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points in the diagnosis of suppuration are limitation in the movement of the eyeball and impairment of vision. The interval between conservative and radical treatment should be very brief.

Rouget finds that in children, as contrasted with adults, the intranasal findings are usually negative. He would stress the importance of scarlet fever as an ætiological factor. M. VLASTO.

Hypertrophy of the Sub-mucous Tissue of the Nose. CHIKASHI MORITA (Bujyun, South Manchuria). (*Oto-Rhino-Laryngologia*, Vol. ii., Part 9, p. 836.)

The patient, a woman, aged 43, had a swelling of the size of the tip of the index-finger in the left nasal fossa, bulging in the upper part of the naso-labial fold. There was no "parchment" crackle on pressure. It was accompanied by neuralgic pains. On examination it was found to correspond to the description of Gerber's tumour. On its removal the pains ceased. The microscope showed it to consist of abundant round-cells, with glandular and connective tissue elements. The writer considers it an atypical development of an inflammation of the nasal mucous membrane. JAMES DUNDAS-GRANT.

A Case of Hæmoangioma Sarcomatoides of the Nasal Septum. SHYÛZÔ OKONOGI (Tokyo). (*Oto-Rhino-Laryngologia*, Vol. ii., Part 8, p. 751.)

There was a tumour of the size of a walnut growing under the mucous membrane of the roof of the nose in a woman aged 54. It spread out the bridge of the nose, and was removed completely through a vertical incision. Healing followed.

JAMES DUNDAS-GRANT.

LARYNX

A Case of X-ray Necrosis of the Thyroid Cartilage following Treatment for Exophthalmic Goitre. LEMAITRE and MLLÉ. ZIMMER. (*Arch. Inter. de Laryng.*, July-August, 1929.)

Nine applications to the thyroid gland were made in a case of Grave's disease. The treatment was discontinued on account of laryngeal symptoms: hoarseness, attacks of dyspnoea, and mucopurulent expectoration. When the patient came under the notice of the authors there was a thyroid swelling, shaped like a horseshoe, very large, hard, and adherent to the surrounding parts. The glottis was red and œdematous, and covered with tenacious secretion.

Larynx

An incision over the right side of the swelling evacuated a collection of purulent material and revealed a thyroid cartilage denuded of perichondrium. A few days later, tracheotomy had to be performed. In spite of the constitutional and pulmonary signs that had developed, the patient made a good recovery. The tracheotomy tube is still, however, *in situ*, and through it mucopurulent laryngeal secretion is being discharged.

The interest of the case lies in the fact that the evidence of cartilage necrosis only appeared seven months after the last application of X-ray therapy. Also, that tracheotomy was a successful form of treatment.

Baldenweck quoted a similar case of his own, and lamented the fact that these unfortunate after-results of X-ray therapy were not always brought to our notice.

Halphen, referring to the difficulty experienced in performing a tracheotomy in these and similar conditions, mentioned a method of preliminary bronchoscopy which facilitated the breathing, and assisted the operator to identify the trachea.

M. VLASTO.

Two Cases of Difficult Decanulisation treated by Reverse Introduction of the Tracheotomy Tube. TOSHITSUGU ISHII (Aomori). (*Oto-Rhino-Laryngologia*, Vol. ii., Part 9, p. 866.)

The tip of the tube is turned upwards in the trachea and a small roll of gauze is placed between the then uppermost part of the shield and the front of the neck so as, by lever action, to direct the tip of the tube forwards.

JAMES DUNDAS-GRANT.

A Case of Laryngocele. HALPHEN. (*Arch. Inter. de Laryng.*, July-August 1929.)

A sailor, aged 39, woke up with slight hoarseness and dyspnoea. Examination showed a smooth round swelling in the arytenoid region, masking a view of the glottis. The tentative diagnosis of gumma was supported by a strongly positive Wassermann. After a month of antispecific treatment the tumour was larger and the symptoms more pronounced. A fresh observation showed that pressure on the neck from outside caused the swelling to escape into the interior of the larynx. Puncture of the swelling through the neck, and puncture internally with the galvanocautery, showed that the swelling was cystic and was a laryngocele.

M. VLASTO.

Foreign Body in the Larynx. H. DOWNER. (*Brit. Med. Journ.*, 28th September 1929, p. 581.)

This case illustrates the need of a very careful examination when there is reason to suspect the presence of a foreign body.

The patient, a young woman, complained of a pricking sensation

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in the throat, although she was unaware of having inspired or swallowed any foreign body. X-ray examination revealed a pin lying horizontally at the level of the larynx. By indirect laryngoscopy it could not be seen, but on introducing Lynah's cesophageal spatula under general anæsthesia, the pin was brought to view. The point transfixed the right arytenoid and the remainder of the pin lay free in the centre of the larynx. Removal was easily accomplished and the patient suffered no further discomfort.

DOUGLAS GUTHRIE.

PHARYNX

Rhinolalia Aperta after Tonsillectomy. D. L. POE.
(*Laryngoscope*, Vol. xxxviii., No. 12, p. 778.)

Five children belonging to the same family, all had their tonsils and adenoids removed, and each one developed a greater or less degree of rhinolalia aperta.

In one child the imperfection persisted after a lapse of several years, and not only this, but a muscular twitching of the alæ nasi during speech developed after the operation and detracts from what otherwise would be a pleasant face. The other four cases only showed a temporary lapse, and with adequate treatment have recovered.

The method of treatment was mostly educational, but mechanical methods were also employed. Massage of the soft palate is useful. This may be done with the tip of the finger while the member hangs loosely, or while the patient is saying "ah." Electric current may also be used. Various exercises are repeated so as to help the muscles to function properly. The condition is probably due to the fact that the little patients found it painful to speak after operation and therefore did not enunciate distinctly. This rapidly developed into a habit in this particular family. The operation was performed on these five cases by four, different, well-qualified surgeons, and the rhinolalia cannot be ascribed to faulty technique.

ANDREW CAMPBELL.

A Case of Fibrolipoma of the Tonsil. TOYONOSUKE SEKINE (Tokyo).
(*Oto-Rhino-Laryngologia*, Vol. ii., Part 9, p. 856.)

The growth was of the size of a pea on the tonsil of a man 25 years old. Histologically it was identified with the lympho-fibrolipoma described by Finder in 1904. The illustrations show the microscopical features clearly.

JAMES DUNDAS-GRANT.