

Nose and Accessory Sinuses

tones or noises. Such an instrument does not cure tinnitus but affords relief; for example, those who are unable to sleep are enabled to do so, because a sound produced outside the patient is not so distressing as one produced within.

ANDREW CAMPBELL.

NOSE AND ACCESSORY SINUSES

The Relationship of Sinusitis and Bronchiectasis. L. QUINN and O. MEYER. (*Archives of Oto-Laryngology*, Vol. x., No. 2, August 1929.)

From a study of 38 patients with bronchiectasis, the writers discovered sinusitis in 22 cases (57.9 per cent.) The co-existence of the two conditions has been frequently noted, and a useful list of references is given in this paper. In the present series of cases the bronchiectasis was bilateral in 17 of the 22, or 77 per cent. In 5 cases the disease was unilateral, in 3 the right lung, and in 2 the left lung being involved.

In all cases diagnosis was confirmed by a radiogram of the chest after the introduction of iodised oil.

Twenty, or 90.9 per cent. of the patients, suffered from maxillary sinus suppuration, alone or in conjunction with suppuration of the other sinuses. Several had pansinusitis.

In the majority of cases there were no obvious symptoms of sinusitis. The authors conducted a series of interesting experiments which appeared to show how readily pus may be aspirated from the nasal fossæ into the bronchi. The experiment consisted in the introduction of iodised oil into the nose during sleep, following administration of morphine. Subsequently the presence of the oil in the lungs was revealed by a radiogram in five of the eleven persons who were subjected to the experiment. In the unsuccessful cases the oil had been coughed up or swallowed by the patient, who awakened when the injection was attempted.

Aspiration of pus overflowing from the antra while the patient is in the recumbent posture, therefore, appears to explain the frequent association of bronchiectasis with sinusitis. DOUGLAS GUTHRIE.

Ethmoiditis in Children. LANOS. (*Arch. Inter de Laryng.*, July-August 1929.)

The speaker quotes three cases of orbital inflammation in children consecutive to an ethmoiditis. Exophthalmos, chemosis, and palpebral œdema can all occur in a non-suppurative ethmoidal inflammation, even when associated with constitutional signs. The important

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points in the diagnosis of suppuration are limitation in the movement of the eyeball and impairment of vision. The interval between conservative and radical treatment should be very brief.

Rouget finds that in children, as contrasted with adults, the intranasal findings are usually negative. He would stress the importance of scarlet fever as an ætiological factor. M. VLASTO.

Hypertrophy of the Sub-mucous Tissue of the Nose. CHIKASHI MORITA (Bujiun, South Manchuria). (*Oto-Rhino-Laryngologia*, Vol. ii., Part 9, p. 836.)

The patient, a woman, aged 43, had a swelling of the size of the tip of the index-finger in the left nasal fossa, bulging in the upper part of the naso-labial fold. There was no "parchment" crackle on pressure. It was accompanied by neuralgic pains. On examination it was found to correspond to the description of Gerber's tumour. On its removal the pains ceased. The microscope showed it to consist of abundant round-cells, with glandular and connective tissue elements. The writer considers it an atypical development of an inflammation of the nasal mucous membrane. JAMES DUNDAS-GRANT.

A Case of Hæmoangioma Sarcomatoides of the Nasal Septum. SHYÛZÔ OKONOGI (Tokyo). (*Oto-Rhino-Laryngologia*, Vol. ii., Part 8, p. 751.)

There was a tumour of the size of a walnut growing under the mucous membrane of the roof of the nose in a woman aged 54. It spread out the bridge of the nose, and was removed completely through a vertical incision. Healing followed.

JAMES DUNDAS-GRANT.

LARYNX

A Case of X-ray Necrosis of the Thyroid Cartilage following Treatment for Exophthalmic Goitre. LEMAITRE and MLLÉ. ZIMMER. (*Arch. Inter. de Laryng.*, July-August, 1929.)

Nine applications to the thyroid gland were made in a case of Grave's disease. The treatment was discontinued on account of laryngeal symptoms: hoarseness, attacks of dyspnoea, and mucopurulent expectoration. When the patient came under the notice of the authors there was a thyroid swelling, shaped like a horseshoe, very large, hard, and adherent to the surrounding parts. The glottis was red and œdematous, and covered with tenacious secretion.