child was not deaf except for speech. With reference to the remarks of Dr. Loeb concerning the effect of carbonic acid upon the circulation of the brain, he would say that he mentioned it as one of the possible causes for the aprosexic condition so often found in stammerers. The stammerer often did not think properly, and therefore could not speak properly.

(To be continued.)

Abstracts.

FAUCES.

Newcomb, J. E. (New York).—*Bone and Cartilage in Tonsil.* "Boston Med. and Surg. Journ.," September 15, 1904.

The case is described of a woman, aged thirty, in whom the tip of the styloid process projected into the tonsil. Two theories are suggested as to the origin of bony and cartilaginous deposits in the tonsil: (1) that they are vestigial remains of the second branchial arch (2) that they are due to metamorphosis of connective tissue.

Macleod Yearsley.

PHARYNX.

Santalo (Madrid).—*Retropharyngeal Abscess of Articular Origin.* "Boletin de Laringol., Otol., y. Rinol.," Madrid, 1904, p. 295.

The patient, a soldier aged twenty-one, of feeble constitution, on being relieved from guard complained of tremors and pains in both legs; two days later there was pain in the back of the neck, which prevented any movement of the head. The former symptoms disappeared, but the latter continued with exacerbations, especially on cold days. Intense dysphagia followed, and the patient was admitted to hospital a month from the first symptoms. A large fluctuating swelling of the posterior wall of the pharynx was observed, which was comparatively painless on digital examination. Digital pressure at the occipito-atlantal level caused great increase of pain. On the right side, below the mastoid and behind the border of the sterno-mastoid, was a swelling about the size of a hen's egg, painless, fluctuating, and without discoloration of the skin. The case was diagnosed as one of retropharyngeal abscess, originated by a white (? tuberculous) cervical tumour. The cervical swelling was opened under chloroform and the curette was freely used down to the affected bones. The dysphagia, however, not only increased, to the surprise of the author, who expected the pharyngeal abscess to discharge itself through the wound in the neck, but attained such a degree that it was decided to open the abscess. A quantity of grumous pus was let out, and the patient had temporary relief. The pain, however, recurred, followed by paresis and complete paralysis of the right arm, then of the

https://doi.org/10.1017/S1755146300175304 Published online by Cambridge University Press

left, and finally of the legs and sphincters. The autopsy showed that both abscesses communicated with the occipito-atlantal articulation. The left lateral mass of the atlas and the corresponding occipital surface were eroded by tuberculous caries. *James Donelan.*

F. E. Hopkins (Springfield, Mass.).—*Neuroses of the Pharynx.* "Boston Med. and Surg. Journ.," September 8, 1904.

The author classifies pharyngeal neuroses as abnormalities of sensation, neuralgia, reflex neuroses, spasmodic disturbances, vascular neuroses. He considers all patients exhibiting these neuroses are neurasthenic, and thinks most reliance must be placed upon general treatment, although local treatment must not be forgotten. *Macleod Yearsley.*

G. A. Leland (Boston).—*Cicatricial Stricture of Pharyngeal Orifice relieved by Plastic Operation.* "Boston Med. and Surg. Journ.," September 15, 1904.

Male, aged thirty-five, the subject of very extensive scarring of face, fauces, and buccal pharynx, due to ulceration. The velum palati and tongue were firmly adherent to the posterior pharyngeal wall. Dilatation was tried, but the cicatrix continued to contract. Finally, tracheotomy was necessary. His condition in October, 1900, was such that the only entrance to the œsophagus from above the tongue was about sufficient to admit a small probe. The glosso-pharyngeal adhesion was about half an inch thick. The velum palati was completely adherent, the only opening being about 1 cm. by $1\frac{1}{2}$ cm. near the hard palate.

Under cocain a suture was passed through the orifice, and as much of the cicatricial mass grasped as possible, the thread coming out near the right lateral wall of the pharynx. After breaking several needles, about 3 cm. were enclosed in a heavy double silk suture. The result was good, and he was dismissed on January 1st, 1901. He has been admitted to hospital to undergo a similar operation on the left side.

The salient process is the uselessness of dilating such cicatrices. An interesting point is that the patient was able to nourish himself for seven months *per rectum.* *Macleod Yearsley.*

NOSE.

Santalo (Madrid).—*Alveolo-Nasal Fistula.* "Boletin de Laringol., Otol., y. Rinol.," Madrid, 1904, p. 299.

The patient, a soldier, fell from his horse nine years previously, breaking his second left incisor. Later he broke the two next incisors and canine. He complained of an unpleasant smell and taste. A probe could be passed through the incisor socket. The fistula was treated by curette and galvano-cautery and cured. *James Donelan.*

H. L. Swain (New Haven, Conn.).—*Facial Asymmetry as a Cause of Deformities of the Nasal Septum.* "Boston Med. and Surg. Journ.," September 8, 1904.

This paper is a sequel to the same author's paper on "The Arch of the Palate," and is the result of work at the measurements of the vertical and horizontal diameters of the posterior choanæ, and observations on the

https://doi.org/10.1017/S1755146300175304 Published online by Cambridge University Press