

their anterior extremity with small protective plates, by means of which he could file out a part of the wall of the outer attic and mastoid antrum (using an electro-motor) without dislocating the hammer and incus. He hoped soon to carry out this operation in several appropriate cases. He only resorted to the Stacke operation where the hearing power was greatly reduced, and if vertigo, headache, and other symptoms were present, which indicated a stagnation of pus or the formation of a cholesteatoma in the attic and antrum. Collections of cholesteatomatous epidermic masses in the external attic called for periodical and continuous irrigation by means of curved canulæ. Recurrence takes place very frequently, because the growth of the epidermis on the upper wall of the meatus is quicker than on any other parts of that passage. Founded on the belief that in most cases of cholesteatoma in the attic we have to deal with an invasion of epidermis from the upper wall of the external meatus, he recommends that a strip of cutis of from three to four millimètres in width should be removed from the upper wall of the osseous meatus, and he showed the instrument necessary for the purpose. The portion of the wall thus laid bare became again covered by a cicatricial tissue, bearing epidermis. But its growth under these circumstances is extremely slight. Prof. Politzer hoped within a short time to show the result of this operation.

(To be continued.)

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## ABSTRACTS.

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### MOUTH, &c.

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**Baurowicz, A.** (Cracow).--*A Pedunculated Adeno-Carcinoma of the Soft Palate.*  
 "Archiv für Laryng. und Rhinol.," Bd. VI., Heft 1.

THE patient, a man aged sixty-seven, complained that for fourteen years he had felt something moving in his throat which rendered swallowing difficult and disturbed his sleep. He had no pain. His speech could be understood only with difficulty.

On examination, a growth as large as a hen's egg was seen occupying the space between the tongue and hard palate, so that the parts behind were concealed. It was found to be attached by a short pedicle to the free edge of the soft palate on the left side, close to the uvula. The surface of the tumour was nodulated and covered in places with necrosed masses. The pedicle was easily broken with the finger. The mucous membrane in its immediate neighbourhood was found to be quite normal.

The appearance of the growth, the absence of enlarged glands in the submaxillary region, and the patient's statement led the author to suppose that he had to deal with a fibroma. On dividing the tumour, however, besides the connective tissue which radiated from the pedicle to the periphery and formed its greater part, granular areas were observed. These proved to be nests of epithelial cells, which had originated from the epithelium of the glands. As ordinary adenomatous tissue was also visible here and there; it was evident that a fibro-adenoma had probably

been first present, in which a typical proliferation of the epithelial cells had subsequently taken place. Throughout the section numerous round cells were seen in the connective tissue indicating active growth.

*A. B. Kelly.*

**Bernheim.**—*Stomatitis Ulcerosa.* K. K. Gesellschaft der Aerzte in Wien, June 18, 1897.

THE author has seen some cases of stomatitis ulcerosa in which only the tonsils were ulcerated. He thinks one would make a mistake in these cases at first sight thinking of diphtheria; but the disease always being on one side with very few general symptoms excludes the diagnosis of diphtheria. The result of the microscopical examination was always a bacillus and a fungus.

*R. Sachs.*

**Garel.**—*On Intermittent Paresis of the Palate in Neurasthenia.* "Arch. Internat. de Laryng., Otol., et Rhinol.," May and June, 1897.

THREE cases are reported of intermittent paresis of the soft palate, with resulting nasal intonation, occurring in neurasthenic subjects from whose history diphtheria was absent, and in whom no evidence of actual nerve lesion was forthcoming. Emotional disturbance was present as an exciting factor. In two of the cases the attacks of paresis were of very short duration, occurring at frequent intervals. A sentence commenced in a normal manner would gradually become incomprehensible from decreasing activity of the palate muscles, and by observing the palate through the anterior nares while the word "deux" was repeatedly uttered, the elevation of that organ was seen to become progressively defective. It would appear that though the nerve impulse was complete in itself, the power of sustaining an effort was wanting. In one of the cases paresis, on more than one occasion, lasted for some weeks; and owing to nasal regurgitation of food, tube feeding became necessary. Electrical treatment seemed to give no benefit, and the ultimate result of antispasmodic measures had not been reported to the author.

