

it goes on very slowly. The tonsil, therefore, does not protect the organism by the production and pouring out of phagocytic polynuclear leucocytes, nor by absorbing and destroying noxious agents, but by aiding other glands in the production of defensive leucocytosis.

Arthur J. Hutchison.

### NOSE, Etc.

**Bertemès.**—*Mucous Polypi and Epithelioma of the Nasal Fossæ.* "Rev. Hebdom. de Laryngol.," etc., September 15, 1900.

Do nasal mucous polypi ever undergo epitheliomatous degeneration? Virchow states that nasal polypi may become the seat of cancerous or canceroid changes. Plique asserts that after removal of benign polypi they are frequently replaced by epitheliomatous polypi, but neither author cites a single case in point. Pican recommends a very thorough removal of polypi in order to prevent their recurrence and degeneration, sarcomatous or epitheliomatous. Bayer reports a case of a carcinoma implanted on a simple mucous polypus, but he does not prove that the polypus existed before the cancer. It is therefore possible, or even probable, that the cancer gave rise to the polypus. Schiffers reports two cases of transformation of mucous polypi into epitheliomata, after frequent operations, in two patients aged sixty-seven and seventy-one respectively. In one case the transformation was incomplete, the nose remained free and the general health good: in the second the polypus may not have actually undergone an epitheliomatous degeneration, but may rather have been invaded by a cancer in the neighbouring parts.

The author reports two cases in which the circumstances were very favourable to the cancerous degeneration of the polypi. One had nasal polypi for some fifteen years, and had been operated on several times. He also had an epithelioma removed from his lower lip nine years ago. The conditions found by the author were typical simple polypus in the anterior part of one nasal fossa, and epithelioma involving palate and floor of same fossa. In the other case polypi had been present some ten years and frequently operated on. More recently pain, sanious discharge, etc., had appeared. The conditions found were typical simple polypus in the anterior part of the nose, and typical epithelioma in the posterior part of the same side. In a series of sections made of these growths no evidence could be found of any transition of polypus into epithelioma. The growths were typical simple polypi on the one hand, and typical cancers on the other. The author does not deny the possibility of a polypus undergoing cancerous degeneration, but maintains that the fact has still to be demonstrated.

Arthur J. Hutchison.

**Connell, J. C.**—*Hay Fever.* "Canadian Practitioner and Review," August, 1900.

In a fair percentage of cases treatment for four or six weeks prior to the usual period of attack is productive of good results. In anæmic cases iron and arsenic are the remedies chosen. When no anæmia exists, strychnia, valerianate of zinc and lithia are applicable.

Foci of irritation within the nasal cavities should always be removed by operative measures.

During the period of attack two remedies are used—one internally, the other locally. The former consists of ammonal in 8-grain doses, taken once or twice a day; the latter of a combination of stearate of zinc with aristol, used as a dusting-powder within the nasal cavities. In this way his patients have been made comfortable, and the attacks shortened. *Price Brown.*

**Goldsmith, P. G.**—*Sarcoma of Right Nasal Fossa with Acute Sinusitis and Orbital Cellulitis.* "Montreal Medical Journal," October, 1900.

Report of a case affecting the right nasal fossa, extending to the antrum of the same side, and causing protrusion and pain of the right eye. Operative treatment only produced temporary relief. Microscopical examination proved it to be sarcoma of the small round-celled variety. *Price Brown.*

### LARYNX.

**Taptas.**—*Extirpation of the Larynx for Sarcoma; External Artificial Larynx.* "Annal. des Mal. de l'Or.," January, 1900.

The case of a woman of forty-six, giving a history of laryngeal symptoms of three and a half years' duration, and of tracheotomy for urgent dyspnoea eight months previously. The larynx was occupied by an extensive fungating tumour which proved to be a round and fusiform celled sarcoma. Removal was accomplished after erosion of muscles from their laryngeal attachment, section of the trachea, and separation of the organ from its attachments from below upwards. The tracheal tube was maintained in the original tracheotomy wound, and the skin sutures immediately above the latter were made to include the anterior œsophageal wall in order to completely shut off the lower from the upper portion of the wound. An attempt was made to close the pharynx by suturing, but fistulation occurred below the hyoid bone. After the third day food was conveyed to the stomach by a urethral catheter passed through the nose. Recovery was uneventful, a small subhyoid fistula persisting.

About the sixth week an artificial larynx was adjusted. This consisted of a tracheal and a pharyngeal portion in metal, united by an external rubber tube. The former was an ordinary tracheotomy-tube, with an extra outlet close to the external orifice for the attachment of the rubber junction-tube. The pharyngeal portion was a curved tube, terminating internally in a rubber valve tube, permitting air to enter the pharynx and preventing the return of food and saliva. When speech was desired, the patient merely occluded the opening of the tracheotomy-tube with her finger. With this apparatus a loud whisper could be produced. It was found that even in the absence of the apparatus the patient could emit an intelligible whisper, a phenomenon attributable to the air in the mouth and pharynx, possibly supplemented by the passage of air from the stomach under forcible contraction of the diaphragm. Unfortunately, recurrence took place in the wound.

*Ernest Waggett.*