or alar wall of the vestibule, the remainder on the septum, about 10 of these being in Kiesselbach's area. In 1 only was there external deformity, viz. in a rather large granuloma. The largest number of recurrences was 3; cure resulted in every case.

Pathologically 2 were granulomata, more or less purely. Three were soft-cell fibro-angeiomata of close texture, 2 were large-channelled fibro-angeiomata, 1 was a spongy small-channelled angeioma. Three were loose-textured fibroangeiomata, 1 a large-channelled loose-textured fibro-angeioma, 1 a small-channelled variety of cavernous fibro-angeioma; 3 were granulomatous fibro-angeiomata, 1 being loose- and 2 close-textured, and a granulomatous submarginal zone was to be found in 12 out of the 14 fibro-angeiomata.

Menzel, K. M. (Vienna).—*The Symptoms of Empyema of the Maxillary Antrum.* "Monats. für Ohrenheilkunde," June, 1905.

The author draws attention to the periodicity of the symptoms of purulent inflammation of the antrum. The headache generally appears between 9 and 11 a.m., and remains until between 2 and 4 p.m. The evening and night are usually free from pain. The amount of pus discharged varies in the same way as the headache, being much greater during the morning hours. When, as often occurs in chronic empyema of the antrum of Highmore, the pus is fœtid, the odour is strongest during the period of freest discharge. The author gives details of typical cases. He is of opinion that there is an increased inflammation of the mucous membrane during the morning hours, and in consequence there is pain due to pressure and an increased discharge. *Knowles Renshaw.*

Foster, E. E.—*Description of Killian's Frontal Sinus Operation.* "Boston Med. and Surg. Journ.," January 25, 1906.

The author tabulates external ways of reaching frontal sinus. The essentials of a good operation should be: (1) A free exposure of the sinus for examination and removal of diseased areas; (2) the removal of the anterior ethmoid cells, as they are nearly always associatedly diseased; (3) the provision of a large opening for drainage, preferably into the nasal cavity; (4) freedom from danger, production of minimum disfigurement, and short after-treatment. Killian's operation alone covers these essentials with sufficient completeness. Foster does not think, however, that Killian's operation is thoroughly understood. He gives its indications and carefully and fully describes it. *Macleod Yearsley.*

LARYNX.

King, Gordon.—*A Lymphoid Tumour of the Larynx removed by Partial Laryngectomy.* "New Orleans Med. and Surg. Journ.," January, 1906.

Male, aged sixty-five. A succession of colds for two years had left him with hoarseness and dyspnœa. A low tracheotomy under cocain was followed ten days later by partial laryngectomy. Tumour proved, on microscopical examination, to be of lymphoid structure.

Macleod Yearsley.

Green, D. Crosby.—*A Study of the Larynx in Tabes.* "Boston Med. and Surg. Journ.," January 25, 1906.

The author reports on sixty cases with reference to—(1) the pro-

portionate number affected with paralytic and other disturbances of the larynx, (2) the nature of such disturbances, and (3) the period of their occurrence in the course of the disease. Out of the sixty cases, nine, or 15 per cent., presented undoubted laryngeal complications. In six (10 per cent.) there was paralysis of one or both cords. Seven (12 per cent.) had laryngeal crises. These crises occurred among the earliest symptoms, and two of them led to the detection of the tabes. Both these cases are described in full. *Macleod Yearsley.*

ŒSOPHAGUS.

Neumayer, H.—*The use of the Œsophagoscope in Diagnosis and Treatment of Foreign Bodies in the Œsophagus.* "Monats. für Ohrenheilkunde," July, 1905.

The author gives a carefully detailed account of twenty-four cases of foreign body in the œsophagus which have occurred in his practice during eight years.

In treating them, he first, by a thorough examination of the neck, chest, pharynx, and larynx, endeavours to locate the foreign body; if it is of metal or bone, X rays are used; in many cases, however, the shadow made by the vertebral column prevents a definite result by this method. For the introduction of the œsophagoscope in adults, local anæsthesia of the pharynx, obtained by painting or spraying with a 10 per cent. solution of cocaine, is generally found to be sufficient; in children a general anæsthetic is necessary.

The patient lies on his back with his head hanging over the edge of the table, and supported by an assistant. For adults the Mikulicz-Hacker tube is used, for children Killian's tube for bronchoscopy; a soft bougie may be used as a pilot. Any mucus or vomit which may obstruct the view is removed by wool swabs, or by tilting the table on which the patient lies so that the fluid flows out through the tube.

The patients were of all ages from sixteen months up to seventy years. Of the twenty-four cases, the foreign body was definitely located in twenty-one. In all the other three it had passed into the stomach either before the examination or during the vomiting movements caused by the introduction of the tube. Of the twenty-one cases in which the foreign body was located, extraction by means of the œsophagoscope was successful in nineteen. In several cases the foreign body was too large to be removed through the tube; when, therefore, it had been firmly seized with forceps, the tube and foreign body were withdrawn together. In two cases only could the impacted foreign substance not be removed: (1) A man, aged twenty-five, with a large piece of bone impacted opposite the cricoid cartilage; owing to the extreme swelling of the walls of the œsophagus it could not be dislodged. Œsophagotomy was performed and the mass removed with some difficulty. Five days later the man died of secondary hæmorrhage. (2) A man, aged twenty-eight, swallowed a tooth-plate during sleep, and was seen by the author three days later after some effort had been made to push the plate into the stomach. Patient's temperature was 103° F. The plate was seen imbedded in the œsophageal wall, surrounded by intense inflammation. An attempt at removal was unsuccessful. Œsophagotomy was performed, and the plate extracted. The patient died in twenty-four hours. At the autopsy septic pericarditis was found, and the entire mediastinum was infiltrated with pus.

The author finds it much more difficult to deal with foreign bodies