

first sawed off. A very large, hard, middle turbinate was then found to obstruct a great part of the passage. This was removed, and finally the posterior osseous walls perforated and kept open. The case is still under treatment.

Congenital Web of Larynx.—The patient was a boy, aged thirteen years. His parents had noticed that from birth he had neither cried nor made any sound. Distortion of his face alone showed them when anything was wrong. As he grew up he began to talk in a whisper. When seen by the author he still spoke in a whisper, and if he ran he became short of breath; otherwise his physical condition was good. The laryngoscope showed a web between the cords in front of the vocal processes. It appeared dense and fibrous, and the opening that remained could only have allowed the passage of an ordinary lead pencil. Operation was strenuously urged, but refused by the parents. *A. B. Kelly.*

Seiler, Carl (Philadelphia).—*The Importance of Specific Gravity of Liquids for Topical Medication.* "Med. and Surg. Rep.," May 23, 1896.

THE author calls attention to the importance of having washes, douches, dressings, etc., of a density equal to that of the serum of the blood, so that there may be no interchange by osmosis between the cells or blood-vessels of the tissues and the topical application. In the nose, if the fluid used is of less density, the venous sinuses will become surcharged, thereby causing swelling and pressure upon the nerve filaments, and, consequently, in the first instance pain, and as a secondary effect congestion, owing partly to the irritation of the nerves, and partly to the engorgement of the capillaries, so that the object of the wash or douche is defeated. If, on the other hand, the liquid used is of a greater specific gravity than it should be, the watery elements will ooze out of the tissues by exosmotic action, and shrivelling will take place together with an abnormal accumulation of the solid elements, and again pain as well as congestion will be the result.

The author advises that a concentrated solution be prepared by the druggist, and the patient be directed to add a sufficient amount of this to the exact quantity of water. In this way a perfect solution, and one of the proper specific gravity, is obtained.

In most instances neutral unirritating sodium chloride is the best agent with which to obtain the proper specific gravity—by using fifty-six grains of the salt to a pint of water, to which the other ingredients may be added as desired. If, however, alkalies are indicated in a wash, it is best to make the alkaline solution first of the suitable strength, and then to bring it up to the required standard of density by the subsequent addition of sodium chloride. *A. B. Kelly.*

MOUTH, PHARYNX, &C.

Armstrong.—*Carcinoma of the Tonsil.* "Montreal Med. Journ.," June, 1896.

THE case of a man of fifty-nine, a heavy smoker, who began to notice pain on swallowing two months previous to admission.

Very little increase in the size of the growth had been noticed since its first appearance. The tumour was the size of a marble, and grew from the right tonsil. It was hard and gristly, neither tender nor painful, and freely movable in all directions, and had the microscopic structure of epithelioma. Two enlarged glands were detected in the neck, and the anterior pillars were infiltrated. After preliminary tracheotomy the tonsil was removed by a modification of Cheever's

operation. The external carotid was tied below the origin of the facial artery and little hæmorrhage occurred.

The posterior belly of the digastric, the stylohyoid and styloglossus were turned aside and not divided, while the superior constrictor was opened and the tonsil thoroughly separated. The anterior pillar and a portion of the base of the tongue were removed, together with the tonsil, through the mouth.

Good recovery was made, but the prognosis is not considered good.

Ernest Waggett.

Evans, T. C. (Louisville, Ky.).—*Chancre of the Tonsil and Tongue, with Report of Four Cases.* "Med. News," May 9, 1896.

THE author believes that the difficulties of an early diagnosis of primary syphilis of the mouth and tonsils have been over-estimated. He goes on to say that, considering all ulcerative lesions of the mucous membrane of the mouth and pharynx are almost certainly malignant, tubercular, or syphilitic, we can arrive at a diagnosis by exclusion. Three of the cases reported presented a sharply-defined ulcer of the tonsil, surrounded by indurated tissue, and covered by a greyish-white slough; the tonsils were enlarged, and the palate and uvula congested; the cervical glands enlarged and tender.

In the fourth case the apices of both tonsils were covered by a symmetrical pseudo-membranous mucous patch, following an ulcer at the end of the tongue three months previously. All the cases were followed by typical syphilitic eruptions.

The author believes that the crypts of the tonsil form a most excellent nidus for the protection and growth of the syphilitic virus, and concludes by pointing out that the failure on the part of the physician to recognize that syphilis may be contracted in other ways than by improper sexual relations has led many cases to escape being recognized.

St George Reid.

Kayser, Rich (Breslau).—*On the so-called Pharyngo-Therapy.* "Therapeut. Monats.," May, 1896.

UNDER the name "pharyngo-therapy" Heller, of Nürnberg, and Ziem, of Danzig, have described a method of treating nearly all the infectious diseases. The ideas underlying their method are, shortly, as follow:—(1) Most disease-producing germs enter the body in the inspired air. (2) Owing to the peculiar structure of the respiratory tract they are almost all caught and retained in the first part of this tract—viz., the nose, mouth, pharynx, larynx, and trachea; indeed, few pass beyond the nose (or mouth) and pharynx. (3) Therefore, in order to prevent or to treat an infectious disease, it is simply necessary to wash all the germs out of these cavities.

