

obscure cases of nasal disease and to pathologically examine a removed portion of any obstruction. (7) Operation should be done as soon as a diagnosis has been made. (8) The canine fossa route is best to adopt in operating. (9) Innocent and malignant polypi are likely to co-exist.

*Macleod Yearsley.*

### PHARYNX.

**Symington, J.**—*The Pharyngeal Tonsil.* "Brit. Med. Journ.," October 15, 1910.

A useful contribution to the anatomy of the naso-pharynx based mainly upon the examination of specimens in which this organ was exposed either by making medium sections of the head or by means of a special dissection of the naso-pharynx from below. The author considers that the hypertrophied tonsil might conceivably cause obstruction to the Eustachian tubes by—(1) projecting downwards sufficiently far to cover over their orifices; (2) extending outwards into the fossæ of Rosenmüller and pressing against the postero-internal wall of the tube; or (3) an extension of the lymphoid growth into the lateral wall of the naso-pharynx and into the lining membrane of the tube.

*Macleod Yearsley.*

**Yearsley, Macleod.**—*An Investigation into the Occurrence of Adenoids in Three of the London County Council Elementary Schools.* "British Journal of Children's Diseases," February and March, 1910.

This investigation deals with three schools, containing 2315 children, and endeavours to ascertain the number suffering from enlarged tonsils, adenoids, or both, their relation to age, ear complications, conditions of teeth, palate shape, and aprosexia.

Results fall into two groups: Investigation A, in which only those children sent up by the teacher for colds, mouth-breathing, ear disease, or inattention were examined, and Investigation B, in which every child was examined. The latter is, of course, the more important, and in it the number examined was 1246 (667 boys and 579 girls). Of these, 56·9 per cent. were normal, 5·2 per cent. had enlarged tonsils, 10·5 per cent. had adenoids only, and 27·2 per cent. had tonsils and adenoids. One hundred and seventy-four children (13·9 per cent.) were complete or partial *mouth-breathers*, and of these, 27 (15·5 per cent.) were normal, 52 (29·3 per cent.) had adenoids, and 95 (57·5 per cent.) had adenoids and tonsils. The "normal" breathers showed various conditions of nasal obstruction due to other causes, the remaining 147 having marked adenoids. The *age-incidence* is worked out and displayed in tables and curves, which show that adenoids appear to be more common about the age of eight years, and are next most frequent at about twelve years. This is in accord with the observations of other investigators. A considerable portion is devoted to the question of *aprosexia*, and the conclusions which the author draws therefrom is that true aprosexia is often confused with apparent dulness due to defective hearing, that true aprosexia only occurs in about 4·7 per cent. of adenoid cases, is more frequent in girls, and, when present, is associated with a marked degree of adenoids. Mouth-breathing is in relative excess among the aprosexic. The *relation of palate shape* is discussed, both in regard to the presence of adenoids and to mouth-breathing, and the author concludes that the association of an abnormally high palate with adenoids is rather due to peculiarities of cranial formation than to extra-uterine influences of nasal stenosis, and

that, if there is any relation between a high narrow palate and adenoids, it is possible that the palate shape is rather a cause of adenoids than *vice versa*. In dealing with the *condition of the teeth*, it was found that 49·4 per cent. of the normal children had teeth which showed no obvious caries, and 51·4 per cent. had caries affecting from one to ten teeth, whilst of the adenoid children 40·9 per cent. had good teeth, and 59 per cent. had from one to thirteen teeth carious. It appeared, from the relation of mouth-breathing to carious teeth, that adenoids were more important than oral respiration or palate shape, a fact probably accounted for by the increased tendency to oral sepsis in adenoid children. The author also considers that irregularity of the upper incisors is less a result of adenoids than of palate-shape. Last of all, *ear complications* are dealt with. Fifty-one out of 1246 children had ear complications; that is to say, 4 per cent. of these scholars had either deafness or discharge, or both, on one or both sides, save two, who suffered from intermittent ear pain, which probably meant potential ear affection. What is of great importance was that *every single one of these children had adenoids*, and in no one normal child was there any sign or history of ear complication. The number 51, therefore, means in reality that out of 471 cases of adenoids 10·8 per cent. suffered from ear complications. This strongly emphasises the fact that the large majority of ear affections in school-children owe their existence to adenoids.

*Author's Abstract.*

### LARYNX.

**Schmiegelow, E.** (Copenhagen).—*Clinical Contributions to the Pathology of Laryngeal Cancer.* "Arch. für Laryngol.," vol. xxiii, Part III.

A paper based upon 48 cases of primary laryngeal cancer from the author's own practice, of which 40 were males and 8 females. Three were under forty years of age, the youngest a man, aged twenty-eight. The starting-point of the disease was as follows: Ventricular band 5, arytænoid region 4, vocal cord 23, sinus of Morgagni 1, epiglottis 1. In 14 others the point of origin could not be determined. In three cases the growth was pedunculated and those are recorded in detail. All three originated from the arytænoid region and could not be distinguished by the laryngoscope from a pedunculated fibroma or sarcoma. The diagnosis was made by the removal of a portion for microscopic examination, and the author insists on the importance of this method in making an early diagnosis of malignant disease of the larynx. In 25 of his cases the diagnosis was established in this way and 19 were reported as typical epithelioma, 3 polypoid alveolar carcinoma, 2 adeno-carcinoma and 1 medullary carcinoma. In 3 the diagnosis was confirmed by examination of a portion removed at the operation. In the remaining 20 the diagnosis was based on clinical grounds alone, either because the disease was already far advanced or because the case was only seen once. One must not, however, place implicit confidence on the pathological report. Mistakes may arise from the presence together of a simple and a malignant growth in the same larynx, as the author found in two of his cases; or the portion removed may not go sufficiently deep into the substance of the growth to show its real character; again, quite competent pathologists have been known to make mistakes, and to pronounce a simple papilloma to be malignant or a tuberculoma to be a carcinoma.