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in the throat, although she was unaware of having inspired or swallowed any foreign body. X-ray examination revealed a pin lying horizontally at the level of the larynx. By indirect laryngoscopy it could not be seen, but on introducing Lynah's cesophageal spatula under general anæsthesia, the pin was brought to view. The point transfixed the right arytenoid and the remainder of the pin lay free in the centre of the larynx. Removal was easily accomplished and the patient suffered no further discomfort.

DOUGLAS GUTHRIE.

### PHARYNX

*Rhinolalia Aperta after Tonsillectomy.* D. L. POE.  
(*Laryngoscope*, Vol. xxxviii., No. 12, p. 778.)

Five children belonging to the same family, all had their tonsils and adenoids removed, and each one developed a greater or less degree of rhinolalia aperta.

In one child the imperfection persisted after a lapse of several years, and not only this, but a muscular twitching of the alæ nasi during speech developed after the operation and detracts from what otherwise would be a pleasant face. The other four cases only showed a temporary lapse, and with adequate treatment have recovered.

The method of treatment was mostly educational, but mechanical methods were also employed. Massage of the soft palate is useful. This may be done with the tip of the finger while the member hangs loosely, or while the patient is saying "ah." Electric current may also be used. Various exercises are repeated so as to help the muscles to function properly. The condition is probably due to the fact that the little patients found it painful to speak after operation and therefore did not enunciate distinctly. This rapidly developed into a habit in this particular family. The operation was performed on these five cases by four, different, well-qualified surgeons, and the rhinolalia cannot be ascribed to faulty technique.

ANDREW CAMPBELL.

*A Case of Fibrolipoma of the Tonsil.* TOYONOSUKE SEKINE (Tokyo).  
(*Oto-Rhino-Laryngologia*, Vol. ii., Part 9, p. 856.)

The growth was of the size of a pea on the tonsil of a man 25 years old. Histologically it was identified with the lympho-fibrolipoma described by Finder in 1904. The illustrations show the microscopical features clearly.

JAMES DUNDAS-GRANT.

# Pharynx

*On the Physiology of the Tonsils.* O. VOSZ (Frankfort-a-M.) *Experimental Investigation on the Physiology of the Tonsils.* KARL GRIEBEL. (*Archiv. für Ohren-, Nasen-, und Kehlkopfheilkunde.* Band cxxi., Heft 1/2, May 1929.)

The author of the first of these two articles was recently told by a busy physician that in his practice 80 per cent. of cases of ill-health could be traced to septic tonsils. The importance of the tonsils as a portal of infection needs little emphasis. The plausible theory that the tonsils are a first line of defence against infection is fast becoming discredited; if this were all, why should tonsillectomy in childhood be followed in so many instances by such a remarkable gain in weight and general well-being?

Vosz throws a new light upon the true function by feeding tadpoles with tonsil extract, under laboratory conditions, with suitable controls and precautions against error. He finds their growth retarded and metamorphosis into frogs delayed. Photographs show the tadpoles laid out upon graph paper.

The tonsils must be regarded as ductless glands with an internal secretion retarding growth. When their period of usefulness is over they should atrophy. Chronic tonsillitis is in reality a degenerative complication of the normal course of involution.

In the companion article Dr Griebel elaborates the same thesis and describes the effect of tonsil extract upon germinating lupins and hens.

Bibliographies are appended, and the two articles include ten tables and five illustrations.

W. O. LODGE.

*Pathological Changes in Tonsils.* H. F. WILKINSON. (*Archives of Oto-Laryngology*, Vol. x., No. 2, August 1929.)

The writer has made a systematic study of the microscopic appearances of the tonsils from ten thousand cases of tonsillectomy at the Mayo Clinic during a period of five years. The greater number of tonsils were removed because they were believed to be foci of infection; the remainder because of local indications. The youngest patient was seven months, the oldest seventy-nine years, and the average age was thirty-three years. The frequency distribution of the various pathological changes is noted in a series of tables.

All tonsils showed evidence of chronic infection, if the presence of leukocytes in the crypts and ulceration of the epithelium are indications of infection. In 12 per cent. the presence of cartilage or, more rarely, of bone was noted, and in those cases fibrosis was a prominent feature. In about 2 per cent. of the cases, granules resembling actinomycosis were found. Tuberculosis of a diffuse type

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was discovered in only 0.5 per cent. of the cases, and the writer considers that tonsillar-tuberculosis is becoming rare. Cholesterol was found in 0.6 per cent. and trichinæ in 0.06 of the tonsils. The paper is illustrated by eight microphotographs.

DOUGLAS GUTHRIE.

### ŒSOPHAGUS AND ENDOSCOPY.

*The Topographical Anatomy of the Bronchial Glands and especially their Relation to the Recurrent Nerve.* KIMIYOSHI NOZAKI (Kyushu). (*Oto-Rhino-Laryngologia*, Vol. ii., Part 8, p. 760.)

Three groups are described:—

(1) The right tracheo-bronchial and antero-superior mediastinal which, when enlarged, can press on the nerves going to the heart and the lung.

(2) The left tracheo-bronchial by which, when enlarged, the bronchus and the left recurrent nerve are frequently compressed.

(3) The inferior tracheo-bronchial, enlargement of which, especially on the left side, can interfere with respiration through the left bronchus.

JAMES DUNDAS-GRANT.

*Broncho-tetany.* MITSUGU MITA (Fukuoka, Japan). (*Oto-Rhino-Laryngologia*, Vol. ii., Part 9, September 1929, p. 831.)

A boy, 8 years old, was attacked with rapidity of breathing without obvious cause, which on the same day was accompanied by sanguineous expectoration. Respirations were 50, pulse 150, maximum temperature 37.7° C. (99.8° F.). There was absence of breath sounds on the right side. The blood stains in the sputum remained for a day after the subsidence of the symptoms. The disease was first described by Lederer (*Zeitschrift f. Kinderheilkunde*, Band 7, 1913, Heft 1-2). It simulated acute pneumonia, but the physical signs were indistinct and variable and there was a history of the spasmophilic diatheses.

JAMES DUNDAS-GRANT.

*A Case of Cicatricial Stenosis of the Œsophagus.* KENNETH HERITAGE. (*Lancet*, 1929, Vol. ii., p. 708.)

The author describes a case of a married woman, aged 42, with six days complete œsophageal obstruction, after progressive difficulty for two years. The cause subsequently proved to be the swallowing of caustic in infancy, which had been completely forgotten by the patient.

MACLEOD YEARSLEY.