

Abstracts.

FAUCES.

Warren, J. Collins.—*Sarcoma of the Tonsil.* "Boston Medical and Surgical Journal," March 9, 1905.

Case of a woman, aged thirty-three, with a tumour of the right tonsil about the size of a fist. The growth was of three years' duration, but had grown more rapidly during the three months previous to operation. It proved to be a small round-celled sarcoma. It was removed by an incision from the angle of the mouth vertically downward to the edge of the chin, whence it was directed backward at a sharp angle to reach the level of the external auditory meatus. The jaw was divided in front of the ascending ramus. The tumour being closely attached to the thyroid cartilage, part of the epiglottis and glottis of the right side had to be removed. The patient made a good recovery.

Macleod Yearsley.

PHARYNX.

Brown, C. W. M.—*Adenoid Vegetations of the Pharynx.* "Therapeutic Gazette," January 15, 1905.

An article which treats adequately of symptoms, diagnosis, and treatment. It especially insists upon the neglect of the growths by general physicians.

Macleod Yearsley.

Barstow, D. M.—*A Case of supposed Primary Tuberculosis of the Pharyngeal Tonsil.* "The Medical Record," October 8, 1904.

The patient, a male aged twenty-nine, had for two years suffered from cough, pain in the chest, fever, and night sweats. For a few months he had also suffered from continuous cold in the head, sniffing, and expectoration. Examination of his nasal passages revealed a much deflected septum and a naso-pharynx full of soft friable adenoid tissue. Opinions regarding the condition of the lungs were contradictory. The adenoid vegetations were removed under cocain with great benefit to respiration and cough.

Under the microscope portions of the growth were found to present nodules undergoing caseous degeneration. Isolated giant-cells were also found in the sections examined. The history of the case, the conflicting evidence regarding the condition of the chest, the marked general improvement after the removal of the adenoid growths and the disappearance of bacilli from the sputum made the author believe that the case was one of primary tuberculosis of the pharyngeal tonsil.

W. Milligan.

NOSE.

Codman, A. S.—*A Method of Rhinoplasty illustrated by Plastic Operation for Rodent Ulcer on the Face.* "Boston Medical and Surgical Journal," March 9, 1905.

This paper strongly criticises the enthusiasts for X-ray treatment of rodent ulcer. It describes an operation performed by the author on a woman, aged forty-nine, who had for six months been under treatment

by X-ray. The inner half of both eyelids on the right and the inner third of both eyelids on the left were removed, and nothing was left of the nose except half the tip and the rim of the right nostril. Extensive grafting by spiral flaps from the cheeks was done, and the case healed well by first intention. The author specially calls attention to the method of using a spiral incision in the flabby part of the cheeks to obtain flaps.

Macleod Yearsley.

LARYNX.

Broeckaert, Jules.—*The Operation of Election for Exposure of the Superior Orifice of the Larynx; Sub-hyoid Pharyngotomy with Temporary Resection of the Body of the Hyoid Bone.* "La Presse Otolaryngologique Belge," December, 1904.

The author finds that when the tumour to be removed is extensive, the operations usually performed do not give a sufficiently free exposure. In trans-hyoid pharyngotomy, moreover, there is the additional disadvantage that it is difficult to readjust the halves of the hyoid bone at the conclusion of the operation, without leaving some deformity.

By temporary resection of the body of the hyoid bone, during the performance of sub-hyoid pharyngotomy, it is claimed that an excellent view can be obtained of the whole region to be dealt with. The author's procedure is described at length, together with valuable observations upon the after-treatment.

Chichele Nourse.

Revol, L. (Lyons).—*A Case of Bilateral Paralysis of the Recurrent Laryngeal Nerves.* "Annales des Mal. de l'Oreille, du Larynx, du Nez et du Pharynx," February, 1904.

A man aged fifty-eight, a mattress maker, was admitted to hospital suffering from aphonia. Family history good. He was a chronic alcoholic and had indulged very freely in smoking in his early days. No history of syphilis. At various periods he had suffered from rheumatism, influenza and pleurisy. When seventeen years old he was troubled with pseudo-anginal attacks, considered to be due to tobacco toxæmia; these left him at the age of forty-five, when he ceased smoking. Four months previous to entering hospital he experienced violent pains in the right side, which were constant night and day, and were neither influenced by breathing nor coughing. Shortly afterwards he awoke one morning to find his voice gone.

He had never experienced any suffocative attacks. An examination of the lungs revealed harsh inspiration with prolonged and slightly blowing expiration; numerous rhonchi were in evidence; chiefly about the bases and under the left axilla. The supraspinous fossa of the right side was depressed, and there was evidence of induration there. Expectoration was sero-mucous and rather abundant, cough frequent, feeble and muffled, not barking in quality. The voice was equally weak and hoarse, but not bitonal. Dyspnoea was absent, save that of a pseudo character due to exaggerated expenditure of air which occurred during the attempt to speak. Tracheal tugging was absent. There was nothing particular to note about the cardiac area, no pulsations, no bruits, only a slight roughness of the first aortic sound. The pulse was regular, 88, tension feeble, no asynchronism. The radials were slightly hard and tortuous. The digestive functions were good, but patient complained of the sensation of arrest of food at the mid-thoracic region; no regurgitation or vomiting.