

evident cause. Daily temperature from 100° to 103°. For over twenty years he had been troubled with nasal discharge, which at times was very offensive. He was found to have fetid atrophic rhinitis. After cleansing and disinfecting the nasal cavities, the temperature became almost normal and never rose again. He improved in health, and the breath remained free from taint.

### Sarcoma of Nasal Passages.

Wurdemann (*The Laryngoscope*, October, 1899). A few months after nasal polypi had been removed from a woman by forceps, Wurdemann found fibrocystic growths in both nostrils. There was pain in the head with a strong tendency to hemorrhage. The growths were removed at different sittings. The recurrence of hard tumors necessitated also the removal of the superior turbinal on one side. Microscopic examination showed the growth to be lympho-sarcoma. The author concluded that this was an instance of malignancy, having been produced by rough treatment. After final removal by himself there had been no recurrence in nine years.

### Aural Complications of Ozena.

Lacroix (*Jour. Lar., Rhin. and Otol.*, March, 1900), contrary to antiquated opinion, shows that the propagation of ozena from the pharynx to the middle ear is very frequent. He believes that the same lesions affecting the mucosa of the nasal passages may be found in the ear.

In illustration of this view he reports the case of a girl suffering from ozena, in whom an attack of acute otitis media occurred. He performed a paracentesis. The secretion presented the characteristic odor, and contained little crusts like those of nasal ozena. On further examination he discovered that out of forty-two cases of ozena, thirty had a certain degree of otitis media, with deafness, tinnitus, etc., confirming the belief that aural ozena was the cause.

### Adenoids in Early Infancy.

Jauquet (*Jour. Méd. de Bruxelles*, 1899). Report of a case of removal of adenoids in an infant a few months old. The removal was accomplished by curettes and the finger nail. Hemorrhage was controlled by inflation by Politzer's bag with bent tube behind the palate. Treatment was followed by retro-pharyngeal abscess.

Delstanche believes in infants the operation should be done as early as possible, but by means of an instrument, as the space is usually too small to admit of finger.