

and also behind the right sterno-mastoid muscle. The temperature remained about 100°, only rising over 101° on one occasion—four days later; for a week it continued normal, with scarcely any fluctuation, but during the last four weeks has been fluctuating between 98° and 100°. On January 27 iodide of potassium was again administered, and a small projecting portion of the margin of the pharyngeal ulcer was removed by means of punch forceps for examination and for the elimination of the possibility of it being epitheliomatous in nature. It was found to consist simply of granulomatous tissue covered with a ragged stratified epithelium, presenting none of the characters of epithelioma and containing no tubercle bacilli nor giant-cells. On February 2 liquid food escaped through the incision in the neck. The exhibitor asked for suggestions with regard to diagnosis and treatment.

Mr. SYMONDS said he understood that the swelling had gone down, and that the infiltration was greatly diminished.

Dr. GRANT thought at first it was a gumma, and that any incision was to be avoided; but it seemed to have broken down, and he had to incise it. An immense quantity of fœtid pus and sloughy tissue came away.

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### Abstracts.

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#### NOSE AND ACCESSORY SINUSES.

**Fischer, E.**—*A Case of Naso-pharyngeal Polypus.* "La Presse Otolaryngologique Belge," December, 1903.

The author reports the case of a naso-pharyngeal pedunculated growth, the size of a hen's egg, in a youth aged sixteen, which he removed by means of a Gottstein's curette introduced between the velum and the tumour. In order to completely destroy the insertion of the neoplasm, the naso-pharynx was afterwards thoroughly curetted with Lange's curette. The hæmorrhage was insignificant. The pedicle, which was very slender, appeared to spring from a point facing the left nasal choana.

*Chichele Nurse.*

**King, Gordon.**—*Some Observations of the Treatment of Accessory-sinus Disease.* "New Orleans Medical and Surgical Journal," February, 1904.

This is a brief review of the prevailing opinions on the treatment of these diseases. The author prefers the Caldwell-Luc operation for maxillary sinusitis.

*MacLeod Yearsley.*

**Fish, H. Manning.**—*Frontal Sinusitis a Cause of Accommodation Paresis.*  
 "New Orleans Medical and Surgical Journal," February, 1904.

The author quotes four obscure cases of eye-strain improved by treating concomitant frontal sinusitis. He considers that, by causing a partial loss of range of power of accommodation this trouble can be considered an etiological factor of myopia, in that a ciliary cramp or spasm can be invoked from the increased strain necessary to overcome this accommodation paresis.

*Macleod Yearsley.*

**Stieda, A. (Königsberg).**—*Cheesy Empyema of the Nasal Accessory Sinuses.* "Arch of Otol.," vol. xxxii, No. 5.

Three cases of "rhinitis caseosa" are described, leading to disfigurement and the formation of fistulæ. They required external operation, and recovered. Internal operation, if practicable, is in the first instance to be preferred.

*Dundas Grant.*

## LARYNX AND TRACHEA.

**Fischer, Louis.**—*A Study of the Condition of the Upper Air-passages before and after Intubation of the Larynx; also an Inquiry into the Method of Feeding employed in the Cases.* "Archives of Pediatrics," February, 1904.

This is a paper based upon the examination of two series of cases operated upon between 1896 and 1900, one group being intubated in hospital, the other in private practice. The former children belonged, as a rule, to the labouring class, were very anæmic and extremely susceptible to infection. The number of such cases were ten, eight of which required 1 intubation, one 3, and one 4 intubations. The ages ranged between eight months and six years. Eight cases out of the ten showed some form of rickets, and the author remarks that there seemed to be a certain predisposition for the development of laryngeal stenosis in children affected with diphtheria who are rachitic. In all the cases some form of chronic tonsillar or pharyngeal condition was found. All the children in the series were breast-fed. Antitoxin was also used in every case, and the intubation was done exclusively with rubber tubes, the old metallic tubes having been long ago discarded in America.

The second series comprised twenty-six cases intubated in private practice. They ranged in age between eleven months and five years. Fifteen cases required 1 intubation, two 2, three 3, one 4, and two 5 intubations. The children were all of the better class, with better sanitary surroundings, better food, and received more prompt medical aid. Most of them were bottle-fed. Nineteen were rachitic. Not one had a normal throat at the time of intubation; adenoids, enlarged tonsils, and chronic rhino-pharyngitis were met with in almost every case. Antitoxin was used in every case.

In his conclusions Fischer emphasises two important points. (1) The tolerance of the larynx to a tube for many weeks; one case having worn a tube for twenty-six days, another case twenty-five days. (2) That a proper-fitting tube constructed of rubber leaves no evidence of chronic inflammation directly traceable to the tube. Every one of the cases was questioned carefully if any catarrh originated from, or could be associated with, the wearing or removal of the tube, and gave negative replies.

*Macleod Yearsley.*