

into the internal ear or a slow recovery from severe concussion probably explained the return of audition in a certain number of cases.

Abstracts.

PHARYNX.

Link, G.—*Acute Œdema of the Pharynx, with Report of a Case requiring Rapid Tracheotomy.* "Med. Record," March 2, 1907.

In this case the writer was called suddenly to the bedside of a male patient who was suffering from urgent dyspnoea following upon an attack of double tonsillitis. Examination, so far as it was possible to examine, revealed an extremely œdematous condition of the pharyngeal mucosa. An attempt was made to intubate the larynx, but without success, owing to the want of proper instruments. The dyspnoea became so urgent that a tracheotomy was performed. An uninterrupted recovery ensued, the œdema rapidly subsiding. Later both tonsils were carefully removed by dissection.

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NOSE.

Kubo, I. (Fukuoka, Japan).—*On the Origin of the so-called "Lobular Hypertrophy" of the Turbinates.* "Archiv für Laryngol.," vol. xix, Part II, 1907.

This paper is based upon a microscopical examination of eighteen cases of lobular hypertrophy of the inferior turbinate. Sixteen of these were men, two were women, and more than half were between twenty and twenty-nine years of age. Specimens prepared from these cases showed the following points of interest: The epithelial layer and the basement membrane were free from pathological changes. The papillæ, or lobules, consisted mainly of œdematous connective tissue, showing some round-cell infiltration, and containing neither cavernous spaces nor glands. This tissue closely resembled that composing a nasal polypus, and represented the greatly hypertrophied "adenoid" or subepithelial layer. Beneath this the lacunar or cavernous layer consisted of glands, vascular spaces, connective-tissue fibres, and round cells in varying proportions. Much stress is laid on the fact that the openings of the gland-ducts were situated at the bottom of the depressions between the papillæ, and almost never on the summits of the latter. The cavernous spaces were somewhat reduced in size, and the connective tissue more abundant than usual.

While, in the author's opinion, the so-called "smooth" form of hypertrophy is due mainly to changes in the cavernous layer, the lobular or papillary form is dependent upon an overgrowth of the "adenoid" layer