*Waggett.*

**Gaudier.**—*Œdematous Urticaria of the Mucous Membrane of the Mouth and Fauces.* "Echo Méd. du Nord," Aug. 8, 1897.

THE case of a medical student who, two hours after a large meal of snails highly spiced and doubtful as to freshness, awoke with the sense of foreign body in the throat and difficulty of breathing. The tongue and mucous membrane of the cheeks were œdematous and covered with large urticaria wheals. The uvula was swollen to the size of a walnut, and on its surface were some small white vesicles. There was no sign of urticaria on any other part of the body.

Scarification of the uvula, boric mouth washes, and active purgation gave complete relief in twenty-four hours. The author follows with a *résumé* of similar cases to be found in literature.

*Waggett.*

**Heath, Christopher.**—*A Clinical Lecture on a Case of Hypertrophy of the Gums.* "Brit. Med. Journ.," May 1, 1897.

THE patient, a young man aged twenty-six, had suffered from hypertrophy of the gums ever since the age of four. At that age the hypertrophied gums were cut away, but recurrence of growth soon followed. On admission the external deformity was well marked, and upon opening the mouth the gums of both jaws were seen to be enormously hypertrophied; most of the teeth were loosened and displaced. The patient was placed in the recumbent position, with his head hanging over the end of the table. All the loose teeth of the upper jaw were rapidly extracted, and the hypertrophied gum, down to the alveolus, cut away with a pair of scissors. The bleeding was free, but was controlled partly by the use of the cautery, and partly by plugging the sockets of the teeth. A micro-

scopical examination showed that the mucous membrane covering the growth was healthy, the bulk of it being composed of delicate bundles of wavy fibrous tissue, which interlaced. Between the bundles were numerous cells, in some places forming large clusters. Numerous vessels were scattered through the growth.

*W. Milligan.*

## NOSE, & C.

**Alexander, A.** (Berlin).—*The Mucous Cysts of the Maxillary Sinus.* "Archiv für Laryng. und Rhinol.," Bd. VI., Heft 1.

Six cases are reported in which the author diagnosed a cystic condition of the antral lining membrane by making the exploratory puncture and aspirating serous fluid. Attention was directed to the antrum in these cases, chiefly by the recurrence of nasal polypi, or the results of transillumination. One patient complained of the occasional discharge of a greenish yellow fluid from the right nostril; both inferior turbinates were much hypertrophied, and muco-pus was present in the middle meatuses; transillumination was the same on both sides. Two syringefuls of fluid were aspirated from the right antrum; nothing was obtained from the left. On opening the right antrum small cysts were found on the anterior and median walls and a tag of membrane, which proved to be the wall of a large cyst.

The author reviews what has been written as to the frequency, multiplicity, site, and appearance of these growths. From a study of the symptoms in eighteen published cases he shows that the disease runs its course either without symptoms, or presents merely those produced by other foreign contents in the antrum. Thus, frontal headache, dull feeling in the head, pressure in the forehead and giddiness, which have been noted in the above cases, may also be associated with empyema, or tumours of the antrum. Transillumination gives but slight assistance in forming a diagnosis. Even the exploring needle may fail to reveal the presence of a cyst owing to its position, and it may be necessary to pierce the lateral wall of the nose at a number of points, both in the inferior and middle meatus. The exploratory washing of the antral cavity in these cases is useless, as the serous fluid would not be sufficiently evident. Treatment may be called for on account of the distension of the walls of the antrum or pressure symptoms, or, possibly, because of the frequent recurrence of nasal polypi. An attempt might be made to reduce the cyst by frequent puncture, or by the injection of fluids which would set up inflammation within its cavity. The most radical method would be to open the antrum and scrape out its lining membrane.

*A. B. Kelly.*

**Baratoux** (Paris).—*An Attempt to Classify the Diseases of the Ear, Larynx, and Nose.* "La Pratique Médicale," No. 50, 1896; and Nos. 1-14, 1897.

THE author has adapted the decimal classification of Melvil Dewey to the needs of these specialities. The numbers 1, 2, and 3 have been given to the ear, nose, and larynx respectively. The second figures have the following significations:—0, generalities, congresses, clinics, treatises; 1, normal and pathological anatomy; 2, examination; 3, symptoms; 4, etiology, prognosis, complications; 5, hygiene, therapeutics, operations.

16. Diseases of the ear in general, and diseases of the external ear.

26. Generalized diseases of the nose, nasal fossæ, sinuses, and naso-pharynx, and external diseases of the nose.

36. Diseases common to the mouth, pharynx, and larynx, trachea, lungs, thyroid body, œsophagus, and neck.