

NOSE.

Botey, Ricardo (Barcelona).—*A Case of Congenital Complete Osseous Atresia of the Right Nasal Fossa.* "Annales des Mal. de l'Oreille du Larynx, du Nez, et du Pharynx," April, 1906.

A woman, aged eighteen, had suffered from nasal obstruction since birth, worse on the right side, and as a result had always been a mouth-breather. During infancy she suffered considerably from malnutrition, owing to her inability to suckle. In childhood she was the subject of nightmare and attacks of suffocation. Six years previously a surgeon applied the galvano-cautery to the left fossa, which somewhat improved the breathing.

When first seen by the author her nose was sunken and the ascending processes of the maxillæ were thick and prominent. There were hyperostoses over the frontal eminences, above the supra-orbital arches, and on both tibiæ. Her teeth were very irregular, defective in number, and misshapen; Hutchinson's type was present.

Anterior rhinoscopy revealed the right fossa completely occluded at the bottom of the vestibule, with material of stony hardness, and on the left side a thickening of the base of the septum, with marked bony overgrowth of the inferior turbinated bodies. Posterior rhinoscopy showed complete blocking of the right choana and slight atresia of the left. Subjective symptoms consisted of neuralgic pains about the right frontal and periorbital regions, also in the tibiæ at night. The mother had had three abortions, and two children died in infancy.

A diagnosis of hereditary syphilis was made, chiefly evidenced in this case by hyperostoses of the cranium, face, outer walls of nasal fossæ, septum, basilar process, and inferior surface of the body of the sphenoid.

Treatment.—Under chloroform anæsthesia the obstructing bony deposits were removed with chisel and gouge. Considerable difficulty was experienced in clearing the right fossa. After rendering the nasal passages permeable a flattened tin cone was worn in the right one and lavage ordered. After ten days the cone was removed and granulations were touched with chromic acid. Iodides of the alkalis were administered internally. Seven weeks after the operation the patient was cured, the nasal fossæ being perfectly patent; the exostoses had diminished in size and the neuralgic pains disappeared. Hearing and smell, which had both been impaired, were considerably improved. *H. Clayton Fox.*

Denker, Alfred (Erlangen).—*A New Mode of Access in the Operation for Malignant Nasal Tumours.* "Münc. med. Woch.," May 15th, 1906.

The access is made through the maxillary antrum, the incision through the mucous membrane and periosteum being carried beyond the middle line; the soft parts are detached and drawn up, and the pyriform aperture is freely exposed. Before opening the antrum the muco-periosteum in the interior of the nose is detached by means of a fine raspatory through the nasal orifice, and not merely in the inferior meatus but in the middle one as well. Very free removal of the facial wall of the antrum, as well as of the bony inner wall, and (although this is not very clearly expressed) of the margin of the pyriform opening also, is then effected by means of forceps, so that the antrum is only separated from the nasal cavity by a layer of loose membrane which is cut away freely with scissors and the tumour removed with it. Free access is given, not

merely to the nasal cavity, but to the sphenoid as well. At the stage where the nasal mucous membrane is first detached a strip of gauze is inserted between the mucosa and the bone to control the bleeding. The further extension of operation is decided by the condition found.

Dundas Grant.

LARYNX.

Poli, C. (Genoa).—*Avellis' Syndrome*. "Archivii Ital. di Laringologia," Naples, April, 1906; and "Archivii Ital. di Otologia," Florence, April, 1906.

This valuable article is a *résumé* of the report made to the Ninth Congress of the Italian Laryngological Society held at Rome in 1905.

Dr. Poli points out that the association of a unilateral paralysis of the laryngeal muscles with that of other muscles of the same side had been noted from the earliest laryngoscopic period. It was, however, in 1891 that Avellis in Schmidt's Clinic called attention to the fact that of 150 cases of unilateral paralysis in 10 there was an associated homolateral paralysis of the soft palate. From that time until now the cases, either of the simple form or associated with paralysis of other muscles, have so multiplied that in the author's opinion the time has come for analysing the material available. Seventy-one cases have been collected from the literature and divided into four groups: (1) the genuine, (2) the symptomatic, (3) the atypical, and (4) the crossed form.

(1) *The genuine form* is divided into three classes: (a) *pharyngo-laryngeal paralysis* (Avellis' syndrome); 18 cases, 12 men and 6 women, have been recorded by Mann, Molinie, Trautmann and Longhi. The left side was affected in 11 cases and a peripheral lesion was positively diagnosed in all except 2 cases. The author discusses at considerable length the varying aspects of the symptoms.

(b) *Pharyngo-laryngeal hemiplegia with that of the shoulder of the same side (trapezius and sterno-cleido-mastoid)*.—Nine cases recorded, 5 men and 4 women, by Tapia, Poli, Foubin, Lermoyez and Laborde, Tilley, Desvernine, B. Fraenkel and Chaveau. The cause was positively ascertained by autopsy in only two. The site of the lesion is regarded, however, as peripheral—that is, one affecting in its course the extreme branch (trapezius and sterno-mastoid) of the spinal accessory and its internal branch (velum palati and vocal cord). On this point Dr. Poli remarks: "This last fact throws much light on the etiology of the preceding group of cases, confirming, from the clinical point of view, the opinion that to the bulbar portion of the spinal accessory belongs the innervation of the larynx by way of the recurrent and that of the velum palati by way of the pharyngeal branch of the vagus."

(c) *Glosso-pharyngo-laryngeal hemiplegia involving eventually the muscles of the shoulder (Hughlings-Jackson's form)*.—Sixteen cases recorded, 14 men and 2 women, by Schech, Bernhardt, M. Schmidt, Wiersma, Israel-Remack, Trautmann, Avellis, Wiener, Hughlings-Jackson, Stephen Mackenzie, Pel, Jalb. Attention is called to a point connected with four of these cases and two of the preceding group: "that while the symptoms indicated a lesion of the ninth, tenth, and eleventh nerves at their exit from the base of the skull, the sensibility of the pharyngo-laryngeal mucosa as well as the reflexes of that region remained normal. This fact is in evident contrast with the classical scheme of the peripheral