

tion, due to tumefaction of the mucous membrane, seemed to have been treated with success topically with nasal, intranasal, and ethmoidal douches of salt water.

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**Bone Cyst of the Ethmoid Cells.**—THOMPSON (*The Laryngoscope*, March, 1911) reports a case of a lady who had been annoyed for several months by a very profuse serous discharge from the right nostril when she stooped. This discharge was found to escape from a small opening in the top of carious bone in the wall of the bulla ethmoidalis. The dividing walls of the ethmoid cells had all been destroyed, making one cavity of the lateral mass of the ethmoid bone. This cavity was lined by a thin, white, glistening membrane, the typical cyst lining in appearance. This membrane was curetted lightly, the cavity was packed for twenty-four hours to control hemorrhage, and then removed. A month later it was reported that the only change was that the discharge was now continuous, whereas formerly it had taken place only upon stooping. Inspection of the nose showed a free opening into the cyst with fully two-thirds of the cavity covered with normal membrane. Six weeks later the patient reported entirely well.

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**Ulceromembranous Laryngitis.**—MORE (Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie, March 11, 1911) reports and discusses 3 cases, 1 of Reiche, 1 of Arbow Smith, and 1 of his own, in which he identified the affection with the pathological features of Vincent's angina.

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**Calcined Magnesia in the Treatment of Diffuse Papillomas in the Infant Larynx.**—CLAUDÉ (*Annales des Maladies de l'Oreille, du Larynx, et du Pharynx*, Livraison 1, 1911) reports two cases of his own and refers to a third in the practice of a friend in which diffuse recurrent papillomas of the larynx, after operation, underwent retrogression under treatment of one-half gram of calcined magnesia daily for a few weeks. He mentions that in veterinary medicine papillomas are very frequent, especially in the mouths of dogs, and the heroic, while empiric remedy is calcined magnesia. (Small doses, three grains each, of sulphate of magnesia have been known to produce similar results.)

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**Acute Thyroidism following Removal of Thyrolingual Cyst.**—DAVIS (*Journal of Laryngology, Rhinology, and Otology*, January, 1911) reports this case. A girl, aged seven years, had a small swelling under the jaw in the middle line which the parents wished removed, as it was a disfigurement. A cyst as large as a grape was found attached to the tongue and hyoid bone, from which it was easily removed entire, the wound sutured with horsehair and closed with collodion. The child became restless in the evening, the temperature rising to 104°, with intermittent and irregular pulse (160 per minute), dilated pupils, and intense facial congestion—signs of acute thyroidism. The neck became swollen and puffy, and continued so for six weeks. The wound healed by first intention. The child complained of no inconvenience beyond "her heart thumping." The disturbance was attributed to leakage of thyroid secretion and its absorption in a wound which was undrained.