Vohsen, K. (Frankfurt).—*An Operation for Malignant Tumours of the Tonsil.* "Zeitschr. f. Laryngol.," vol. i, Part II.

The operation advocated in this paper is to be regarded as an improvement on those of Langenbeck and Mickulicz. The incision of Mickulicz, extending from the mastoid process to the great cornu of the hyoid bone, is employed, and the lower jaw is divided obliquely in front of the masseter. The essential feature of the author's method is that the pharynx is reached, not by drawing apart the two fragments of the lower jaw, but by pushing the posterior fragment forward outside of and over the anterior. By forcible retraction a wide space can then be opened up between the ascending ramus of the lower jaw on the one hand and the anterior edge of the sterno-mastoid, together with the digastric and the stylohyoid on the other. This allows complete access to the region of the tonsil, the lateral wall of the pharynx, and the entrance to the larynx. The operation also admits of the removal of affected glands, while no muscle, nerve, or great vessel is injured, and no preliminary tracheotomy is required. *Thomas Guthrie.*

Richardson, M. H.—*Total Extirpation of the Lower Pharynx for Epithelioma, with Permanent Œsophagostoma; Remarks upon the Surgical Treatment of Cancer.* "Boston Med. and Surg. Journ.," November 5, 1908.

This case, a woman, aged forty-seven, was operated upon on November 15, 1902. In spite of the fact that she has lived entirely upon liquid food introduced through an artificial opening in the neck by means of a tube, the patient is alive and in good health at the present date. The paper should be read in the original. *Macleod Yearsley.*

Hall, F. J. Vincent.—*Adhesion of Soft Palate to Naso-Pharynx.* "Brit. Med. Journ.," January 2, 1909.

Two cases, aged six and eleven, came under Dr. Hall as cases of "adenoids." Under anæsthesia complete adhesion of the soft palate and naso-pharynx was found, with no adenoids. The adhesions were broken down by the finger with satisfactory results. *Macleod Yearsley.*

Bloch, Friedrich.—*Hypertrophy of the Pharyngeal Tonsil and its Sequelæ.* "Prag. med. Wochens," xxxiii, 26, 344.

This paper consists of a *resumé* of well-known facts. *W. G. Porter.*

NOSE.

Allen, H. R. (Indianapolis).—*New Process for making New Noses.* "Boston Med. and Surg. Journ.," November 26, 1908.

It is suggested that this method permits the patient "to select his own features because he could have a nose of any shape or size desired." The process is divided by the author into heads: (1) make a plaster-of-Paris mask of the noseless space; (2) model half-a-dozen different noses appropriate to the face; (3) if desirable, model other features of the face needing improvement; (4) make a hollow metallic frame to reproduce nose under the skin; (5) operation: pull forward upper lip and make an incision 1 cm. below the gingivo-labial fold about one third the thickness of the lip and running parallel with the gum margins of the upper teeth, terminating opposite the first molar. Dissect the soft tissues of nose and face free from the skull, avoiding the tear-ducts and nerves coming from

the infra-orbital foramen; (6) place a nostril-hook into the nares and bring it down under the upper lip; (7) draw the tissues upwards and outwards by means of the hook; (8) prepare foundation for the metallic bridge; (9) place the latter under the lip and manipulate it into permanent position; (10) suture the original wound. In cases without any nasal soft tissues the skin on each side of the nasal orifices must be dissected up and sutured in the median line. Later, when firm union is obtained, the operation above described can be proceeded with.

Macleod Yearsley.

Curran, E. J.—*The Ethmoid Cells at Birth, and their Development during Fœtal Life.* "Boston Med. and Surg. Journ.," October 29, 1908.

This paper, from the Laryngological Department of the Harvard Medical School, is well illustrated by drawings of dissections. It has been frequently stated that there are no ethmoid cells at birth, but Curran found from fourteen heads that the same number of cells are present that are found in the adult.

The paper requires careful perusal in the original.

Macleod Yearsley.

Freer, O. (Chicago).—*The Submucous "Window-Resection": a Supplementary Contribution.* "Archiv für Laryngol.," vol. xx, Part III.

Since the publication of his paper in the eighteenth volume of these archives, the author has been led by a wider experience to certain improvements in instruments and technique, and to a more complete understanding of the anatomical peculiarities met with in septal deflections.

