

Dr. VAN DEN WILDENBERG (Antwerp) : *A Case of Latent Thrombosis of the Lateral Sinus.*

A man about twenty years of age, with chronic otorrhœa, had suffered for eight days with violent paroxysms of pain in the corresponding side of the head and neck radiating to the back. There was moderate fever, the pulse was quickened, and the mastoid was tender on pressure. A free mastoid operation gave no relief from the pain; two days later a second operation was performed. The lateral sinus was explored and found thrombosed. The internal jugular was ligatured and the thrombus removed. Lumbar puncture was not used. The patient died of cerebrospinal meningitis; there was no autopsy. No oscillations of temperature nor rigors occurred during the progress of the case.

Dr. DE PONTIÈRE (Charleroi) : *Pseudo-membranous Rhinitis.*

Nasal obstruction, often unilateral, sometimes comes on with the accompaniments of fever, rheumatic pains, headache and fits of sneezing. On examination of the nasal fossa, the mucosa is seen to be swollen, covered with a reddish exudate, and bathed in mucus. The naso-pharynx is generally clear; but the choanæ participate in the pseudo-membranous process.

This state only persists some days, until it happens that, either spontaneously or in sneezing or blowing the nose, a mass of blood-stained membrane is expelled, and the patient at the same time experiences a sense of relief. The permeability of the nose is re-established, and after some days the parts become normal. At the moment, the mucosa appears to be superficially ulcerated and a small excess of secretion is formed, but no more false membrane. No Loeffler bacilli either true or false are found in the membrane, but streptococci in profusion, and pneumococci.

CHICHELE NOURSE.

Abstracts.

FAUCES.

Mader, L. (Munich).—*On X-Ray Therapy in the Upper Air Passages.* "Archiv für Laryngol.," vol. xviii, Part I, 1906.

The author gives a detailed account of the four following cases treated by the X rays:

(1) Carcinoma of the tongue and soft palate, with severe pain not relieved by large doses of morphia, and slight glandular enlargement.

As a result of treatment tongue much lessened in size, ulcer on palate quite healed, and pain much relieved, but disease spread deep into lower pharynx and patient withdrew from further treatment.

(2) Granular pharyngitis with marked neurotic symptoms. Shrinking of "granules" and marked improvement in neurotic symptoms followed on treatment.

(3) Case of chronic pharyngitis with great hyperæmia. After numerous exposures no change was noticed and patient declined further treatment.

(4) Carcinoma of the posterior wall of the pharynx, in the form of a flat growth, about the size of a five-shilling piece. Diagnosis established by microscopic examination. When the case was shown after very numerous exposures extending over nine months, the growth had entirely disappeared from the oro-pharynx, leaving a cicatrix, and in the lower pharynx a mere trace of the growth remained. After a few more weeks of treatment "no trace of the growth will remain." The patient looked in perfect health, and had gained eight pounds in weight during the treatment.

The author gives a detailed description of his pharyngo-laryngeal tube by means of which he is able to bring the rays to act directly upon any part of the upper air passages.

Middlemass Hunt.

Menzel, K. M. (Vienna).—*A Contribution to our Knowledge of Leukæmic Changes in the Mucous Membrane of the Upper Air Passages and the Digestive Tract.* "Archiv für Laryngol.," vol. xviii, Part I, 1906.

A male patient, aged fifty-six when first seen, suffered from chronic lymphatic leukæmia following on pseudo-leukæmia, and was under observation for three years. During all that time there existed a very diffuse infiltration of the whole soft palate, uvula, tonsils, faucial pillars, and base of the tongue. At intervals there occurred attacks of acute inflammation of the infiltrated area, lasting a few days and causing dyspnoea, so as to threaten the life of the patient. During one of these attacks an ulcer formed on the soft palate but healed in a few days. The patient died suddenly with symptoms of acute leukæmia and shortly before death a large gangrenous ulcer appeared in one tonsil. A *post-mortem* examination was not obtained.

The author failed to find any case exactly similar in medical literature, though there are a few resembling it in a series of cases collected by Stoerk under the title "Lympho-sarcoma of the Pharynx and Larynx." Most authors who have recorded any changes in the pharynx in leukæmia have found these changes limited to the adenoid tissues of the tonsils and base of the tongue.

The ulcer which occurred on the soft palate was simple in character and probably traumatic in origin, but the deep ulcer of the tonsil was no doubt a specific leukæmic ulcer, such as often occurs in acute leukæmia.

Middlemass Hunt.

NOSE.

Killian, G.—*Origin of Mucous Polypi of the Choanæ.* "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," May, 1906.

The author states that these polypi are generally unilateral and single,