of telangiectoma the microphotograph of which seems to be identical with mine except that spindle cells are more prominent in the stroma than round cells. Cobb³ in 1893, reported a case under the name of cavernous angioma, described as growing from the septum with large vascular sinuses and round cells in the stroma. He cites several cases from the earlier literature, but some of them are confused with other neoplasms, e. g., sarcoma.

I estimate that thirty or more bona-fide cases are reported, excluding those in which there was a sarcomatous element or in which they were simply vascular polypi growing from other situations.

The exact site on the septum has varied, but all were toward the anterior part and several at the base. The size is from that of a pea to a hazel-nut; if much larger one should strongly suspect sarcoma. The surface is nodulated or furrowed, but may be smooth, the color a mottled blue or red, and the pedicle either narrow or

FIGURE 3.

broad. The salient symptoms are hemorrhage and obstruction. They show little tendency to recurrence if thoroughly removed. They are more frequent in females than males, in the proportion of 3 to 1. Sarcoma should be excluded by careful microscopic examination.

Cavernous angioma is also described⁵ as occurring on the anterior and median portions of the inferior turbinated body. In this situation one must avoid confusing mere hyperplasia of the normal cavernous structure with a neoplasm, although the latter does occur and the illustration and pathologic descriptions given by Schwager⁴ show it to conform closely to angioma as it occurs on the septum.

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WITH THE January number, the *Woman's Medical Journal*, Toledo, Ohio, enters on its tenth volume. It shows every evidence of prosperity in its new cover, improved paper, new type and general make-up. The editorial staff has been enlarged, and Dr. Eliza H. Root assumes active editorial management. We congratulate the *Journal* and its readers, and wish it continued prosperity.

A CASE OF CARCINOMA OF THE NASAL PASSAGES.*

BY J. L. GOODALE, M.D.

BOSTON.

Mr. J. A. S., a commercial traveler, 51 years of age, was referred to me by Dr. F. E. Cheney of Boston, June 4, 1898.

Previous History.—For thirty-three years the patient had had nasal polypi removed at regular and frequent intervals from the left nasal passage, by various physicians, and within the past few years also occasionally from the right side. Otherwise the health had been good. There was no evidence of syphilis.

Present Illness.—Six months ago the polypi on the left side were said to have become firmer and their removal attended with more bleeding than formerly. The left eye simultaneously became painful and began to exhibit protrusion from the orbit. A progressive impairment of flesh and strength was observed.

Examination.—He was well developed and fairly well nourished. The right nasal passage contained a few small polypi; the left was nearly completely filled with small and large masses, all having the appearance, clinically, of ordinary polypi, with the exception of a pale red mass, the size of an almond, springing from the region of the infundibulum, of firm consistence and adherent in places both to the septum and the external nasal wall. After breaking down the adhesions, the greater part of this mass was removed with the cold snare. The hemorrhage was moderate and easily controlled.

Microscopic examination was made by Dr. J. H. Wright, pathologist to the Massachusetts General Hospital, and showed the specimen to consist "essentially of connective tissue inclosing numerous groups and masses of moderate-sized, vesicular, nucleated cells, closely packed together. The connective tissue is in places dense and fibrous, and other places it is loose and presents the appearances of the reticular tissue of nasal polyps. Here and there in the midst of the connective tissue small irregular islands of atypical bone tissue are present. Diagnosis: carcinoma."

Owing to the extent of the disease, a radical operation was not advised. During the next few months a large amount of carcinomatous tissue was removed intranasally. Recurrence was rapid, and the impairment of flesh and strength became continually more apparent. The exophthalmus became extreme, and the pain in the orbit required several grains of morphin daily. There was no evidence of the disease invading the structures of the eye.

The death of the patient was reported to me as occurring April 19, 1899. The history of malignancy thus extended over a period of fifteen months.

REPORT OF A CASE OF ECHINOCOCCUS CYST OF THE NOSE.*

BY W. K. ROGERS, M.D.

COLUMBUS, OHIO.

The subject of this report, Mrs. W. M. S., was referred to the writer by Dr. Hatch, of Newark, Ohio, April 29, 1895, for the removal of what seemed to be a rather large fibroid polypus nearly filling the vault of the pharynx. It was attached to the septum, on the left side, near its posterior extremity, and nasal breathing could

*Presented to the Section on Laryngology and Otolaryngology, at the Fiftieth Annual Meeting of the American Medical Association, held at Columbus, Ohio, June 6-9, 1899.

not be accomplished. Growing from a point near the posterior extremity of the left middle turbinate body was another tumor about one-half an inch long and one-quarter of an inch thick, much softer, and differing in no way from an ordinary mucoid polypus in appearance. Both were removed; the former by means of forceps, through the mouth, and the latter with a cold wire snare through the nose. The stump of each was touched with a galvanocautery point, and under Dr. Hatch's care the surfaces healed satisfactorily.

On account of the rather unusual firmness of the pharyngeal mass, it was subjected to microscopic examination, but found to consist of nothing unusual. The tumor from the turbinate body looked so commonplace that nothing was thought of it, and it escaped examination.

