

right inferior turbinal was removed to obtain more space, and the lower third of the anterior wall of the sphenoid drilled. A vulcanite tube was inserted, and, as daily washings seemed to improve the condition, the patient was allowed to return home.

Two weeks later, however, she returned with the post-nasal space almost filled with granulations. Anæsthetising the patient again, the posterior ethmoid cells were opened, making the passage free into the post-nasal space. Then, with Asch's forceps, the author fractured the septum as far back as the posterior naris, and inserted a special perforated splint.

One month later, suitable cleansing treatment having been systematically carried out, the nostrils and ears were almost free from pus, and communication between the right nasal passage and the right post-nasal space seemed to have been permanently established.

Owing to the destruction of the ossicles the improvement in hearing had not been very marked. *Price-Brown.*

**Craig, R. H.**—*Combined Empyema of the Left Frontal and Ethmoidal Cavities.* "Montreal Medical Journal," April, 1905.

This is a report of a case of sinus disease occurring in a woman, aged forty-five. For many years she had been subject to left frontal neuralgia, but from medical treatment had experienced little relief.

On examination, pressure over the left frontal bone and inner angle of the left eye caused excruciating pain. Internal examination revealed chronic rhinitis, with pus in middle meatus, dilated ethmoidal bulla, and enlarged left middle turbinal.

Electric illumination gave dark umbra in both left infra-orbital and frontal regions. Both antra were negative. Operations upon the left ethmoidal cells and frontal sinus was decided upon. In each case pus was found. Free drainage was established, and after several weeks' careful treatment the external wound into the frontal sinus was allowed to heal.

One month after the final operation the patient was discharged from the hospital, cured. Pain had disappeared, discharge had ceased, and the general health was much improved. *Price-Brown.*

**Jacques (Nancy).**—*The Pathogenic Rôle of Alveolar Lesions in Prolonged Acute Maxillary Sinusitis.* "Rev. Hebd.," May 6, 1905.

The writer refers to the fact of the importance of carious teeth in the production of this condition, and points out that the affection is not always cured by the extraction of the offending tooth. It is sometimes necessary to puncture the cavity through the alveolus as in chronic cases, but the cure results very rapidly. *Albert A. Gray.*

## LARYNX.

**Malafosse, M. P.**—*A Case of Acute Syphilitic Laryngeal Stenosis; Cure by Injection of Biniodide of Mercury.* "Gazette des Hôpitaux," March 28, 1905.

In October, 1904, a child, aged six, came under notice of the author presenting symptoms of acute laryngitis. There was a clear history of syphilis contracted from drinking utensils two years previously, and the patient had undergone a course of specific treatment in the form of Gibert's syrup. A most careful examination failed to reveal any stigmata.

For the laryngitis, revulsives in the shape of iodine and mustard poultices were applied, and the specific treatment resumed. Ten days subsequently the symptoms of laryngitis increased, the voice was almost aphonic, but there was no respiratory trouble. Menthol inhalations were ordered, and the dose of Gibert's syrup doubled.

During the night of October 27, the patient was seized with a violent paroxysm of dyspnoea, inspiration was especially difficult, noisy, and accompanied by marked epigastric recession. An emetic was administered and a hot water stupe applied around the neck; considerable relief ensued, but respiration remained laborious. As the breathing did not improve and the dyspnoic seizures recurred, nightly mercurial injections were decided upon. One c.c. of biniodide oil, according to the formula of Panas, was introduced into the cellular tissue of the gluteal region daily. The temperature afterwards never exceeded 37° C., and there was no evidence of mercurial intoxication.

After the fourth injection, a profound improvement set in, breathing became easier, there was no longer any epigastric recession, and the suffocative attacks ceased. Eleven injections sufficed to see the respiratory troubles at an end; only hoarseness of the voice and cough remained. Gibert's syrup was again resumed, and two months afterwards the child was in excellent health with voice almost of normal tone.

