

NOSE AND NASO-PHARYNX.

Citelli, Prof. (Catania).—Ten Cases of Primary Malignant Tumour of the Naso-Pharynx (Four Sarcomata, Five Carcinomata, and One Endothelioma). "Zeitschr. f. Laryngol.," Bd. iv, Heft, 3.

These ten cases have been observed by Citelli in nine years.

Sarcoma.—Case 1 was a typical lympho-sarcoma. Male, aged fifty, suffered from noisy breathing and toneless voice. Left side of the neck swollen and the patient suffered from epistaxis. The left side of the nose was blocked and the patient also complained of difficulty in swallowing and breathing. On examination the naso-pharynx was filled by a red, fleshy growth which extended into the oro-pharynx and pushed forwards the soft palate. The tumour did not extend into the nose, but gave rise to Eustachian obstruction. Microscopic examination showed that the tumour was covered partly by cylindrical and partly by squamous epithelium, and that the ground work consisted of lymphocytes without lymph-follicle formation. The patient was treated with arsenic. Later on the neck became greatly swollen and the patient suffered from laryngeal obstruction and difficulty in swallowing. Tracheotomy was refused and the patient died of asphyxia. Case 2 was similar, but it is interesting to note that the enlarged cervical glands had already been operated on by a general surgeon who had missed the nasal tumour altogether. In this case also the symptoms of Eustachian obstruction were present. Case 3, male, aged forty-nine, suffered from pain in the right ear for six months. As in the first two cases there was no intra-nasal extension of the growth. The Eustachian tube was obstructed. Case 4, male, aged forty-five, was one of round-celled sarcoma. The tumour had a more smooth surface than in the preceding three cases, which were lymphosarcomata. Case 4 had no enlargement of the cervical glands. Citelli gives notes of a specific case in this connection in which the symptoms were similar to those just described, but in which anti-syphilitic treatment brought about a cure. Even the enlarged cervical glands cleared up under mercury and iodide.

Carcinoma.—Four out of the five cases began in the lateral wall of the naso-pharynx behind the tubal orifice; the symptoms were those of tubal stenosis and otalgia. In three cases the growth arose from the surface epithelium and in two from the glands. There appears to be a long latent period in carcinoma cases, but the first symptoms are pain shooting to the ears and the hawking back into the mouth of blood-stained mucus. Closure of the Eustachian tube is present and is followed later by nasal obstruction. Thereafter ulceration soon occurs and gives rise to a foul odour of the breath. A careful examination of the naso-pharynx by posterior rhinoscopy and by palpation is very necessary. In the second period the pain and nasal obstruction become greater; the ulceration and foul odour of the breath increase and the cervical glands become enlarged; deglutition and phonation are interfered with. In the third stage the base of the skull is affected and there may be paralysis of cranial nerves.

Endothelioma.—The patient was a woman, aged forty-five, who complained of noises in the right ear and of a certain amount of deafness. The case was sent to Citelli by a colleague, who had diagnosed Eustachian obstruction, and on using the catheter had caused a considerable amount of bleeding. From that time the patient began to complain of lancinating pains over the corresponding side of the head. Later on a tender swelling formed in the upper part of the parotid region. On otoscopic

examination there was only slight retraction of the tympanic membrane. After application of cocaine and adrenalin Citelli observed a diffuse tumour in the right fornix of the naso-pharynx; the swelling had a reddish colour and a regular surface. *J. S. Fraser.*

EAR.

Urbantschitsch, Victor.—“**Hyperacusis Willisii.**” “*Monats. f. Ohrenh.*,” Year 46, No. 6.

The author has been continuing his researches into the conditions which regulate this phenomenon, and here relates the results of his examination of some forty patients in this respect. The voice, tuning-fork and watch were used for estimating the duration of bone-conduction and range of perception *vis à* air, details of the methods used being described.

As a stimulus to the production of the phenomenon the tuning-fork was used either *vis à* the bone or air and also Bárány's noise apparatus.

From his investigations he concludes that “hyperacusis” can be demonstrated in those with normal hearing, in cases of both catarrhal and purulent affections of the conducting apparatus, in cases where the malleus and incus are absent and even in disease of the cochlear nerve (in addition presumably to oto-sclerotic conditions).

Similar accentuation of perception can be shown in relation to other senses, especially that of vision, as he has elsewhere pointed out. Shaking the head or whole body was found to produce an increase in the hearing which would correspond to the temporary improvement in some cases whilst travelling by rail, and during the application of vibratory massage. This latter fact would appear to suggest that the increased perception thus produced is dependent on an increased mobility in the sound-conducting apparatus and is thus of a physical nature. Urbantschitsch, however, considers there is good reason to regard the improvement as due to a stimulation of the sense of perception only. *Alex. R. Tweedie.*

Bruehl, Gustav.—**Notes on Pathology of the Ear.** “*Laryngoscope*,” October, 1911.

(1) Gummatous invasion of the mastoid process: A pathological specimen without any clinical history shows an excavation of the mastoid process down to, and exposing, the sinus groove. The loss of bone is most marked on the inner surface of the mastoid process and the antrum is not exposed. The surrounding bone shows a marked formation of osteophytes. The author suggests that this condition is similar to one observed by him clinically in which a man, thirteen years after syphilitic infection, while under observation for nerve-deafness with a normal drum, developed a fluctuating tumour the size of a hen's egg over the mastoid process combined with facial paralysis and ataxia. After fourteen days' anti-specific treatment the tumour and facial paralysis had disappeared but complete nerve-deafness persisted.

(2) A specimen of an adult temporal bone, showing complete petro-squamosal squamo-mastoid sutures so that the bone is divided into two independent parts: There are a few small cells developed in the portion of the squamosal covering the mastoid.

(3) Two specimens of atresia of the meatus: The first, of which the history is unknown, shows an occlusion of the bony external meatus by a broad, thin, bony lamina arising from the posterior wall and leaving two