

turbinated body, the outer half of the middle turbinated body, and the Eustachian orifice. After preliminary training, the membranes were divided by a galvanocaustic knife introduced through the mouth, under rhinoscopic guidance. Three operations cleared the left side from all obstruction; and four were necessary upon the right.

The author gives a *résumé* of the literature of atresia narium. He considers the malformation in his case to have been congenital.

OSSEOUS OCCLUSION OF THE CHOANÆ.

SCHRÖTTER, of Vienna (*Monats. f. Ohrenh., etc.*, No. 4, 1885) describes a case in a female nineteen years of age, and presents a reference to nearly all other reported cases. His own case was bilateral. It was treated by boring through with an electric cautery and chiselling off the lateral edges.

PRIMARY MALIGN TUMORS OF THE NOSE.

DR. E. SCHMIEGELOW, of Copenhagen, contributes to the *Revue Mensuelle de Laryngologie* (August and September, 1885) a valuable paper on this subject. He reports two cases of lupoid polypi (polypes lupoïdes), one of carcinoma and one of sarcoma. Operative measures (cold wire, electro- and chemical cauterization) were successful in each instance. The questions of diagnosis and prognosis are treated of at some length, and a number of important points are brought forward. The cases of lupoid polypi are compared by the author to the well-known tuberculous granulomata of the larynx, to which attention has recently been called by J. N. Mackenzie, Kidd, Schnitzler, and others; and the general analogy between lupus and local tuberculosis is accepted as indicating the identity of the affections.

OSTEOMA OF NASOPHARYNX.

DR. THEO. STANLEY (*Med. and Surg. Reporter*, May 9, 1885) reports a unique operation by Prof. Garretson. The patient, a lady of fifty-five, had been troubled for eight years with gradually increasing occlusion of the posterior nares, until, finally, nasal respiration had become impossible. Diagnosis of an osseous tumor, springing from the base of the sphenoid bone, was made after palpation with a probe passed along the floor of the nose from in front, and with the finger passed behind the velum. The nasopharyngeal space was greatly encroached upon.

The patient being etherized, a buttonhole incision was made through the soft palate, and the overlying soft tissues were separated from the bony mass by means of a delicate chisel, curved on the flat, an incision having been previously made the whole length of the tumor. The osteoma and the body of the sphenoid bone were then drilled away by means of a burr attached to the surgical engine, "the only part of the body of the bone left being the half-cut-away shell of the pituitary fossa." The patient made a good recovery in fifteen days. This is a remarkable operation, and one that would have been impossible before the invention of the surgical engine.

PIHARYNGEAL BURSA.

DR. G. L. TORNWALDT, of Danzig (*Ueber die Bedeutung der Bursa Pharyngea*, etc., Wiesbaden, 1885), calls attention to the importance of this structure in