

of this nature. The method consists essentially in a further extension of the radical operation which he employs for chronic empyema of the antrum. Exposure of the canine fossa is effected by an incision through the mucous membrane and periosteum at the reflection from the cheek to the gum, and this is followed by a somewhat extensive removal of the facial wall of the antrum. The entire mesial wall is then taken away, and free access is thus obtained to the ethmoid cells and the sphenoidal sinus. After removal of the growth the oral wound is closed and subsequent treatment is conducted through the nose.

The first of the two cases was one of malignant endothelioma. The growth was extensive and had produced prominence of the whole left cheek with a fluctuating swelling beneath the inner canthus of the left eye. The hard palate was bulged downwards, and the entire left nasal cavity was filled with growth. At the operation the tumour was found to have arisen from the middle ethmoid cells and to have caused very extensive destruction. A small portion of the dura mater of the anterior fossa, immediately in front of the optic chiasma, was exposed. Recovery was rapid and complete, and no recurrence had taken place seven months after the operation. The microscopic appearances of the growth were those of an endothelioma.

The second case was one of medullary carcinoma. The tumour filled the whole of the right nasal cavity. The facial wall of the antrum was reduced to the thinness of paper and a part of the mesial wall had been destroyed, as had also the bony and a portion of the cartilaginous septum. The growth arose from the posterior ethmoidal region. During the removal of the tumour masses from the roof of the nasal cavity the dura mater of the anterior fossa was torn to an extent of 1 cm. The disease seemed to have been completely extirpated, but death from meningitis took place thirty-six hours after the operation.

The author compares his operation with those which involve skin incisions. He claims that with his method the risk of aspiration pneumonia is diminished and all disfigurement is avoided. The method has also been successfully employed by Professor Manasse, of Strassburg, in two cases of endothelioma.

*Thomas Guthrie.*

### NASO-PHARYNX.

**Morse, J. L.**—*Diseases of the Naso-pharynx in Infancy.* "Boston Med. and Surg. Journ.," April 18, 1907.

The author's experience leads him to believe that these maladies and the frequency of their occurrence are not appreciated by the general practitioner, that they are often entirely overlooked or improperly treated. The anatomy of the region is shortly recapitulated, and the following conditions are then discussed: acute rhinitis, diphtheritic rhinitis, adenoids, pharyngitis, retro-pharyngeal abscess, and otitis media. The paper is one for general practitioners rather than specialists, and the advice it contains is sound.

*Macleod Yearsley.*

### ACCESSORY SINUSES.

**Vernieuwe (Ghent).**—*A Contribution to the Study of Closed Ethmoidal Sinusitis.* "La Presse Oto-laryngologique Belge," June, 1907.

The author's observations are based upon the records of two cases. In the first the accumulation of pus in the ethmoidal cells was accom-

panied by exophthalmos, vertigo, and frontal headache. A free intranasal opening of the ethmoidal cells led to recovery. It was supposed that an ethmoidal mucocele had passed on to suppuration. In the second case an abscess pointed externally at the root of the nose, and a sequestrum consisting of part of the ethmoid was removed by external operation.

The author insists on the importance of speedy intervention in all cases where proptosis has occurred; he quotes a case recorded by Knapp where blindness from damage to the optic nerve supervened on the fourth day after the appearance of exophthalmos.

*Chichele Nourse.*

### EAR.

**Kishi, K.** (Formosa).—*Otitic Dyspepsia in Infants.* "Archiv. f. Ohrenheilk." Bd. 70, Heft 1 and 2, p. 1.

The author reports several cases of purulent otitis media in infants in whom the disease was associated with digestive disturbances, flatulence, diarrhoea, emaciation, which ceased when the ear-disease was cured. The following is a brief summary of three of the cases:

(1) Child, aged ten months, breast-fed. Several days' general depression in health with some fever ( $102.4^{\circ}$  F.), and convulsions. When admitted under Kishi's care was suffering from pyrexia, with tympanites, diarrhoea, and enlargement of liver. After six weeks' treatment the ears were examined. Both membranes were found to be bulging; the left was congested but not the right. In the naso-pharynx adenoids were present. Both membranes were incised. From the right came much muco-pus, less from the left. Next day the child was brighter, the diarrhoea was less, and the ears were freely discharging. Five days after the relief to the pent-up pus in the tympana the diarrhoea entirely ceased, and in a month the discharge from the ears dried up also.

(2) Child, aged nine months, fed on cow's milk. A sufferer from bronchitis; formerly constipated; it had been suffering from diarrhoea for several weeks before Kishi first saw it. There was some loss of weight. The stools were very liquid, thin, and green. Temperature normal. On examining the ears both tympanic membranes were found to be thickened, opaque, and bulging. The deeper parts of the external meatus were congested, but the membranes themselves were not reddened. The naso-pharyngeal mucous membrane was swollen and oedematous, and the tonsils were enlarged. Double paracentesis was performed; from the left ear thick stinking pus was liberated, from the right only blood. In spite of the relief thus afforded the diarrhoea continued unabated, and as the temperature now ran about  $100.4^{\circ}$  F. a typical Schwartz's was performed upon the left mastoid, from which emerged at the operation a great quantity of thick muco-pus. In two days the diarrhoea had ceased, and the temperature had fallen to normal.

(3) Child, aged nine months, breast-fed. After an illness lasting two months and consequent upon measles, Kishi found on examination that, in addition to severe diarrhoea with emaciation, the child was suffering from middle-ear suppuration. The stools numbered twelve to fifteen a day, and there was tenderness on pressure over the whole abdomen. The temperature ran between  $100^{\circ}$  and  $101.5^{\circ}$  F. Both tympanic membranes were bulging, but neither showed any congestion. On paracentesis much pus was obtained from both. After a preliminary improvement in