and sinuses above it. The author also believes that there are more cases in which teeth are lost by diseases of the antrum than cases where primary disease of teeth causes infection of the antrum.

Oscar Dodd.

De Blois.—*Fractures of the Nose.* "New York Medical Journal," October 27, 1900.

Dr. de Blois points out that in the majority of cases of so-called "broken nose" no fracture in reality exists. What does occur might more properly be described as a dislocation, the nasal bones being separated at their internal borders from the superior maxillary. While this is the most common form of "broken nose," there may in addition be a true fracture either of the nasal process of the superior maxillary or the zygomatic arch of the malar. In all cases there is more or less displacement of the septum. Dislocations and deformities of the septum may be produced in infants by the nose being pushed into the pillow during sleep, or the breast while being nursed. As regards the treatment of "broken nose," the author states that in most cases apparatus can be dispensed with if, after reduction has been performed, the patient remains quiet and the septum becomes moderately straight. In those cases where after reduction the nasal bones show a tendency to slip inward, he recommends a hard rubber internal splint. In all cases plaster of Paris makes an excellent splint for external application, on account of the perfect manner in which it can be fitted to correct the displacement. *T. H. D. Townsend.*

Kronenberg.—*Some Symptoms of the Upper Air-passages in Severe Scarlatina.* "Wien. klin. Rundsch.," No. 24, 1900.

The author describes cases of purulent rhinitis and suppuration of the accessory cavities of the nose and gangrene of the pharynx consequent upon scarlatina. *R. Sachs.*

LARYNX.

Bruggisser.—*Paralysis of the Posticus, caused by a Foreign Body in the Larynx.* "Corresp. Bl. f. Schweiz. Aertze," No. 15, 1900.

A man aged twenty-four got a dental plate of indiarubber with two false teeth into the larynx. It was removed eight days later by endolaryngeal extraction. The patient, however, developed a complete paralysis of both crico-arytænoidei postici muscles, probably caused through the pressure, and tracheotomy had to be performed. The author saw the patient again four years afterwards, when the paralysed condition of the muscles remained the same. *R. Sachs.*

Thrasher.—*Fibroma of the Larynx.* "New York Medical Journal," October 6, 1900.

This case is interesting as showing how, in what is known as a "non-malignant" growth of the larynx, occasion may arise with comparative suddenness for the employment of rapid measures to avert a fatal termination.

The case reported by the author is that of a woman, aged fifty-six, who came to him with an accompanying diagnosis of cancer of the

larynx. She had for some time suffered from recurrent attacks of hoarseness, from which, however, she had made rapid recoveries. During the previous few weeks the hoarseness had persisted, so that her voice was reduced to a mere whisper. At the same time she became breathless on the slightest exertion, and it was for this now rapidly-increasing dyspnœa that she sought relief. There was no family history of malignant disease, and the patient was well nourished and in excellent health in other respects.

Laryngoscopic examination revealed a growth occupying the posterior and lateral walls of the larynx, deficient abductor movements of the cords, which were pushed into the centre of the larynx, and enlargement of the arytænoids. Owing to the history of slow growth, the absence of pain, and to the fact of there being present a considerable amount of local inflammation, a benign neoplasm was diagnosed. A portion of the growth was removed with the cutting laryngeal forceps for microscopical examination, and the patient was placed on iodide of potash. The growth was found to present the appearances of a fibroma underneath a normal mucous membrane.

In a week the patient returned with all her symptoms greatly exaggerated. Her face and lips were deeply cyanosed, loud, sonorous râles were heard during respiration, and mucus could be seen bubbling up between the cords. The symptoms were so alarming as to call for immediate operation, and after a preliminary tracheotomy the larynx was laid open from the lower border of the cricoid cartilage through the cricoid and the anterior angle of the arytænoid to the base of the epiglottis.

A thickening mass was found extending from the lower border of the cricoid to above the vocal cords. The thickening was submucous, and extended down to the cartilaginous framework of the larynx, being most marked in the neighbourhood of the arytænoids.

The mass of tissue was removed from the sides of the larynx with cutting forceps and curettes, and after the inner surfaces were cauterized with a saturated solution of trichloracetic acid the cartilages were brought together with silver-wire sutures. A further microscopical examination of the tissue removed showed only the presence of connective-tissue hypertrophy. The tube was removed in a month, and the patient has remained since in perfect health. Her colour is good, and there has been no indication of a recurrence of the neoplasm or of a further contraction of the laryngeal passage.

Sandford.

EAR.

Francis, Alex. (Brisbane).—*Notes on a Case of Emphysematous Otitis, due to the Bacillus Aerogenes Capsulatus.* "The Australian Medical Gazette," October 20, 1900.

The patient, a woman, was quite suddenly seized with acute pain in the left ear, which rapidly increased in severity. On paracentesis being performed, a quantity of clear fluid bubbled out and the pain was relieved. About fifteen hours afterwards pain began in the right ear, and on examination a large bulla was seen on the posterior wall of the external auditory meatus, the drum apparently being healthy. On the bulla being punctured, a quantity of clear fluid and gas bubbled