time exactly nine years ago, was attached to the septum, floor, and outer wall of the fossa. Dr. Barclay Baron showed a doubtful case of nasal sarcoma two years later. In a case of his own a great many years ago, in an old man, after removal with the snare, followed by free hæmorrhage, the growth rapidly recurred, and the patient did not live long afterwards. He was sure the Society would support him in urging Mr. de Santi to place them in possession of this specimen after the next removal for examination.

(To be continued.)

Abstracts.

NOSE AND ACCESSORY SINUSES.

Escat, E.—*Legitimacy of Clinical Distinction between Lupus and Ordinary Tuberculosis of the Upper Respiratory Passages. Considerations on the Etiology of Lupus.* "Annales del Mal., de l'Oreille, du Larynx, du Nez, et du Pharynx," October, 1905.

In this article the author quotes Massei, who protests against the clinical distinction between lupus and ordinary tuberculosis of the mucous membranes, and, in support of his unitarian doctrine of the diseases in question, makes the following statements:

(1) Koch's bacillus is the pathogenic agent responsible for the two diseases.

(2) The identity of the fundamental histological structure, the tuberculous follicle.

(3) The uselessness of ascribing the slow course of lupus to an attenuated virus when resistance of the tissues explains the benignity and tardiness of the morbid process.

(4) The impossibility sometimes of distinguishing clinically lupus from tuberculosis. Where, in fact, should the line be drawn between a slow tubercular process and an abnormally virulent lupus?

The writer holds quite a contrary view, maintaining that there are very wide differences in the clinical course, appearances, and behaviour to treatment in these maladies.

These differential characteristics are set forth in an elaborate way in tabulated form.

Amongst other points he notes that lupus spreads in a downward direction, viz. from the nose to the naso-pharynx, oro-pharynx, and larynx, whereas tuberculosis progresses upwards, viz. from the lungs to the larynx, involving in order the glottic lips, inter-arytenoid space, arytenoids, epiglottis, and should the patient exist sufficiently long without treatment, to the pharynx, tongue, buccal mucosa, and perhaps to the naso-pharynx. In regard to the downward extension of lupus, the writer found that in thirteen cases of laryngeal lupus, posterior rhinoscopy revealed cicatrices on the upper surface of the velum, indicating a previous invasion of lupus.

Andry's law is quoted, viz. that facial lupus always arises from the nasal mucosa; the author considers an inferential law ought to be added, viz. that pharyngo-laryngeal lupus always descends from the same region.

As to the ætiology of lupus, the writer does not consider with Massei that it is tuberculosis modified by the special conditions of the soil invaded, but assuming lupus to have its initial seat in the nasal mucosa, he raises the question as to whether the bactericidal properties of the nasal secretions do not possess the power of attenuating the tubercular virus, so as to render it capable of giving origin to the specific lupus lesion. According to this theory the nasal cavity would be a physiological laboratory for the attenuation of the tubercle bacillus, whence its colonies could pass skinwards and downwards to the pharynx, mouth, and larynx.

A point in favour of such a theory is the fact that of all the upper respiratory tract, the nasal cavity is the only one where virulent primary tuberculosis is not observed.

Clayton Fox.

Broeckaert (Gand).—*Histological Research upon the Effect of Paraffin Injections*. "Rev. Hebd.," August 19, 1905.

This is a valuable paper upon the ultimate fate of the paraffin used for hypodermic injection. The results of the investigation show that the changes which the paraffin undergoes vary according to two factors. When the melting point is high the substance becomes encysted and remains without further change as a mass of paraffin. If, on the other hand, the melting point is low, blood-vessels begin to penetrate the mass and the latter thus becomes broken up into fine granules in a network of connective tissue. In the latter case a true tumour is formed, which the writer terms a "paraffinoma." If the paraffin is injected slowly it spreads, and this seems to permit of the penetration of the mass by blood-vessels so that the substance is entirely or in part absorbed.

The practical result of the investigation is that for the purpose of the improvement of deformities it is best to use a paraffin of a melting point of about 50° C. and inject it *en masse*.

Albert A. Gray.

Delsaux, V.—*Intra-cranial Complications of Sinusitis.* "La Presse Oto-Laryngologique Belge," August, 1905.

A report to the Belgian Society of Otolaryngology, and Rhinology. The possibility and the relative frequency of such complications are first considered. The channels of infection by the lymphatics, by the veins, and by continuity are then described at length. The nature of the infective agents is discussed, and finally the author arrives at certain conclusions, and the importance of early and bold operative interference is emphasised. A bibliography is appended to this interesting paper.
Chichele Nourse.

Duverger (Bordeaux).—*De la Voie Trans-maxillo-nasale, etc.* "Rev. Hebd.," September 2, 1905.

The writer describes at length the method of reaching the posterior cavities of the nasal fossæ, the body of the sphenoid, and the nasopharynx. The operation is practised for removal of tumours, treatment of abscess in the sphenoidal and ethmoidal cavities, and other similar conditions. Cases are described illustrating the use of the operation in melano-sarcoma of the naso-pharynx and epithelioma of the posterior nasal fossæ. The paper should be read in the original, as it does not well bear abstracting.
Albert A. Gray.

LARYNX.

Cheval, V.—*The Surgical Treatment of Cancer of the Larynx.* "La Presse Oto-Laryngologique Belge," June, 1905.

In this report to the Belgian Society of Otolaryngology, and Rhinology the author discusses the various modes of treatment and states his own views, as follows: Palliative treatment, including morcellement or excision of fungosities, tracheotomy, and gastrostomy, is reserved for cases in which by reason of the advanced age of the patient or the general infection of the organism a curative operation is inadmissible. The extent of the lesion and its propagation to the pharynx or to the glandular chain are not considered as contra-indications to radical measures.

In all operable cases total laryngectomy, without a preliminary tracheotomy is recommended, together with systematic removal of the chain of glands on each side of the neck, whether they appear to be affected or not. The author has given up the use of an artificial larynx, and where possible even of a tracheal cannula.
Chichele Nourse.

Clark, J. Payson (Boston).—*Papilloma of the Larynx in Children.* "Boston Medical and Surgical Journal," October 5, 1905.

This paper, containing reports of fourteen cases, concludes that papilloma of the larynx in children is a very serious condition, the cause of which is unknown. The best method of treatment is tracheotomy and non-interference with the growth. If under this treatment it still persists after an age when the child can be treated as an adult, it has probably lost its activity of reproduction, and attempts at its removal may be made.

Macleod Yearsley.