

from hæmorrhage after removal of tonsils and adenoids; the remainder from meningitis from use of perchloride of iron for epistaxis; purulent lepto-meningitis following operation by external incision for the removal of nasal polypi and orbital tumours; meningitis following galvano-cauterisation of the middle turbinal; meningitis following probing and injection of the lachrymal canal; meningitis after removal of an exostosis; and sepsis and exhaustion following tonsillotomy).

*Macleod Yearsley.*

**Stevani, R.** (Turin).—*An insufficiently known disease of Nasal Origin* "Archiv. Ital. di. Otologia," Turin, Nov., 1904.

The author describes *favismus*, a disease characterised by icterus of the skin and mucous membranes, cephalalgia, photophobia, nausea, epigastric pain with vomiting, and occasionally diarrhoea. The disease was described by Bertolo Mulé (1878), and by Montano at the Ninth International Congress (1894), and other investigators, especially Prof. Bernatei, have studied and reported on it. The disease appears to be most common in Sardinia and Sicily, as well as throughout the South of Italy, where the bean *fava vicia* is largely cultivated and forms a staple of the diet. The disease does not, however, manifest itself as a result of ingestion, but is apparently analogous to hay fever and other reflex neuroses arising from toxins existing in the pollen of various plants. It prevails only during the flowering season, and the symptoms of those predisposed to it disappear at other times. A change of residence seems the only cure, or rather prophylaxis.

*James Donelan.*

**Brown-Kelly** (Glasgow).—*On the so-called Empyema of the Antrum of Highmore in Infants.* "Edin. Med. Journ.," Oct., 1904.

The author considers this really an osteo-myelitis of the superior maxilla, and the cavity, not the antrum, but a tooth-sac. He advocates opening in the canine fossa or enlarging existing fistulæ for evacuation of pus, and antiseptic irrigation.

*Dundas Grant.*

**Henrici and Haeffner** (Rostock).—*Do Suppurations in the Accessory Cavities of the Nose bring about Narrowing of the Field of Vision?* "Münch. med. Woch.," Dec. 6, 1904.

Thirty-seven cases of sinus suppuration were examined. The field of vision was of normal extent in thirty and narrowed in only one case. In this last the disease was the result of an injury, and the visual defect was almost certainly a traumatic neurosis. The authors are of the opinion that suppuration in the accessory nasal cavities, even if of long duration, has no tendency to produce narrowing of the field of vision.

*Dundas Grant.*

## LARYNX.

**Gosteau.**—*Foreign Body in the Subglottic Region.* "Rev. Hebdom.," November 19, 1904.

Report of a case in which a plate of false teeth became impacted in the larynx immediately below the vocal cords. The plate remained in that position for the space of several weeks and was finally removed by the writer by the endolaryngeal way.

*Albert A. Gray.*

**Craig, Robert H.** (Montreal).—*Papilloma of the Larynx—High Tracheotomy, Thyrotomy, Recovery.* "Montreal Medical Journal," September, 1904.

This is the history of a laryngeal papilloma occurring in a girl aged seven. She was a subject of atrophic rhinitis with ozæna. She had difficulty in breathing, and was aphonic. Examination with the laryngoscope revealed a large cauliflower-like growth on the anterior half of the larynx. It was sessile and appeared to arise from the angle at the junction of the wings of the thyroid. Alcoholic applications were made for several weeks without avail, the growth continuing to enlarge rapidly. Intra-laryngeal operation could not be tolerated by the child; and as stenosis and difficulty in breathing increased, external operation became imperative. A high tracheotomy was first done, followed by thyrotomy. On opening the larynx, a large sessile papilloma appeared, occupying the whole of the anterior angle of the larynx. The anterior third of the right vocal cord had completely disappeared, and there was a punched-out area about the size of a ten-cent. piece involving the mucosa immediately above the level of the destroyed vocal cord.

The tumour was removed with curette, snare, and scissors, after which the base and ulcerated area were thoroughly cauterised with the galvano-cautery.

The thyroid cartilage was then approximated carefully with chromicised catgut, and the external incision closed with silk. Five days later the skin and cartilaginous incision commenced to slough, probably due to the cauterisation. Consequently the sutures were removed and the wound allowed to heal by granulation.

On the twelfth day the tracheotomy tube was removed for twenty-four hours and then replaced. Two days later it was taken out for good, as the patient could breathe fairly well through the larynx.

One month after operation a fibrous band had replaced the anterior third of the right vocal cord. It had, however, unfortunately become adherent to the cord of the opposite side. The voice had not returned, but breathing was nearly normal. Two months later—at the time the report was made—the mucosa of the larynx presented a fairly normal appearance. The voice was improving slowly, the breathing was perfect, and the patient could whisper and cry. The operator hoped that the removal of the synechia at a later date would do much toward restoring the voice.

*Price Brown.*

## EAR.

**Kerley, C. G.** (New York).—*Acute Otitis in Children: a Study of Fifty-one Operative Cases in Private Practice.* "Archives of Pediatrics," October, 1904.

The cases from which the paper is written varied in age from three months to fourteen years. The largest number (12) were between three and six years, whilst 10 were between thirteen and sixteen months. Thirty-four cases were of good development and health. In 28 both ears were involved, and in 2 a second attack took place. As regards *etiology*: Catarrhal cords were associated in 38 cases, measles in 7, scarlet fever in 2, and röteln in 1 case. The otitis was primary (without involvement of the respiratory tract) in 3 cases. In 48 cases pus was