NOSE.

Muller, F. (Heilbronn).—*Frontal Headache of Dental Origin.* "Münch. med. Woch.," February 2, 1909.

The writer describes a case in which he removed an enlarged pharyngeal tonsil and the anterior extremities of the middle turbinals, and also treated the neighbourhood of the infundibulum, but without giving any relief to the headache. The pain developed in front of the left ear and left cheek, apparently in the region of the auriculo-temporal nerve. The dental surgeon found caries of the first upper left molar and of the first lower left pre-molar; when they were treated the pain entirely disappeared. *Dundas Grant.*

Kelly, A. Brown.—*Naso-antral Polypus.* "Lancet," January 9, 1909.

Since the publication of Killian's paper in 1906 the author has seen 15 cases of this form of growth, in 11 of which the connection of the lining membrane of the antrum with the polypus was demonstrated. He briefly describes in this paper the prominent features and treatment of each case. Of the 15 cases, 10 were under twenty years of age, the youngest being five. The remaining 5 were from twenty-three to thirty-five years. There were 7 males and 8 females. Snoring and thick speech were invariable symptoms; one boy, aged nine, had enuresis, which was coincident with the marked nasal obstruction and disappeared on its removal. Details of the effects of transillumination are given. As regards treatment, however the polypus is caught, it should be torn away and not cut through. Owing to recurrence in 7 out of 15 cases Kelly now prefers to open the antrum, determine the intra-antral attachments of the growth, and completely remove these together with the polypus. *Macleod Yearsley.*

LARYNX.

Meyer, A. (Berlin).—*Leukæmic Changes in the Larynx.* "Zeitschr. f. Laryngol.," vol. i, Part III.

The case here described was that of a painter, aged forty-nine, who had repeatedly suffered from lead colic. Dyspnœa and hoarse cough had been noticed during the last three months. Examination of the larynx showed several small flat swellings, apparently consisting of adenoid tissue, on the ary-epiglottic folds. In the subglottic region were two exactly symmetrical thickenings of the side walls of the larynx, which caused great narrowing of the lumen. The swellings were pale greyish-red in colour; they were covered with smooth mucous membrane and felt fairly hard on examination with the sound. An examination of the blood and the discovery of numerous enlarged lymph-glands established the diagnosis of lymphatic-myelogenous leukæmia. In spite of intramuscular injections of atoxyl the subglottic swelling increased and tracheotomy was performed. This was followed by suppuration and broncho-pneumonia, to which the patient succumbed. The two principal changes revealed by *post-mortem* examination of the larynx were the following: (1) Great symmetrical thickening of the subglottic mucous membrane so as to form two thick and fairly firm cushions separated by a groove from the cords above; this condition has been observed in other cases of leukæmia and rarely also in pseudo-leukæmia. (2) Marked increase in size of the already ossified cricoid cartilage, owing to the development of a medullary cavity in its interior. A similar condition has not been previously recorded. *Thomas Guthrie.*

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Moure, E. J. (Bordeaux).—*The Tracheo-laryngeal Operation Wound in Carcinoma of the Larynx.* "Arch. für Laryngol.," vol. xxi, Part II.

Professor Moure claims to have been one of the first who in the year 1891 advised the performance of laryngo-fissure in one stage and without a preliminary tracheotomy at a previous sitting. At the present day the one-stage operation is almost universally practised, but most operators still consider it necessary to employ either the Rose or Trendelenberg position, or a special cannula such as that of Hahn or Trendelenberg. Owing to the numerous disadvantages of both of these cannulæ the author has long ceased to use them, and has devised a special cannula flattened from side to side, which requires a small incision and presses upon and injures the tracheal walls to the least possible extent. The entrance of blood into the bronchi is effectually prevented by packing in gauze above the cannula, and a special position of the patient is thus rendered unnecessary.

Much stress is laid by the author on the advantages of removing the cannula immediately after the operation and carefully suturing both the laryngeal and the tracheal wounds. He has experienced no untoward results from this practice, and believes that it places the patient in the best possible position for withstanding secondary infection of the wound and the lungs, and greatly hastens healing. *Thomas Guthrie.*

EAR.

Stewart, Charles M.—*The Surgery of the Auditory Labyrinth.* "Canadian Journ. of Med. and Surg.," January, 1909.

In an academic article upon the surgery of the labyrinth, in which he acknowledges the deep indebtedness which we owe to such men as Richard Lake, J. D. Richards, and Jansen, the writer gives a brief history of four cases, as follows:

(1) Tubercular labyrinthitis. A woman, aged twenty-one, after suffering from chronic suppurative otitis media for years, had radical mastoid operation. Result good; cavity dermatised and dry in seven weeks. Two years later developed phthisis. Shortly afterwards ear commenced to discharge again. In the pus were tubercle bacilli. Facial paralysis developed. The nerve could be seen when ear was mopped out. Nerve disintegrated and disappeared, due to irritation of pus and the spirit drops used. The patient was incapacitated by vertigo. The labyrinth was then extirpated; semi-circular canals, vestibule, and part of the cochlea removed. Vertigo persisted for ten days; ear healed perfectly. Patient looks well. Facial paralysis persists.

(2) Man, aged twenty-nine. No previous history of labyrinthine disease. While performing a radical operation on the mastoid, a fistulous opening was discovered in the external semi-circular canal with pus oozing from it. Canal was opened up to the ampullæ and curetted. Not followed by vertigo nor giddiness. Recovery uneventful.

(3) Woman, aged thirty-six. Radical operation was being done. Stapes seen in foramen ovale; it was very loose; caries round the opening. Stapes removed; inferior vestibulotomy done. Vertigo followed for two weeks. Hearing destroyed.

(4) Woman, aged forty-one. Suppurative otitis media for twelve years; facial paralysis for three weeks. Radical mastoid operation. Large sequestrum picked out of labyrinth composed of vestibule and

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