As a result of treatment tongue much lessened in size, ulcer on palate quite healed, and pain much relieved, but disease spread deep into lower pharynx and patient withdrew from further treatment.

(2) Granular pharyngitis with marked neurotic symptoms. Shrinking of "granules" and marked improvement in neurotic symptoms followed on treatment.

(3) Case of chronic pharyngitis with great hyperæmia. After numerous exposures no change was noticed and patient declined further treatment.

(4) Carcinoma of the posterior wall of the pharynx, in the form of a flat growth, about the size of a five-shilling piece. Diagnosis established by microscopic examination. When the case was shown after very numerous exposures extending over nine months, the growth had entirely disappeared from the oro-pharynx, leaving a cicatrix, and in the lower pharynx a mere trace of the growth remained. After a few more weeks of treatment "no trace of the growth will remain." The patient looked in perfect health, and had gained eight pounds in weight during the treatment.

The author gives a detailed description of his pharyngo-laryngeal tube by means of which he is able to bring the rays to act directly upon any part of the upper air passages. *Middlemass Hunt.*

**Menzel, K. M.** (Vienna).—*A Contribution to our Knowledge of Leukæmic Changes in the Mucous Membrane of the Upper Air Passages and the Digestive Tract.* "Archiv für Laryngol.," vol. xviiii, Part I, 1906.

A male patient, aged fifty-six when first seen, suffered from chronic lymphatic leukæmia following on pseudo-leukæmia, and was under observation for three years. During all that time there existed a very diffuse infiltration of the whole soft palate, uvula, tonsils, faucial pillars, and base of the tongue. At intervals there occurred attacks of acute inflammation of the infiltrated area, lasting a few days and causing dyspnœa, so as to threaten the life of the patient. During one of these attacks an ulcer formed on the soft palate but healed in a few days. The patient died suddenly with symptoms of acute leukæmia and shortly before death a large gangrenous ulcer appeared in one tonsil. A *post-mortem* examination was not obtained

The author failed to find any case exactly similar in medical literature, though there are a few resembling it in a series of cases collected by Stoerk under the title "Lympho-sarcoma of the Pharynx and Larynx." Most authors who have recorded any changes in the pharynx in leukæmia have found these changes limited to the adenoid tissues of the tonsils and base of the tongue.

The ulcer which occurred on the soft palate was simple in character and probably traumatic in origin, but the deep ulcer of the tonsil was no doubt a specific leukæmic ulcer, such as often occurs in acute leukæmia.
*Middlemass Hunt.*

## NOSE.

**Killian, G.**—*Origin of Mucous Polypi of the Choanæ.* "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," May, 1906.

The author states that these polypi are generally unilateral and single,

markedly pyriform, their large end being situated in the naso-pharynx and their long thin pedicle deeply buried in the nose; the growth is usually cystic, liable to inflammation and gangrene. Rupture of the cysts and spontaneous elimination of the growth have been observed. Recurrence after removal is rare. The difficulty in determining their seat of origin is discussed. The writer has frequently noticed the extraordinary size of the maxillary antral opening accompanying these polypi, which led him to suspect that the pedicles had their origin in the antrum. Close observation of seven cases allowed him to confirm this view. In the writer's opinion these polypi spring from the antral mucosa, make their way through the ostium into the nasal fossa, and pass in the direction of least resistance through the choanæ into the naso-pharynx.

In like manner the sphenoidal and ethmoidal sinuses occasionally contribute to the production of the form of growth.

*H. Clayton Fox.*

**Bellin, L., and Leroux, R.**—*Congenital Membranous Occlusion of the Choanæ.* "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," August, 1905.

