

## NOSE, Etc.

**Goldsmith, P. G.** (Kingston).—*Chronic Suppuration of Right Maxillary Antrum and Anterior Ethmoidal Cells.* "Canada Lancet," August, 1900.

The patient was a man aged thirty-eight years, who had been suffering from chronic purulent discharge from the right nostril for thirty years. After a correct diagnosis had been made, the first operation was that of curetting the anterior ethmoid cells. This afforded considerable relief. The antrum was then perforated through the inferior meatus. Regular washing out was followed by cessation of all symptoms for a number of weeks. Subsequently there was a return of purulent discharge, and the operator decided to open the antrum more widely and curette its walls. *Price Brown.*

**Wishart, Gibb** (Toronto).—*Removal of Septal Spurs: A Note upon the Use of Carmalt-Jones's Spokeshave.* "Canada Lancet," July, 1900.

The paper treats of two classes of septal outgrowths: 1. Those which present the appearance of horns, being bony in character, situate far back in the nasal cavity, and impinging by a small area against either middle or inferior turbinateds. 2. Those bearing the appearance of shelves, more anterior in situation, partly cartilaginous, partly bony, anywhere between a quarter of an inch and an inch in length, and lying parallel, or almost parallel, to the floor of the inferior meatus. In these two classes of cases the writer advocates the use of the spokeshave in preference to the nasal saw.

The patient is placed in the usual position for operation, and the parts anæsthetized by the application of cocaine and suprarenal extract. The spokeshave is next inserted with the bevel of the cutting edge towards the septum. It is then slipped gently back over the spur until the latter drops into the slot. In operating the blade is pressed closely to the septum, so as to engage the whole of the spur. One sweep of the blade should remove it in a single piece and leave a smooth surface.

The following advantages are claimed for this method of operating:

1. The absence of bleeding till the operation is accomplished, with the advantage of non-obstruction to the vision.
2. Great saving of time in operating.
3. The almost entire absence of pain or fear to the patient.
4. The satisfactory course pursued in healing. *Price Brown.*

## LARYNX.

**Manley, Thomas M.**—*Fibrous Tumour of Lower Jaw.* "Journal of Medicine and Surgery," August, 1900.

This was a case of recurrent tumour in the lower jaw of a young woman. Histological examination stamped it as benign; yet clinically it seemed most malignant. It was very small at the time of the first operation. Six months later it had returned, and was of immense size. It pressed on both larynx and œsophagus, rendering respiration and deglutition almost impossible. After the second excision the tumour was found to weigh 27 ounces. Microscopical examination