

MISCELLANEOUS.

J. Safranek (Budapest).—Blood-Vascular Tumours in the Upper Air-Passages. "Zeitschr. f. Laryngol.," Bd. iv, Heft 3.

Most of the so-called hæmangiomas of the upper air-passages are not true tumours, but merely dilatations of existing vessels. The following varieties are distinguished: (1) Telangiectasis (profuse irregular dilatation of capillaries and small veins); (2) cavernous angioma (composed of blood-spaces); and (3) racemose arterial aneurysms. (1) occur most frequently in the skin as nævi, but may occur in mucous membranes, in which case they are usually multiple: they may cause hæmorrhage if situated on the bleeding area of the nasal septum. Safranek considers that they are always congenital. (2) He also thinks that cavernous angiomas are due to congenital abnormalities, although they may arise late in life; they occur in the mouth, pharynx and larynx as round or oval tumours of red or blueish colour; the surface is uneven; the swellings are characteristically compressible and vary in size. They may occur on the turbinals, or septum or floor of the nose; on the uvula, faucial arch and walls of the pharynx; they are rare in the larynx according to Chiari, but may occur on the cords or ventricular bands. Safranek points out that fibromata, myxomata and sarcomata may show vascular changes which resemble angioma. (3) Racemose arterial aneurysms are commonest at the back of the tongue, on the palatal arches posterior wall of pharynx, and pyriform sinus. Hæmorrhage from these tumours may be mistaken for hæmoptysis. Safranek describes three cases: The first was one of simple venous angioma of the pharynx and larynx; the swellings had never caused pain or bleeding; in the second case the left vocal cord was the seat of an angioma (possibly a fibroma with vascular change); while the third was one of cavernous tumour of the right arytenoid. The writer deals shortly with the methods of treatment and their dangers and difficulties. Severe bleeding after removal of a laryngeal angioma by the natural passage may necessitate tracheotomy and laryngostomy.

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Holscher (Berlin).—A Case of Rhinoscleroma cured by Salvarsan
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The patient, a young man, aged twenty-five, had suffered from the disease in a characteristic form for seven years. The parts involved were the right inferior turbinal, the larynx, and the trachea almost as low as the bifurcation. Respiration was much impeded. Syphilitic infection was denied and Wassermann's test was negative. Apart from operative removal of the diseased tissues from the right nasal cavity, treatment consisted only of the intra-venous injection of salvarsan, 0.4 gm. Three weeks later, although the nasal disease showed a definite tendency to heal, that in the larynx and trachea did not appear to have been much influenced. On again examining the patient, however, after a further period of five weeks, the writer found to his surprise that the nose was completely healed and that the larynx and trachea no longer showed a trace of the disease.

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