The orbital portion is only affected after the existence of the disease for some time. Nasal disease coexists in from 95 to 97 per cent. of the cases. The speaker gave a better prognosis of this disease with nasal treatment, which consists of injections into the duct and removal of abnormal conditions which may be present in the nose. The former method was attempted in the last century by Laforest with a special catheter, but was given up on account of the difficulty in introducing it.

The treatment of certain nasal conditions relieves at once if the disease of the lachrymal duct is not severe. But if strictures, etc., are present nasal treatment is not sufficient. The most important task of rhinology consists, according to Keller, in a thorough prophylaxis, especially removal of any abnormal state of the inferior turbinate.

In the discussion Lieven (Aix-la-Chapelle) recommended a method recommended by Killian (Freiburg) for advanced cases. A probe is introduced into the duct, and the bone and the anterior end of the inferior turbinate are removed, the nasal part of the duct being opened by bone forceps. *Lieven* (*Guild*).

Keyser, R. (Breslau). — *Congenital Choanal Atresia.* "Wien. Klin. Rundsch.," No. 11, 1899.

Patient twenty-four years old. Complete atresia of the right choana. Patient refused operation. *R. Sachs.*

Rischaevy.—*On the Theory of the Relationship of Chronic Diseases of the Naso-laryngeal Canal and Diseases of the Nose.* "Wien. Klin. Rundsch.," No. 9, 1899.

The author found in some of these cases that not only the inferior turbinated bone, but also the middle one, was very swollen. He thinks that also through stenosis of the middle nasal meatus compression of the naso-laryngeal canal may be caused. In these cases he recommends removal of the middle turbinated bone. *R. Sachs.*

LARYNX.

Birkett, H. S., and Nicholls, A. G.—*Carcinoma of Larynx.* "Mont. Med. Journ.," May, 1899.

Six months previously a man, aged fifty-five, complaining of hoarseness, applied for examination. The laryngoscope revealed an ulcer, 6 millimetres by 3 millimetres, situated on the under surface of left vocal cord, in the vicinity of the vocal process. The surface was uneven and clean. There was no swelling of the crico-arytenoid articulation and the movements of the cord were unimpaired. Glandular tubercular and syphilitic manifestations were all absent, as also was stridor. Iodide of potash treatment was tried for a number of weeks without avail.

The patient was not seen again by Birkett until he was summoned to relieve œdema of the glottis, which seriously threatened suffocation. Inspiratory stridor was marked by retraction of supra- and infra-clavicular spaces and abdominal wall. In performing tracheotomy to relieve the symptoms, unusual difficulty was met with owing to the great depth of the trachea. It was found to be $3\frac{1}{2}$ inches from the surface. There was also enlargement of the middle lobe of the thyroid. On opening the trachea by lower operation, the œdema was found to

extend below the tracheal wound, requiring the use of a catheter to effect respiration until an unusually long tracheal tube could be secured. The patient only lived three days, dying apparently from collapse of the lungs.

Autopsy. The carcinoma was still confined to the left vocal cord, and had not apparently extended outside the laryngeal cavity. Inflammatory products had produced pressure upon both recurrent laryngeal nerves, inducing complete paralysis of vocal cords. Along left recurrent nerve was a small chain of enlarged glands.

Microscopically the growth proved to be a soft carcinoma of glandular type. In the liver four or five secondary nodules were found, while the heart showed moderate fatty degeneration. *Price-Brown.*

England, F. R.—*Œdema (?) of the Glottis during Anæsthesia.* "Mont. Med. Journ.," May, 1899.

Male, aged twenty-one. A left upper molar had been extracted ten days previously by a dentist. On the following day a painful swelling was apparent beneath angle of jaw on same side. This continued to extend until examined by the doctor. Temperature was then 103°; pulse rapid and feeble; neck and jaw swollen; skin dusky red and brawny; tissues somewhat œdematous. The jaws could not be separated to any extent.

The case was one of severe cellulitis of the neck, with profound toxæmia. Deciding to locate and evacuate any collection of pus that might be present, an anæsthetic was carefully administered, avoiding complete narcosis. Before any operation could be performed, sudden cyanosis supervened, with discharge of fœtid pus from the mouth. Artificial respiration was tried without effect. Then tracheotomy was rapidly performed, followed by attempts at artificial respiration, but to no purpose. The profound toxic condition and lowered vitality seemed to offer the best explanation for the rapid and complete failure of respiration and circulation. *Price-Brown.*

Keimer (Düsseldorf). — *Carcinoma after Gumma of the Larynx.* "Monatschrift für Ohrenheilkunde," February, 1899.

