NOSE, Etc.

Goldsmith, P. G. (Kingston).—*Chronic Suppuration of Right Maxillary Antrum and Anterior Ethmoidal Cells.* "Canada Lancet," August, 1900.

The patient was a man aged thirty-eight years, who had been suffering from chronic purulent discharge from the right nostril for thirty years. After a correct diagnosis had been made, the first operation was that of curetting the anterior ethmoid cells. This afforded considerable relief. The antrum was then perforated through the inferior meatus. Regular washing out was followed by cessation of all symptoms for a number of weeks. Subsequently there was a return of purulent discharge, and the operator decided to open the antrum more widely and curette its walls. *Price Brown.*

Wishart, Gibb (Toronto).—*Removal of Septal Spurs: A Note upon the Use of Carmalt-Jones's Spokeshave.* "Canada Lancet," July, 1900.

The paper treats of two classes of septal outgrowths: 1. Those which present the appearance of horns, being bony in character, situate far back in the nasal cavity, and impinging by a small area against either middle or inferior turbinateds. 2. Those bearing the appearance of shelves, more anterior in situation, partly cartilaginous, partly bony, anywhere between a quarter of an inch and an inch in length, and lying parallel, or almost parallel, to the floor of the inferior meatus. In these two classes of cases the writer advocates the use of the spokeshave in preference to the nasal saw.

The patient is placed in the usual position for operation, and the parts anæsthetized by the application of cocaine and suprarenal extract. The spokeshave is next inserted with the bevel of the cutting edge towards the septum. It is then slipped gently back over the spur until the latter drops into the slot. In operating the blade is pressed closely to the septum, so as to engage the whole of the spur. One sweep of the blade should remove it in a single piece and leave a smooth surface.

The following advantages are claimed for this method of operating:

1. The absence of bleeding till the operation is accomplished, with the advantage of non-obstruction to the vision.
2. Great saving of time in operating.
3. The almost entire absence of pain or fear to the patient.
4. The satisfactory course pursued in healing. *Price Brown.*

LARYNX.

Manley, Thomas M.—*Fibrous Tumour of Lower Jaw.* "Journal of Medicine and Surgery," August, 1900.

This was a case of recurrent tumour in the lower jaw of a young woman. Histological examination stamped it as benign; yet clinically it seemed most malignant. It was very small at the time of the first operation. Six months later it had returned, and was of immense size. It pressed on both larynx and œsophagus, rendering respiration and deglutition almost impossible. After the second excision the tumour was found to weigh 27 ounces. Microscopical examination

showed simple fibrous structure. Five years have elapsed since second removal. No return. *Price Brown.*

Manley, Thomas M.—*Thyroid Tumour.* "Journal of Medicine and Surgery," August, 1900.

This is the report of a tumour removed from the neck of a young woman. The growth rendered phonation and respiration difficult, and produced great disfigurement. No exophthalmia nor marked evidence of goitre. The neoplasm was limited to one lobe, and hence removal was not likely to be followed by myxœdema. In operating the pedicle was securely ligated by the chain-suture before detaching the tumour near the isthmus. Convalescence was rapid, with disappearance of all symptoms. *Price Brown.*

EAR.

Blake, Henry.—*Suppurative Otitis; Mastoid Disease; Cerebral Abscess; Necropsy.* "The Lancet," March 31, 1900.

Youth of seventeen was admitted to hospital for pain and discharge from left ear of three weeks' duration. There was a purulent discharge, and a small polypus could be seen growing from the posterior wall of the meatus.

The ear was douched with boric lotion and insufflated with iodoform. Chromic acid was applied to the polypus. On September 25 (*i.e.*, after three days) the temperature rose to 104·5°, but after cold sponging it fell to 100°. For the next three weeks the temperature was very irregular, ranging from 98·4° to 103°, but the general condition seemed to improve, and operation was deferred. On October 2 the patient vomited, and he began to suffer from severe paroxysmal headaches. On the 16th the mastoid was trephined, and a few drops of pus escaped. A communication was made between the mastoid antrum and the meatus. The temperature, however, remained irregular, ranging from 100° in the morning to 103° in the evening, and on the 24th the patient had a rigor. On the 28th the mastoid opening was enlarged, and some bony detritus was cleared out. On the 30th the temperature rose to 102°. There were swelling and tenderness along the line of the internal jugular. On the next day the swelling and tenderness had extended along the line of the subclavian vein. Carbolic fomentations were applied, and in two days these symptoms had subsided. On November 1, and again on the 3rd and the 5th, the patient vomited. On November 1 the temperature fell to 97°, but on the 2nd it rose to 102°. The patient was now rather drowsy, and his cerebral processes became very slow. On the morning of the 6th the temperature was normal, and the pulse rate was 60. At 10 a.m. the temperature fell to 96° and the pulse rate to 48. There were slight paresis of the right facial nerve, and a slight tendency to ptosis of the left eyelid, and the left pupil was dilated. The fundus oculi looked healthy. In the evening Dr. Blake trephined over the temporo-sphenoidal lobe, entering the trephine at a point about $1\frac{1}{4}$ inches behind and above the centre of the external auditory meatus. An incision was made in the dura mater, and an exploring needle was inserted into the temporo-sphenoidal lobe. Pus was at once found, and about 1 ounce escaped. The opening was enlarged with sinus