

the columella and inverted, thus forming the new columella, and at the same time grafting the orifices of the nares with normal skin flaps, which will overcome the danger of contraction and the obliteration of the nasal orifices.

Macleod Yearsley.

Gordon King.—*The Treatment of Hay Fever by Dunbar's Antitoxin.*

H. J. Dupuy.—*Dunbar's Serum in the Treatment of Hay Fever.*

Joachim.—*Personal Observation in Dr. Dunbar's Laboratory.* "The New Orleans Medical and Surgical Journal," April, 1904.

These three papers are given in abstract. King reported good results in five cases of the autumnal type, and one of the hyperæsthetic or irregular type.

Dupuy considers Dunbar's experiments have made a distinct advance. His discovery does not disturb the triad of etiological factors:—(1) A neurotic predisposition; (2) A local anomaly in the upper air passages; (3) An external exciting cause.

Joachim says that he has repeated the experiments upon which Dunbar built his conclusions. He emphasises the prophylactic use of the antitoxin.

Macleod Yearsley.

ACCESSORY SINUSES.

Vernieuwe (Ghent).—*A Case of Malignant Disease of the Accessory Sinuses.* "La Presse Otolaryngologique Belge," April, 1903.

A man aged sixty-seven complained of obstinate neuralgia of the right trigeminal, which had lasted three months, and of a discharge of pus from the right nostril. The middle meatus on that side was occupied by a growth of a pinkish grey colour bleeding readily when touched; it was removed with a snare, and proved on microscopic examination to be malignant.

A month later the growth had recurred, and was again removed. From this time the development of the tumour became very rapid, and it was soon necessary to take the patient into the hospital on account of hæmorrhages, attacks of bronchopneumonia, and symptoms of myocarditis. The seat of the tumour was found to be the maxillary antrum. Pain became more intense, and was located chiefly in the second division of the fifth. The anterior wall of the sinus began to bulge, and there was fugitive œdema of the right cheek. Then exophthalmos came on from yielding of the floor and inner wall of the orbit. There was papillary stasis followed by optic neuritis, loss of sensation, ulceration of the cornea, and finally destruction of the eyeball. The floor of the sinus was the last to yield, but eventually it was rapidly destroyed. The patient complained of difficulty of swallowing, also of violent pains in the right occipital region, but there were no motor or other phenomena suggestive of a cerebral lesion. He died, profoundly cachectic, between six and seven months after first coming under observation. *Post mortem*, the point of origin of the tumour could not be ascertained; it was found to have invaded the whole of the right ethmoid labyrinth and both sphenoidal sinuses, as well as the right antrum. It had entered the cranium through the posterior wall of the sphenoidal sinus, and also through the foramen ovale, producing purulent leptomeningitis at both these points. A focus of leptomeningitis existed at the chiasma, and the

brain substance itself was destroyed at the location of the uncus and the gyrus hippocampi. More recently the author had seen a woman aged seventy-three complaining only of tic douloureux, in whom rhinoscopic examination, made on account of recurrent epistaxis, disclosed the presence of a glandular carcinoma in the nose.

Chichele Nourse.

LARYNX.

J. Rozier (Pau).—*Chronic Otitis; Evidement; Facial Paralysis following Curettage of the Sub-pyramidal Cavity; Caries of the External Semicircular Canal with Labyrinthine Crises.* "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," March, 1904.

In April, 1901, a woman presented herself complaining of violent pains in the head, so much so that sleep was rendered impossible.

Two years ago she had right influenzal otitis, and had been under treatment ever since.

Examination of right ear:—Meatus normal, Shrapnell's membrane perforated, foetid pus flowing from attic and antrum, malleus adherent to promontory. Probing the attic revealed bare bone at the tegmen. The mastoid process was tender to pressure, and violent pains were complained of above the auricle. With the exception of a retracted membrane, the left ear was normal. Nose: active ozœna. Audition: Weber lateralized to the right, bone conduction on right side good, though Rinné positive. Acoumeter: Hearing stronger on the right side.

June 11.—Lermoyez performed a radical mastoid operation. A large antrum was found filled with caseous pus, no cholesteatoma; its walls were in a state of osteitis. The attic was opened up, the malleus had gone; no granulations, tympanum was very carefully curetted, no fistula seen, aditus very large, no dehiscence of the Fallopian canal.

After recovery from the anæsthetic, it was noticed that the orbicularis palpebrarum on right side was weak. However, the aqueductus Fallopii had not been touched, either at the level of the spur nor above the stirrup. There had only been a single twitch during curettage of the posterior part of the tympanum. The curette had in fact entered a large sub-pyramidal cavity, and it was there that the facial was involved.

On June 13 there was complete facial paralysis on the right side.

On June 15 the case was investigated in the electrical department. Result: a partial reaction to degeneration.

Up to June 26 the condition of the operated area had been fairly satisfactory, but on that date considerable pain was experienced during dressing. Epidermisation had proceeded rapidly, but was retarded by some points of osteitis, one at the infero-external part just about the site of the tympanic ring, the other on the floor of the aditus. As regards the sub-pyramidal cavity, pus issued from it, and probing indicated foci of osteitis.

Despite cauterisation, curettage, and the elimination of some small sequestra, the osteitis extended more and more. The antrum and aditus were filled with fibrous tissue, and on October 4 a fistula was made out extending from mastoid to tympanum.

October 5.—The antrum and aditus were again curetted, and tamponed.

From December 5 to 15 the aditus tended to close again, and part was curetted, chromic acid being subsequently applied.