Abstracts.

MOUTH, Etc.

Armstrong, G. E.—*Excision of One Half of the Tongue.* "Montreal Medical Journal," June, 1901.

Although the majority of text-books condemn all partial operations for cancer of tongue, Armstrong was of the adverse opinion, and had met with success in adopting a modification of Butlin's method. In the case he showed, after recovery from the operation, the remaining half lay in the centre of the floor of the mouth, did not curl up, was quite moist, and performed its functions. *Price Brown.*

Bruce, H. A.—*Excision of Upper Jaw for Sarcoma.* "Canada Lancet," July, 1901.

The patient was thirty-four years old. About the end of January she had a swelling of the alveolus of the left jaw, which was thought to be a gum-boil. On examination three months afterwards, the date of operation, a hard swelling was found just behind the second bicuspid, extending backwards the full length of the jaw. Internally it had not extended to the middle line. Externally it bulged out half an inch beyond the line of the teeth. The growth in the roof of the mouth was covered by mucous membrane. In the left nasal passage was a polypoid mass. The cheek on affected side was slightly prominent, but the skin was unaffected, and moved freely over the growth. The corresponding eye was unaffected. Microscopical examination of a section proved the growth to be a sarcoma.

Three weeks after operation the patient left the hospital, the recovery having been uninterrupted. *Price Brown.*

NOSE, Etc.

Craig, Herbert H.—*Sarcoma of the Nasal Septum.* "Montreal Medical Journal," June, 1901.

A male patient, aged twenty-one, complained of left nasal obstruction, associated with frequent and alarming attacks of epistaxis of a month's duration. He had lost in that time 18 pounds in weight. The obstruction itself commenced three months prior to hæmorrhage.

On examination, a bluish-gray soft tumour of the size of a walnut was found on the upper anterior half of the quadrilateral cartilage. It was rounded and vascular, and bled on being touched.

After applying suprarenal extract and a solution of cocaine, the growth was removed by cold snare, and the base cauterized with the galvano-cautery. The growth was superficially attached to the septum, and there was no induration. The pathological report was as follows: "On the whole, the specimen gave the impression of a myxoma, with some dilatation of the lymphatics, and showing a distinct tendency to sarcomatous degeneration." *Price Brown.*

Seifert, Professor (Würzburg). — *Hæmorrhage after Tonsillotomy.* "Wiener Klinische Rundschau," No. 15, 1901.

In addition to a general consideration of the causes and treatment of hæmorrhage following tonsillotomy, Dr. Seifert points out some of the dangers attendant on this operation. He quotes Lichtwitz, who found Löffler's bacillus present in 40·7 of his cases, sometimes alone, or in conjunction with staphylococci, streptococci, leptothrix, etc., in the wound surface. The author holds that tonsillotomy should not be performed in a general hospital or during epidemics of scarlet-fever or diphtheria.

A large number of cases are mentioned, showing that hæmorrhage usually comes on soon after the operation. Moure, however, reports a case of severe secondary hæmorrhage (in a child) where a week had elapsed before the bleeding commenced. The causes to which hæmorrhage is generally due are as follows: Injury of the tonsillar artery, some atheromatous changes in the vessels, hæmophilia, or even injury of the internal carotid, if the latter pursues an abnormal course. In cases where any of the above conditions are suspected, Dr. Seifert advises the use of the galvano-cautery snare, the pressing forward of the tonsil externally, and suggests that only three-quarters of the tonsil should be removed.

Complete rest, sucking ice and gentle gargling are recommended after the operation. The author does not approve of astringents, such as alum, tannin, or perchloride of iron; he advocates the use of a saturated solution of chromic acid applied on cotton-wool. Compression, either digital or by forceps, with lint soaked in ergotin, is recommended; use of the cautery, insertion of a deep suture, or twisting the bleeding part with forceps are further methods mentioned. Regarding the danger of injuring the carotid artery in operations for tonsillar abscess, it is safer to use the galvano-cautery to let out the pus (Moure). *Anthony McCall.*

EAR.

Chavasse, P. — *Contribution to Acquired Cholesteatoma of the Ear.* "Archives Internationales de Laryngologie, d'Otologie, et de Rhinologie," May-June, 1901.

The author gives particulars of three cases. He considers that cholesteatoma of the ear presents a constitution intimately identical with that of pearl tumours of the meninges, of the iris, and of the palmar surface of the fingers. Cholesteatomata must be divided into two groups: 1. Those of embryonic origin—rare; 2. Acquired cholesteatomata secondary to a suppurative inflammation of the middle ear —common. The author's cases belong to the second category.

Macleod Yearsley.

Torretta.—*Contribution to the Study of Psychopathies of Auricular Origin.* "Annales des Maladies de l'Oreille," etc., May, 1901.

The author remarks that it is a well-established fact that auricular affections can bring about epileptic attacks in individuals who have no nervous taint in their histories, and that such manifestations yield readily to surgical interference. He brings forward a case which came under the care of himself and Albericci, remarking that in all recorded