He still greatly prefers his L-shaped incision to the "button-hole" incision of Killian and Hajek, which, in his opinion, gives in most cases quite insufficient access for the complete removal of crests and spurs. He describes the methods which he employs for overcoming certain difficulties sometimes met with, such as already existing perforations and scars left by previous operations. He draws attention to the great variations in the size of the quadrilateral cartilage, and to the fact that it not infrequently oversteps the limits of its bony framework and covers the side of the vomer or median plate of the ethmoid to a greater or less extent. When a crest or spur is removed by sawing it is often this cartilaginous covering only that is removed, the bony portion being left untouched. Much stress is laid on the importance of removing the incisive and maxillary crests, which together form the "septal ridge." The not infrequent omission of this step, and the consequent disappointing result, he ascribes mainly to the use of the "button-hole" incision. His cases include forty-two children between the ages of seven and fifteen, of whom twelve were not more than eleven years of age. In three of these cases a partial reappearance of the "vertical angle" of the deflection took place, but in all the others the result was quite as good as in the adult.

Thomas Guthrie.

Trautmann, J. (Munich).—*Bleeding Polypus of the Septum.* "Archiv für Laryngol.," vol. xx, Part III.

The author reports three cases in which the growths were examined microscopically. The first was stated to be an "angioma fibromatosum." In places it showed definite proliferation of the cells lining the vessel-

walls—possibly an indication of endotheliomatous change. In the second case the tumour was a "very vascular polypoid fibroma." The growth recurred after removal, and when again removed presented the microscopic appearances of simple granulation tissue. In the third case the tumour was a "vascular fibroma." The old beliefs that these growths occurred only in women and on the left side of the nose are no longer tenable. In two of the cases here reported the right side was affected, and the patients were males. *Thomas Guthrie.*

Dumont, Prof. Dr. F. (Berne).—*Rectal Anæsthesia.* "Corresp.-Blatt. für Schweizer Aerzte," December 15, 1908.

The author gives a historical review of this method of administrating ether from its introduction by Pirogoff in 1849 up to date. He discusses the various modifications of administration which different experimenters have adopted, and the appliances which they used. He considers that the apparatus suggested by Dudley Buxton, with a slight alteration of his own, is the most satisfactory. Having elaborated on these two points he goes on to describe his own experiences, and gives an account of four operations he has performed with this method. These comprised two "radical" operations on the maxillary antrum, one on the antrum and frontal sinus in the same patient at the same time, and one on a case of extreme deflection of the nasal septum. He is eminently satisfied with his results, and lays great stress on the advantages thereby gained both by the surgeon and patient. He refers in some detail to the preliminary precautions he deems necessary, and also to the mode of administration, and brings a most instructive article to a close by expressing his opinion of these methods in the three following conclusions:

(1) Rectal anæsthesia is to be recommended as an excellent method in all operations on the head and neck where administration by the nose or mouth would interfere with the operation.

(2) It should, however, be regarded as an exceptional method of maintaining anæsthesia, for which the patients must be properly prepared; and its use should be restricted to experienced anæsthetists.

(3) Its application is contra-indicated in all acute and chronic diseases of the bowels. *Alex. R. Tweedie.*

Lemaire, Jules.—*A Case of Gangrene of the Nose running a Rapid Course.* "Ann. de Méd. et Chir. Inf.," June 15, 1907. Review by Ph. Kuhn, Berlin, in "Arch. f. Kind.," Bd. 49, Heft 1 and 2.

This article treats of a case of gangrene of the nose which led to a fatal termination within five days. It occurred in a child aged six and a half years, who had suffered from tuberculosis a long while, and who lived in very poor circumstances. He was also in the habit of "picking" his nose. The author regards the case as a kind of noma in an unusual situation. *Alex. R. Tweedie.*

Goldsmith, Perry G. (Toronto).—*Suppuration in the Accessory Nasal Sinuses.* "Canadian Lancet," October, 1908.

The writer believes that suppurative disease of the nasal accessory sinuses is of very common occurrence (?), being frequently overlooked by the medical profession, and even by specialists. In dealing with these cases, the patient's desire should in a measure guide one in the method of treatment adopted. The age and general constitution should also be considered. In aged people chronic antral trouble is always more distressing in winter time, and in such cases it is often better, as well as

more satisfactory to the patient, to give temporary relief than to operate.

Several other important items were also dwelt on in this paper: the severe constitutional symptoms sometimes occasioned by sinus disease, the character and extent of discharge being no indication of the period necessary for treatment and cure; the fact that scraping the affected sinus means extensive degeneration of the mucous membrane and replacing the same by scar-tissue. In conclusion, the usual methods of surgical operation were referred to, in antral disease preference being given to operation through the inferior meatus of the nose.

Price-Brown.

Donalies (Leipzig).—*A Rhinogenic Brain-Abscess.* "Arch. f. Ohrenheilk.," Bd. 75, Heft 3 and 4, p. 199.

