

them were due to extreme neurasthenia, some due to anæmia, others to congestion, and it was not always easy to distinguish between them. He was surprised at the statement by Mr. Fagge regarding bilateral Ménière's disease, and thought his experience must have been peculiar and that it would be corrected by further cases. The diminution of bone-conduction was, he thought, an important sign. They must not expect total deafness, because if the other ear was not affected one could not completely eliminate it in testing the diseased ear. The remedies that he thought should have a good trial before resorting to the above operation were small doses of quinine with hydrobromic acid. The former had a sedative action upon the vestibular nerve. Where they had evidently a congested condition pilocarpin should be tried. There was, however, a future before the operation.

Dr. MILLIGAN, in reply, stated that he expected to find considerable opposition. Every care was taken to diagnose the cases correctly as true Ménière's disease. They were also seen by two skilled neurologists and by other otologists. The expectant line of treatment was very well for the wealthier class of people, but for the poor who could not work something further should be done. He had rarely seen the bilateral cases mentioned by Mr. Fagge. The question of the *pros* and *cons* of Ménière's disease was too lengthy to enter into. He agreed with Dr. Grant that quinine was of use, but had never seen drugs cure a case. They might minimise symptoms, but the attacks recurred, and he thought they should endeavour to do something radical, so that the vertiginous attacks might be cured.

(To be continued.)

## Abstracts.

### FAUCES.

**Preindlsberger.**—*The Removal of Tonsillar New Growths.* "Wiener Klinische Rundschau," November 27, 1904, No. 48.

Malignant tumours of the tonsil are not frequent. MacCoy found 9 out of 10,000 cases of new formation. The most common cause for such growths in the tonsil is probably the scar resulting from syphilitic ulceration.

In the case of epithelioma one of the earliest signs is pain radiating to the ear and over the same side of the head.

The excision of such growths can sometimes be undertaken through the mouth by means of the ecraseur, thermocautery, or the knife; the latter being recommended by Fraenkel, in the *Wiener Klinische Wochenschrift*, 1898, No. 12.

The external operations consist of subhyoid and lateral pharyngotomy, with, in difficult cases, partial or complete resection of one half of the lower jaw. V. Mikulicz takes away the entire ascending ramus.

Because of the hæmorrhage and the risk of an aspiration pneumonia, it is advisable to do the operation with local anæsthesia, the head hanging down. In the more extensive operations the carotid must be ligatured and tracheotomy performed.

After operation the patient must be fed with the stomach-tube.

In inoperable cases improvement has been got by applying iodine arsenic, or copper oxide.

Preindlsberger describes a case operated on by himself. There was a crater-like ulceration of the right tonsil, with considerable infiltration; the glands in the submaxillary and carotid fossæ were enlarged, soft, and movable.

The main point in the operation was that good access was got to the diseased parts by removing the greater part of the angle of the jaw after loosening the attachment of the masseter. The wound healed well and the patient was soon able to take ordinary food.

This modification enables one to do a satisfactory operation in cases where the oral method would be insufficient, and the more extensive bone operation uncalled for.

An interesting work on the above subject is that by Housell (*Beiträge zur Klinischen Chirurgie*, Band xiv.) A. Westerman.

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### PHARYNX.

**Molinie** (Marseilles).—*Obliteration of the Pharyngeal Opening of the Eustachian Tube, etc.* "Rev. Hebdom.," December 17, 1904.

Two cases of an interesting affection are described by the writer. It consists of the formation of a membrane on the lateral wall of the nasopharynx, which covers the Eustachian orifice and narrows the opening of the cavity into the pharynx. It is not of a cicatricial nature as the result of ulceration, and the tissues remain with their normal mucous lining and are quite elastic. Both patients had been subjected to very many applications of the electric cautery in previous years, but the writer is quite satisfied that this had nothing to do with the present condition. The symptoms resulting from these anatomical changes are: slight obstruction to nasal respiration, some difficulty with olfaction, deafness and tinnitus in the ear of the corresponding side, nasal intonation.

The treatment consists in constant dilatation with a bougie. After a little experience the patient can learn to pass the instrument himself, and must keep it up. Surgical attempts at removal of the membrane are useless, as the membrane always re-forms. Albert A. Gray.

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### NOSE AND ACCESSORY SINUSES.

**Liaras and Bordet**.—*Treatment of Ozæna by High Frequency Currents.* "Rev. Hebdom.," November 26, 1904.

After referring to the work of Bordier and Collet, who gave encouraging hopes in the treatment of ozæna by the method under discussion, the present writers give the results of their investigations. In all, they tried the method upon ten typical cases. In three of these the patients only appeared at three *séances*, as the treatment was too painful. Of the remaining seven the results were in some cases *nil*; and in a few there was a little improvement so far as the symptoms were concerned. Thus, the foul smell was diminished considerably in one or two, and a little improved in others. The crusts were loosened and did not re-form so rapidly, and the green colour was not so apparent. The same fact was noticed in the naso-pharynx. The writers, however, found no change in the mucous lining of the nose or other parts.

The treatment is distinctly disagreeable and indeed, in not a few cases,