For long it has been admitted that the germs of certain diseases—the so-called miasmatic diseases—exist in the air. To them are to be reckoned probably measles, scarlatina, small-pox; then pneumonia, influenza, whooping-cough; also malaria and cerebro-spinal meningitis, and perhaps acute rheumatism. In diphtheria and tuberculosis aërial is the principal but by no means the only method of infection. In enteric it is only of secondary importance, and in cholera, dysentery, and puerperal fever it is excluded.

The filtration apparatus of the nose, etc., while sufficient for most ordinary purposes, is by no means perfect—witness the various pulmonary diseases from inhalation of dust. Tubercle bacilli, pneumococci, and diphtheria bacilli have been found in the noses of healthy people. If this proves anything, is it not that they are harmless there, and that only the few odd germs that have penetrated further in produce the disease? Lermoyez and Wurtz have shown that nasal mucus possesses germicidal properties; probably also the pharyngeal ring of adenoid tissue acts similarly by phagocytosis.

Measles is the only infectious disease that regularly commences with symptoms referable to nose and pharynx. The first symptoms of scarlatina and diphtheria are usually in the mouth; while in malaria, typhus, pneumonia, etc., the initial symptoms only seldom are in the nose or throat, and tuberculosis beginning there is extremely rare.

All this shows that, while there is a possibility that infectious diseases may begin in the nose and throat, it is a possibility only, not a probability. Now, granted that it were worth while clearing all these micro-organisms out of the nasal and pharyngeal cavities, the question arises, "Can this be done?" Certainly not by any form of syringe or douche. Litres of water may be poured through a nose with *ozæna*, but not clean it thoroughly, and every rhinologist knows the difficulty of removing pus out of a nose so as to make it appear clean even to the naked eye.

Again, suppose it were possible to thoroughly clean all micro-organisms out of the nose, how often ought this to be done? As soon as the washing is finished more micro-organisms are in the air ready to enter, unless a respirator is to be worn all the time. No surgeon believes that by washing his hands three or four times a day he thereby renders them aseptic for the rest of that day.

Further, it must be borne in mind that copious douching of the nose is not without its own dangers, especially the danger of driving infectious material into accessory cavities or into the Eustachian tube, or out of the nose into throat, stomach, etc.

In conclusion, Kayser admits that *symptomatic* treatment of the nose is to be commended in infectious (as in other) diseases, but denies that "pharyngo-therapy" is at all supported either by experience or by theory.

Arthur J. Hutchison.

Knox, D. N.—*Actinomycosis of the Cheek and Neck.* "Glasgow Med. Journ.," May, 1896.

THE patient, a young married woman, had been a farm servant up till the date of her marriage, and since then had frequently worked on a farm—milking, etc.

The disease first appeared as a slight swelling inside the left cheek, opposite the first molar. This was incised twice—once from inside the mouth and once from outside—and poulticed at intervals for five months, till the date of her admission to the Glasgow Royal Infirmary.

On admission, there was a large, rounded, firm swelling, about four inches in diameter, infiltrating the substance of the left cheek, extending downwards over the base of the jaw towards the chin and backwards to the lobe of the ear. The skin over it was a dark purple hue. There were no external openings, but numerous small tubercles all over the surface. The mass seemed firmly adherent to the lower jaw. The general health was good. Temperature, 98·2 morning and 99·8 evening. At first it was considered either malignant or syphilitic. A piece removed seemed to confirm the diagnosis of syphilis. Later on, the possibility of actinomycosis was considered; but repeated searches in tissue scraped away failed to reveal the actinomyces, till an abscess formed and the organism was found in the pus.

Treatment was by repeated scraping with the sharp spoon, and, internally, iodine in potassium iodide, or large doses of the latter. In spite of this, however, the disease steadily progressed, and the patient died from exhaustion nine and a half months from the onset of her illness.

The changes that took place in the skin after each scraping were interesting: the red colour for the most part disappeared, and the skin became yellowish and leathery; the cavities and openings made by the spoon healed, and the surface became very irregular and tuberculated. This change was obviously of the nature

of a healing process; and there was, therefore, always a hope that the tendency to spread deeper into the neck might be checked thereby.

Arthur J. Hutchison.

Richey, S. O. (Washington).—*The Fads and Fashions of Surgery*. “Annals of Oph. and Otol.,” April, 1896.

IN this paper the routine use of many operations is condemned. Most of these are operations which, a few years ago, were either unknown or only rarely performed, but which lately “have come into fashion.”

Tonsillotomy is necessary in emergency, but should not be a routine practice; it removes redundant tissue, but leaves untouched the disease that will soon reproduce it. The cause of tonsillar hypertrophy is probably constitutional—abnormal digestive and metabolic processes, which will surely not be cured by removal of proliferated tissue. “Applications to the surface of the gland serve no purpose whatever, but by the use of proper agents in the crypts, injected gently or passed through the orifices on a cotton holder, the organ will gradually shrink, until the age of atrophy.” The agents recommended are silver nitrate, to promote constructive metamorphosis; kali permanganate, to excite active oxidation; salicylic acid, to neutralize morbid and irritating deposits.