The patient was subsequently seen two or three times in as many months, without any sign of recurrence being noted.

On Dec. 9, 1897, two years and eight months after the operation, the patient again called, having for some time observed evidences of obstruction. She stated that two months prior to this visit a violent effort to get rid of the stoppage, by blowing the nose, had resulted in its disappearance, and the expulsion of a considerable amount of almost clear straw-colored fluid. The relief was only temporary, and examination showed what again looked like a mucous polyp, rather softer than usual, and evidently containing fluid. Its attachment, as nearly as could be made out, was the stump of the original growth in the nose—not the fibrous mass in the pharynx. During its removal with a cold wire snare—through the nose—it was ruptured, so that its size could not be accurately estimated. It was at least as big as a large almond, single, and irregular in shape. A microscopic examination showed that the walls contained numerous echinococcus hooklets. The stump was cauterized as before, and two years later there had been no recurrence.

It may be of interest to note that careful inquiry failed to elicit any evidence of intestinal parasites. The patient was under 34 years old, and in good general health.

I believe a similar case was recorded in Sajou's Annual some years ago, but I have been unable to find the account, and it is the only other case of which I have heard.

CONTRIBUTIONS OF THE MEDICAL PROFESSION TO GENERAL LITERATURE AND

COLLATERAL SCIENCES.*

BY GEORGE R. HIGHSMITH, M.D.

CARROLLTON, MO.

This is an age of progress, in which the genius and untiring labor of the philosopher, the scientific thinker and the patient investigator have laid broad and deep the foundations for a higher and happier civilization than the world has hitherto known. There has been an intellectual advancement, a moral uplifting, an ethical awakening, and a quickening of perception, which have led to the proper recognition of the duties and responsibilities of an enlightened citizenship. A broader and truer imperialism has been inaugurated; intellectual expansion has become a fixed policy of the entire profession, and the dream of happiness, through fraternity, freedom, justice and humanity seems to be realized.

There never was a time in the history of the world when knowledge was so easily accessible, and so eagerly

sought after by the entire profession. The plodding country practitioner, located at the cross-roads, is as near the "springs of Helicon," and drinks as deep as his city brother. There never was a time, in my opinion, when the individual influence of the physician was greater; there never was a time when the future of the medical profession was brighter with promise. The history of medicine is the history of progress in all departments of learning.

It was not until about the middle of the seventeenth century that the clerical element was divorced from medical circles. In fact, for some time after, in looking up the individual history of the physician, one is struck by the frequency with which the study of theology is referred to as a preliminary to the study of medicine. Many men who became eminent as medical practitioners were originally intended for the church.

About the time of Charles II of England, the medical profession first began to hold a place in general literature. About this time the so-called "wits" began to be the fashion. A man was nothing if not a wit, and if he had a reputation for wit he could be a drunkard, gambler and libertine combined, without losing his place in the court circles of Charles II. Every age has had its wits, but they were so numerous then as to distinguish the era by a special brilliancy, and the periods most abounding in them have been those most free from wars or other active political disturbances. The early period of the Augustan age, the Restoration and the commencement of the Hanoverian dynasty have all been enlivened by wits, who came to light like mushrooms after a storm of rain, as soon as the political horizon was clear. These men were the offspring of the particular times in which they figured; at earlier periods they would have been considered effeminate—at later, absurd. About this time clubs and coffee houses were inaugurated. Among the physicians who ranked as wits, and who obtained a reputation in literature were Walter Charleton, Sir Samuel Garth and John Arbuthnot. Walter Charleton, 1619-1707, was physician to Charles II, and president of the College of Physicians, London. He was the author of "A Brief Discourse on the Different Wits of Men," in which he attributes the varieties of talents among men to the difference in the form, size and qualities of their brains. He also was a writer on theology, zoölogy, physics and antiquities. He translated the "Morals of Epicurus."

Sir Samuel Garth, 1670-1718, was a man of great wealth and learning. He became a member of the College of Physicians, London, in 1691. He was the first physician of prominence to advocate the establishment of free dispensaries for the poor. By this he gained the animosity of the College of Physicians, in consequence of which he published "The Dispensary," a mock heroic poem in six cantos, which was an instant success, passing through three editions the first year. He published "Claremont," a moral epistle in verse. He was a very genial character; "Well Natured Garth," Pope called him. Pope also said that he was "as good a Christian as any man living, without knowing it." Dr. Garth was a member of the famous "Kit-kat" Club, to which he gained admission by reason of a eulogy on King William, introduced into his Harveian oration in 1697. It was Garth who extemporized most of the verses inscribed on the drinking cups of the "Kit-kat" Club, and which are preserved to this day. Dr. Garth was the principal physician of the Whigs, and physician-in-ordinary to the King; he followed the Duke of Marlborough through all the vicissitudes of his career; was knighted

*Address of the President delivered at the Forty-second Annual Meeting of the Missouri State Medical Association, held at Sedalia, May 17-19, 1899.