A boy, aged twelve and a half, while suffering from a mild attack of nasal catarrh with very little discharge from the nose, fell and struck his forehead against the sharp corner of a bench. The skin was not broken, but a swelling slowly formed at the place struck during the subsequent week. At the same time complaint was made of malaise and pains in the head, and pus and blood were discharged from the nose on both sides. On examination pus was observed emerging from under the middle turbinal on both sides. Temperature, 39° C. (102° F.), pulse, 98. The patient looked very ill.

A vertical incision in the middle line was made and a subperiosteal abscess evacuated. Both frontal sinuses were then opened and found to contain pus under pressure. But the operation failed to relieve the general symptoms. A week later convulsive attacks occurred, involving the whole of the left side of the body, particularly the facial region, and associated with loss of consciousness.

During a fit chloroform was administered, and the right frontal lobe explored through the frontal sinus of the same side with a negative result. The fit continuing during narcosis, the left frontal lobe was exposed, and first an extra-dural abscess and then a small abscess in the brain substance evacuated. Recovery.

Attention is drawn to the association of left-sided convulsions with an abscess on the same side of the brain. The author has been unable to discover a case similar to this anywhere in the literature.

Dan McKenzie.

Okuneff, B. N. (St. Petersburgh).—*Resection of the Lacrimo-Nasal Duct.* "Archives internationales de Laryngologie, d'Otologie et de Rhinologie."

The author quotes a number of writers who have already noted the close connection between the eye and the nose, and who have advocated cauterisation of the turbinates as a means of curing a discharge from the eye: He says: "My experience of operations for the removal of the anterior end of the turbinate in individuals affected by ophthalmia has convinced me that a cure cannot be obtained in this manner. I then considered the resection of the tear duct; I made several experiments in the latter part of 1906, and from that date onward have practised this operation as often as the opportunity presented itself. The operation I recommend to my colleagues is done in two parts; the removal of the anterior end (frequently one third or even one half) of the inferior turbinate and the resection of the tear duct. I begin by using an injection

of cocaine and adrenalin or an application of a 10 per cent. solution of cocaine. I make an incision in the mucous membrane of the interior turbinate about one third or even one half from the end (in the latter case I am presuming I shall find the opening of the tear duct above its usual position)."

It is necessary to remove enough tissue to leave the tear duct free. He resects the walls of the tear duct with special scissors made for him by Herber, St. Petersburgh. The author records several cases to prove the value of his method. *Anthony McCall.*

Ferreri, Prof. (Rome).—*Clinical Considerations on Combined Sinusitis.* "Atti della Clinica del Prof. Ferreri di Roma," Anno v, 1907.

The author calls attention to the pansinusitides, showing their frequency and treating their pathogenesis in general.

He prefers not to open the sinus at the first sitting, making an exception only in cases in which a threatening pyæmia calls for an immediate operation.

He relates five cases, one of which he operated on by Killian's method, and the others by Ogston-Luc's method. In all he had successful results with the exception of one, in which the patient refused to be operated upon in time. *V. Grazzi.*

De Carli.—*A Very Rapid Method for the Diagnosis of Rhinostenosis.* "Bollettino della Malattie dell'Orecchio, etc.," November, 1908.

The examiner stands in front of the patient and asks him to shut the mouth and make a strong inspiration through the nostrils. If the choanæ are in a good state the *alæ nasi* will draw near the septum; if the cavity is reduced the ala nasi will remain more or less still and not approach the septum. *V. Grazzi.*

THYROID AND NECK.

Smoler, F.—*An Unusual Injury to the Neck.* "Prag. med. Wochens.," xxxiii, 27, 367.

The patient, a boy, aged five, fell while carrying a glass bottle; the latter burst and a splinter cut him on the left side of the neck. The wound was about 1 cm. in length and was situated below the level of the thyroid cartilage, midway between the trachea and the anterior border of the sterno-mastoid. The direction of the wound was upwards and backwards; there was no surgical emphysema. The following day milk which had just been swallowed escaped through the wound in drops; it was therefore explored under an anæsthetic. A small opening the size of a pea was found in the œsophagus; it was partially occluded by prolapsed mucous membrane. There was also a small orifice in the trachea; this was closed, but the wound in the œsophagus was left open as the edge was ragged, a drain being inserted. Tracheotomy was then performed in the usual way. Complete healing of the wound took place within five weeks, the tracheotomy tube having been removed after the first fortnight.

The author points out that wounds of the œsophagus from without are comparatively rare. Schüller has collected 48 cases and Wolzendorf 7. The danger of the accident apart from the risk of injury to the great vessels is that a deep-seated suppuration may be set up in the neck which may spread to the mediastinum. *W. G. Porter.*