The author remarks that had the history of the patient not been so definite, the difficulties of diagnosis would have been considerable. True croup and stridulous laryngitis had to be excluded. The absence of prostration, pallor, fever, and glandular enlargement rendered the former improbable, whilst the characteristic barking cough attending the latter had never been in evidence.

The author quotes Dieulafoy's dictum, that it is always necessary to consider the possibility of laryngeal syphilis in the case of a child who, without previous diphtheritic angina and glandular involvement, shows symptoms analogous to those of croup.

In conclusion he considers that it is in these cases of extreme urgency that mercurial injections give such hopeful results, and emphasises the rapidity with which this case was got under and without the slightest symptom of mercurial intoxication, notwithstanding the fact that eleven consecutive injections of 4 milligrammes of biniodide had been administered to a child aged six.

Clayton Fox.

**Bonain.**—*Two Cases of Stenosis of Larynx, etc.* "Rev. Hebde.," May 13, 1905.

Reports of two cases of stenosis of the larynx, one subsequent to variola and the other to scarlatina. In both cases intubation was performed and recovery ensued.

Albert A. Gray.

**Delsaux, V.**—*Eversion or Prolapse of the Ventricle of Morgagni.* "La Presse Oto-laryngologique Belge," March, 1905.

The record of a case, preceded by a *résumé* of the views of various writers upon this condition in which a distinction is drawn between eversion of the ventricle and prolapse of part of the inflamed and infiltrated ventricular wall.

A male aged forty-two complained of persistent hoarseness following tonsillitis a year and a half previously, which had become worse during the last three months. There was also inspiratory stridor. The whole larynx was reddened, and there was a swelling the size of a hazel nut

under the right ventricular band. The tumour was removed with the hot snare under cocaine, and proved to be the everted ventricle with thickened walls. Recovery was perfect. *Chichele Nourse.*

### TRACHEA.

**Thistle, W. B.**—*Obstruction of Left Bronchus by a Shoe-button.* "Canada Lancet," April, 1905.

This was an interesting case occurring in a girl, aged eight. The condition, simulating that of purulent pneumonia of the left lung, ran an irregular and perplexing course for a period of about eight weeks. The diagnosis was extremely difficult. There was hyper-resonance over the upper portion of the lung, and dulness over the lower portion, together with total absence of breath sounds over the whole area. At no time was there either heart displacement or fluid within the pleural cavity. There was hectic fever, wasting, and night-sweats.

Finally, during a severe attack of coughing, a corroded shoe-button, accompanied and followed by a mass of yellow pus, was expelled. The condition at once changed. Over the dull area bronchial breathing was again established, and the patient made a rapid recovery.

*Price-Brown.*

### THERAPEUTICS.

**Denker, Prof. A.** (Erlangen).—*On the Treatment of Hay Fever.* "Münch. med. Woch.," May 9, 1905.

The writer found a number of cases in which improvement was effected by massage of the nasal mucous membrane. He made some test experiments with Dunbar's toxin on hay fever subjects and found no effect produced. *Dundas Grant.*

**Prausnitz.**—*On the Treatment of Hay Fever.*—"Münch. med. Woch.," June 6, 1905.

Dr. Prausnitz attributed the inertness of the specimen of pollen toxin used by Professor Denker to its having been kept too long.

*Dundas Grant.*

**Yost, A. K.**—*The History of the Antitoxin Treatment of Diphtheria, with the Reasons for its Success.* "The N.Y. Medical Times," April, 1905.

Reviews the work of Biggs, Park, and Beebe, and points out the proofs of the specificity of diphtheria. The investigations of Mouraveff, Spronck, Thomas, Löffler, Ruffer, and others are described succinctly, and the author points out the reasons for the success of the antitoxin method as: (1) The improved results in intubation and tracheotomy; (2) the change in the clinical course of the disease; and (3) the fact that, under the serum treatment, diphtheria is losing its progressive character.

The paper closes with the description of a rash occurring in a case of diphtheria due apparently to the injection. *Macleod Yearsley.*