Excision and cautery of the hypertrophied turbinated bodies occurs more frequently than is justified.

The hypertrophy is often the first stage of an atrophy; the operation must, therefore, accentuate the final condition, and adds a cicatrix which collects the secretions and causes increased and never-ending annoyance. A consideration of the anatomy and physiology of the nose shows that what is required is to reduce the calibre of the arteries in the “upper straight,” thereby diminishing the influx of blood, removing their pressure on the sinuses, and thus permitting efflux of blood. This is to be done by applying, very gently, a four per cent. solution of cocaine to the upper meatus, to be followed by a two to ten per cent. solution of silver nitrate. The middle and lower meatus may be left alone, as their function is only drainage, and they soon come right of themselves.

Removal of adenoids is open to similar criticism. Often, if left alone, they do no harm and ultimately come right of themselves. Operation does not remove their cause, but may give rise to immediate severe ear disease, and leave the nasopharynx to become, not only far too large after the age of puberty, but covered with hard nodules, which collect secretion and cause constant irritation, or even ulceration.

Excision of the drum-membrane with the malleus and incus is justified by a suppurative process whose focus cannot be more simply reached, but for sclerotic catarrh it is to be condemned. It does not help at all to retard the disease; on the other hand, it removes from the delicate structures of the middle ear their natural covering and protection. Richey places his reliance “almost entirely upon vapour of iodine, with good, though not uniformly satisfactory, results.” This rest of this paper is devoted to similar criticism of various operations on the eye.

Arthur J. Hutchison.

Texier.—*New Method of Administration of Bromide of Ethyl in Oto-Rhinology*. “Ann. des Mal. de l’Oreille,” March, 1896.

IN order to avoid accidents we ought to attempt to obtain true anæsthesia as it is generally understood, but the transitory stage which precedes it produces paralysis of the cerebral hemisphere only. With chloroform there is only a short interval, but with bromide of ethyl this is prolonged. The same precautions as in general anæsthesia ought to be observed—the patient ought to be at once put into the position for operation, the best being situated on the knees of an assistant,

who places the limbs between his own, fixes the head with the right hand, and holds the hands with the left. The drug should be administered on a flannel mask. Five grammes of freshly-prepared bromide of ethyl are necessary for a child from three to eight, and five to ten grammes for children up to fifteen years of age. This dose ought not to be surpassed. This method is also characterized by an absence of the transition stage of coming out of the anæsthesia. As soon as the operation is over the child can expectorate himself without having to be told, and there are no after-symptoms. Lermoyez has pointed out that the time to cease the inhalation is when the pupils commence to dilate and the conjunctivæ are slightly injected. It is quite innocuous, and is suitable up to sixteen years of age; after which it is not a good anæsthetic, sleep being very difficult to obtain, and accompanied with a phase of excitation which often lasts for hours. It is only suitable for short operations, lasting thirty to sixty minutes, such as adenoids or large tonsils, aural polypi, and paracentesis of the tympanum. The cases in which it is absolutely contra-indicated are tubercular and congestive affections of the lungs, congenital and valvular affections of the heart, renal subjects, and to a less degree certain nervous conditions, taciturn subjects, depression, and children having fear of operation. Beyond these there is absolutely no contra-indication.

R. Norris Wolfenden.

LARYNX.

Billot.—*Analysis of Cases in which Tracheotomy Canulas have fallen into the Air Passages.* "Ann. des Mal. de l'Oreille," March, 1896.

THE author has collected nineteen cases which have occurred during twenty-six years, only one being in France, the others Russian, English, and American, which he explains by the assumption that the canulas in France are of more solid metal and more careful construction than elsewhere. A broken canula appears to fall generally into the right bronchus, like other foreign bodies. (Seven times in the right as against four in the left in the author's statistics.) The bronchi and trachea seem to have retained without excessive reaction tracheotomy canulas for times varying between one day and three years and three months. In cases of prolonged sojourn of the canula in the bronchi it is necessary in order to obtain free respiration that the canula should lie in the bronchus in a manner so as not to obstruct it, which seems to be the ordinary condition, and that there should be no other obstacle—small tracheal opening, vegetations, etc., which double the danger. If attempts at immediate extraction do not succeed, it is a capital point for the surgeon to examine how the patient breathes. If freely, he may temporize; if with difficulty, the tracheal opening should be enlarged and dilated, the simplest method being to introduce immediately a new and large canula.

In Razumowski's case the patient lived for three years with a canula in the bronchus and another in the neck. The author lost one case, which he attributes to the neglect of putting in a new canula. He does not agree with Sands' suggestion to seek the foreign body with the finger. A small probe, forceps, or metallic thread will give all the information possible. As to the choice of instruments, forceps and metal loops have given good results. A surgeon should have various different models at hand. He does not regard the suggestion of bronchotomy with favour, the canulas not descending lower than the first bronchial division, and it is also quite rare that attempts at extraction with forceps and wire loops have not eventually succeeded.

R. Norris Wolfenden.

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