On June 12, 1904, a man aged twenty-four was admitted to hospital, complaining of inability to breathe through the nose. Functional examination: Nasal respiration was completely in abeyance with anosmia. Taste normal; dyspnœa was occasionally experienced, attributed to the fatiguing nature of his occupation and forced buccal breathing. The lungs, larynx and heart were normal. Anterior rhinoscopy: On either side of the fore part of the septum vestiges of Jacobson's organ were apparent in the form of oval orifices. The septum was much deviated to the right. A probe introduced along the nasal floor was arrested at the choanæ by membranes of tough consistence. Posterior rhinoscopy: The margins of the choanæ were well defined, but their lumina were closed by rose-grey membranes, directed obliquely downwards and forward; on the left side the occlusion was complete, but on the right there was a small ovoid opening at about its centre. The outer nose was of normal appearance; the dilator muscles were not atrophied and functioned on sniffing. Examination of ears revealed both drumheads slightly atrophied. Hearing for watch, right ear = 28 cm., left ear = 26 cm. Rhinolalia clausa was marked. The superior and inferior maxillæ were somewhat flattened tranversely. Palatine arch gothic in type. Upper lip short and sternum retracted at its lower extremity. Thoracic mensuration: Submammary diameter: right = 42 cm., left = 41 cm. Xiphoid diameter: right and left 38·3 cm. On June 24, 1904, Lermoyez operated, making a crucial incision with the galvano-cautery in the left choanal membrane; this allowed some nasal respiration. July 6: A large perforation of the deviated portion of the septum was made with cutting forceps, which permitted air to pass from the right fossa through the left choana. In view of the tendency which these perforations have to close the operator elected to remove the posterior part of the vomer and to resect the membranes completely; this was effected by means of a circular motor saw worked from the opening previously made in the septum and Hajeck's sphenoidal punch forceps. Tamponing followed. July 18: Patient left the hospital breathing normally. When seen on December 22 nasal respiration was good, olfaction had returned, and the man had gained flesh. Anterior rhinoscopy: The posterior pharyngeal

wall was clearly visible on both sides. Posterior rhinoscopy: Choanæ free. May 15, 1905: Hearing much improved; watch, right ear = 55 cm., left ear = 45 cm. Thoracic mensuration: Submammary diameter: right = 45 cm., left = 44·5 cm. Xiphoid diameter: Right = 42 cm., left 42 cm. In conclusion the writer urges the necessity of removing nasal obstructions, especially when congenital, and remarks on the beneficial results in regard to hearing, return of smell, and conformation of thorax manifested in this case. *H. Clayton Fox.*

## LARYNX.

Kuttner, **A.** (Berlin).—*Critical Observations on the Present Position of the "Recurrent" Question.* "Archiv für Laryngol.," vol. xviii, Part I, 1906.

In a very exhaustive paper the author discusses our knowledge of the recurrent nerve, as derived from physiological experiment, pathological anatomy, and clinical observation. He points out that while experiments on animals and pathological examinations have failed to upset Semon's law, clinical observation, after twenty-five years, has discovered one case, that recorded by Saundby in 1903, which is admittedly an exception to that law. But, he asks, is it not a law that the heart lies in the left half of the thorax, because in certain exceptional cases it has been found on the right side? Or is it not a law that in lead palsy the extensors are first, or exclusively, affected, because in rare instances the flexors have been the first to suffer?

Saundby's case has destroyed the last position taken up by Semon's opponents. They said that the clinical picture supposed to indicate a simple abductor paresis was really due to a loss of power in all the muscles supplied by the recurrent, and that the weaker abductors only *appeared* to suffer more that the stronger adductor group. This view is no longer tenable; for in Saundby's case it was the more powerful adductors which were first and most affected, proving that here there must have been a special involvement of the adductor fibres of the nerve and by inference that in all other cases the abductor fibres must have been primarily involved. Saundby's case therefore, though an exception, has established Semon's law. It has proved the existence of a law where his opponents said there was none. *Middlemass Hunt.*

## EAR.

Bar, **Louis.**—*Mastoiditis without Otorrhœa; Trepanning; Hearing Recovered; Absolute Cure.* "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," May, 1906.

In 1903 a man had suppurative inflammation of the left ear; he recovered with perfect hearing in a month. In January, 1906, he was seized with slight pain in the left ear lasting two or three days. Absolute deafness immediately ensued, Rinne negative, Weber negative; loss of perception for watch and acoumeter on contact, also for whispered and spoken speech. Examination of the Eustachian tube and drumhead revealed nothing save some opacity of the latter; the meatal lining was not swollen. There was no pain or entotic sound experienced on move-