

NOSE.

Muller, F. (Heilbronn).—*Frontal Headache of Dental Origin.* "Müncb. 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. Dyspnoea 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.