

interfered to prevent many British specialists from being present, as they were indeed poorly represented as far as numbers were concerned. Those who were there were highly gratified with their reception and with the charms of Buda-Pest.

THE OTO-LARYNGOLOGICAL SECTION AT THE BELFAST MEETING OF THE BRITISH MEDICAL ASSOCIATION.

THE discussions in the section of Oto-laryngology at the recent meeting of the British Medical Association at Belfast proved of considerable interest.

That of the first day, on the treatment of tinnitus aurium, was introduced in a comprehensive paper by Dr. Barr, of Glasgow, and by Mr. Richard Lake, of London, the latter of whom dealt with the surgical aspect of the question in an able and stimulating address. The speakers in the subsequent discussion, in which the recent methods of treatment by fibrolysin and hot air were alluded to, included several well-known British otologists.

A joint meeting with the Section of Hygiene and Public Health on the second day afforded the members the opportunity of listening to an exhaustive handling of the difficult problem of the treatment of latent diphtheria by authorities such as Drs. Watson Williams (Bristol), R. M. Buchanan (Glasgow), and Duncan Forbes (Brighton). The gist of the introductory papers seemed to be, as one of the speakers in the discussion remarked, that when cultures are taken in a case of suspected diphtheria the nose should be investigated as well as the throat, and that when the Klebs-Loeffler bacillus is found to be present in a latent case, isolation should not be insisted upon unless inoculation of animals shows the organism to be virulent. The discussion was rendered noteworthy by an expression of opinion from Dr. Goodall (London) that too much importance had been placed in the immediate past upon the persistence of the bacillus in the throat or nose, after an attack of clinical diphtheria, as a factor in the spread of the disease in the community.

It was the third day's debate, however, upon the treatment of cicatricial stenosis of the larynx that aroused the keenest interest, for the presence as leaders of the discussion of prominent laryngologists from both hemispheres gave to the meeting the status of an international congress. Mr. Lambert Lack (London) drew attention to those forms of stenosis which are caused by faulty

tracheotomy, a portion of the field in which, as is well known, Mr. Lack has rendered valuable service to medicine. In M. Delsaux, of Brussels, was found an earnest advocate of the operative methods of M.M. Sargnon and Barlatier, which were published in the *JOURN. OF LARYNGOL., RHINOL., AND OTOL.* last year. There is a serious drawback to this operation, however, in the long-continued and often painful dressings necessary for perfect success. For this reason most laryngologists will doubtless prefer first of all to try the American plan, described by Drs. Bryson Delavan and Emil Mayer, of New York, of dilating these strictures with suitably modified intubation-tubes worn for prolonged periods. The successes which have attended this method indeed justify the hope that the treatment of cicatricial laryngeal stenosis, formerly "the reproach of laryngology," will soon be a reproach no longer.

Valuable papers were read by Mr. H. E. Jones (Liverpool), Mr. George Jackson (Plymouth), Dr. R. H. Scanes Spicer (London), Dr. Woods (Dublin), Dr. Dan McKenzie (London), and Dr. J. Hardie Neil (New Zealand), and the educative influence of the meeting was enhanced by the well-arranged demonstrations of Drs. Watson Williams, Bryson Delavan, and William Hill.

A special word of acknowledgment is due to the secretaries (Mr. Harold Barwell and Dr. Stoddart Barr), and to Dr. StClair Thomson, whose chairmanship, with its happy blend of geniality and firmness, went far to render the Belfast meeting harmonious, profitable, and altogether enjoyable.

SARCOMA OF THE NOSE, WITH REPORT OF CASES.¹

BY J. PRICE-BROWN,
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FORTUNATELY for mankind sarcoma of the nose is a rare disease. Its malignancy has made it the dread of the surgeon as well as the patient. Medical treatment as a curative agent is acknowledged to be futile, and surgical treatment has been almost as unfortunate in its results.

To prove that this is the expression of modern thought I need only refer to the works of some of the leading writers of the day,

¹ Read in the Section upon Ophthalmology, Otology, and Laryngology of the Canadian Medical Association, held in Winnipeg, August, 1909.