

PHARYNX.

Uffenorde, W.—*Lateral Pharyngitis*. "Archiv. für Laryngol.," vol. xix, part 1, 1906.

The author regards pharyngitis lateralis as one of the most common and troublesome forms of chronic pharyngitis, and emphasises the frequent disproportion between the gravity of the local lesion and the severity of the symptoms. After reviewing the literature he proceeds to describe the appearances met with.

Examination in typical cases shows, behind the posterior pillars of the fauces, two thick parallel swellings, separated by a longitudinal furrow. These swellings apparently correspond to the salpingo-palatine and the salpingo-pharyngeal folds, of which the former is usually the more affected. The condition is frequently associated with granules on the posterior pharyngeal wall and general tonsillar hypertrophy.

The symptoms include all the paræsthesiæ and other troubles commonly associated with chronic pharyngitis, but certain painful sensations in the neck and laryngeal region are to be regarded as typical. The pain may arise spontaneously or on swallowing saliva (*Leerschlucken*), not often on eating; it is always referred to a definite point in the thyro-hyoid space, or to one just above the clavicle between the trachea and œsophagus. These points are often sensitive to pressure, and the pain radiates from them in various directions, especially to the ear. Aural symptoms such as tinnitus, pain, and deafness, existing with normal tympanic membrane, may disappear completely after treatment of the pharyngitis.

The ætiology is the same as that of chronic pharyngitis in general, but special stress is laid on sinus disease, tonsillar hypertrophy, and hypertrophy of the posterior ends of the inferior turbinates.

The treatment in the early stages must include the removal of the cause, the use of gargles, and the application of zinc chloride (2 per cent.) to the rhino-pharynx. When the changes are more pronounced cauterisation with trichloroacetic acid at intervals of a week is to be tried. Considerable hypertrophy demands excision, which is best performed with Halle's scissors, unless the swelling extends upwards into the naso-pharynx, in which case Hartmann's conchotome is to be preferred. The galvano-cautery is not to be recommended.

In conclusion, the author draws attention to the striking similarity between the group of symptoms associated by himself with pharyngitis lateralis and that recently described by Bœnninghaus as "neuritis laryngea." Most of his own patients showed the upper "pressure point" of Bœnninghaus and many also the lower; further, in only one of Bœnninghaus' cases was there no suspicion of nasal, pharyngeal, or laryngeal disease.

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NOSE AND ACCESSORY SINUSES.

Mosher, H. P. (Boston).—*Killian's Frontal Sinus Operations*. "Boston Med. and Surg. Journ.," October 11, 1906.

The cases suitable for Killian's operation are divided into two groups: (1) Chief feature—eye symptoms, exophthalmos and ethmoid tumour. Mosher considers a Killian operation indicated in these cases, because Nature practically forestalls the surgeon; (2) chief symptoms—pain and unilateral discharge. Such cases, to be suitable for the Killian operation, should have a large sinus, there should be a marked ethmoiditis, or,