

Brain Abscess, Secondary to Ethmoiditis and Frontal Sinusitis.—McCor (*Laryngoscope*, November, 1911) gives a final report of a case which he had reported a year previously in a boy, aged ten years, whose frontal sinus had been exposed through a Killian incision. The frontal sinus had been relieved of considerable pus and thoroughly curetted, together with some anterior ethmoidal cells, and the frontal nasal duct had been enlarged. Some weeks later it became necessary to expose a large epidural abscess leading down to and connecting with the frontal sinus, requiring the removal of considerable necrotic bone. After various tribulations, the patient succumbed a year after the operative procedure.

Ethmoidectomy for Epithelioma.—AUDIBERT reports (*Revue Heb. de Laryngologie, d'Otologie et de Rhinologie*, February 24, 1912) this case in a man, aged fifty-five years, unable to breathe through the right nasal passage, but without any other symptom of distress. The passage was found filled with cauliflower excrescences which bled at the slightest contact with the probe. Posterior rhinoscopy revealed pretty much the same aspect, and digital exploration detected a soft vegetative mass covering the rhinopharynx, the right choana, and reaching from the roof to the soft palate, barely passing the middle line, and consequently leaving a free space upon the right side. On diaphanoscopy, the frontal maxillary sinuses became illuminated normally. The mass was removed by external access with a good deal of hemorrhage, necessitating several tamponings. The middle and the superior turbinates were destroyed, the anterior ethmoidal cells resected to the cribriform plate of the ethmoid, and the septum was resected in its posterior portion. Every suspicious surface was thoroughly curetted, and hemorrhage arrested by tamponing the nasal fossæ with iodoform gauze, and the skin wound united with sutures. Recovery was good. Fifteen months later the patient still respired freely, and his nasal fossa did not exhibit any trace of the growth.

Carcinoma of the Rhinopharynx.—BROWN reports a case (*Laryngoscope*, November, 1911) in a man, aged forty-nine years, who for six months had been gradually losing flesh and strength, and complained likewise of a yellow discharge from the throat and nose, bad taste in the mouth, and breath offensive to his friends. On examination, February 26, 1911, a profuse purulent discharge was noticed in the inferior meatus on the left side, and posterior rhinoscopy revealed a large cauliflower-like mass almost completely filling the rhinopharynx and springing from the vault, principally on the left side. Microscopic examination of a section showed it to be a squamous-celled carcinoma. April 3, the patient complained of numbness of the left side of the face, and about four days later anesthesia of the parts supplied by the ophthalmic branch was nearly complete. April 18, upon awakening, the patient noticed double vision, and three days later ptosis was observed on this left side. On April 20, ptosis was complete. Death occurred May 6, the result of meningitis. As Brown observes, the consecutive history of the case is interesting in so plainly demonstrating the steady progress of the lesion.