A patient, the subject of old specific infection, with tertiary changes in the nose and naso-pharynx, became extremely hoarse. On laryngoscopic examination, there was seen a pale, smooth, reddish-yellow swelling of the right aryepiglottic fold, and the neighbouring portions of the epiglottis and vestibule, exactly like a gumma. Great improvement in the voice and diminution of swelling took place under iodide of potassium and rest, but the ulcer did not heal, and later breaking-down and fungation followed. Microscopical examination of a fragment revealed no malignant appearances. Hoarseness and difficulty in swallowing returned, but there was no pain (spontaneous?) nor fetor. The vocal cord, however, lost its mobility, and a further microscopical examination showed atypical epithelial development in the midst of round-celled infiltration in the depths of the tissue, as also epithelial nests. Operation was postponed by the patient, but ultimately complete laryngectomy was performed, and the patient died.

A second case was very similar, but operation was refused.

Both were excessive in alcohol and tobacco, as well as in the use of the voice.

The question arose as to whether this was the transformation of a non-malignant into a malignant growth, or the accidental superven-

tion of carcinoma in a syphilitic subject. (There seems little doubt that specific lesions may supply the local irritation which favours the occurrence of epithelioma.) *Dundas Grant.*

Kobler.—*Diagnostic Value of Affections of the Epiglottis in Typhoid Fever.* "Wien. Klin. Rundsch.," No. 17, 1899.

The author mentions three cases in which only through inspection of the larynx and the changed appearance of the epiglottis it was possible to make the diagnosis of typhoid fever. The typhoid infiltration of the epiglottis is known: epiglottis very swollen and thickened; on the edge of the epiglottis ulcerations. Also, for prognosis, inspection of the larynx may be a help; as long as the epiglottis is infiltrated, the fever is still at an early stage. Finally, it is very important not to confound the cicatrices of these ulcers with those of syphilis, etc.
R. Sachs.

Lunin.—*Epithelioma of the Larynx.* "Petersb. Med. Woch.," No. 17, 1899.

The most interesting part of the case was that the epithelioma was going out from a syphilitic cicatrix. Extirpation of the left side of the larynx; cure. *R. Sachs.*

E A R.

Buys.—*Asepsis and Antisepsis of the Middle Ear.* "Journ. Med. de Brux.," Nos. 13, 14, 1899.

Phenol glycerine, 1 : 10, is considered a good antiseptic bath for the external ear, and much stress is laid on the benefit of using *sterilized* cotton-wool pulp. Paracentesis, drainage by means of gauze or wadding, inflation, and careful syringing are all mentioned. As regards our choice of an antiseptic, oxygenated water is said to be a "precious microbicide," and is looked on as a specific remedy in chronic otorrhœa.
B. J. Baron.

Green, J. Orme.—*Abscesses of the Cerebellum from Infection through the Labyrinth.* "American Journal of Medical Sciences," April, 1899.

Analysis of the Symptoms.

R. C. S.	A. C.	T. P.	T. B. H.
O. M. S. chr. r. 20 years.	O. M. S. chr. r. years.	O. M. S. chr. l. 1½ years.	O. M. S. chr. l. 25 years.
Sudden vertigo.	Sudden vertigo.	Sudden vertigo.	Sudden vertigo.
Pain in ear.	Pain in ear.	Pain in ear.	Pain in ear.
Headache, vertex, bilateral.	Headache, frontal, bilateral.	Headache, frontal, bilateral.	Headache, unilateral, left.
Divergent strabismus, both.	External strabismus, l.		Nystagmus on looking to r.
No optic neuritis.	No optic neuritis.	Optic neuritis, most in l.	No optic neuritis.
	Knee-jerks present.	Knee-jerks absent in r.	Knee-jerks present.
		Facial paralysis from ear.	
	Nausea.	No nausea.	Nausea.
No chills or fever.	Chills and fever.	No chills or fever.	No chills or fever.
	Leucocytosis, 20,100.	Leucocytosis, 14,000.	No leucocytosis.
Delirium at end.	Delirium at end.	Delirium at end.	No delirium.
Sclerosis of the bone.	Sclerosis.	Sclerosis.	Sclerosis.
Caries into labyrinth.	Caries into labyrinth.	Caries into labyrinth.	Caries in labyrinth.
	Arachnitis of cerebrum and cerebellum.	Encephalitis of cerebellum.	No brain disease.
Abscess of cerebellum, 1¾ in. × ½ in.	Abscess of cerebellum.	Abscess of cerebellum, 1¾ in. × ½ in. × ½ in.	
Infection from meatus internus.	Infection from aq. vestibuli.	Infection from whole labyrinth.	