

## Abstracts.

### MOUTH, FAUCES, Etc.

**Broeckart, J.**—*Contribution to the Study of Acquired and Congenital Perforations of the Soft Palate.* "La Presse Oto-Laryngologique Belge," September, 1902.

In this paper the etiology of these perforations is fully discussed. Reference is made to eleven recorded cases of congenital symmetrical perforation of the anterior pillars, as well as to instances of their unilateral perforation, and to the rarer cases in which the posterior pillars are affected.

A case of congenital asymmetrical perforation of the velum with defective development of the muscular layer, already published, is again described by the author in order to show that congenital anomalies are not necessarily symmetrical. His view is that congenital perforations arise, not from an arrest of development, but from a defect in formation, probably due to some vascular lesion interfering with nutrition.

Besides these, there exist others which are acquired and of which the genesis is very variable. They may be due to peritonsillar abscess which has left a permanent opening, or to ulceration produced by the necrotic action of various toxins. Thus, they may originate as the sequel of scarlatina, typhoid, diphtheria, syphilis, or tubercle. In one instance, recorded by Monro, bacteriological examination showed that the destruction of tissue was due to the pneumococcus.

A case is described in which unilateral perforation of the left anterior pillar, with paralysis of the left half of the palate and complete nerve-deafness, were the result of scarlatina. *Chichele Nourse.*

### NOSE, NASO-PHARYNX, AND ACCESSORY SINUSES.

**Jacques, P., and Durand, A.**—*The Choice of Operation in Chronic Frontal Ethmoidal Sinusitis.* "Annales des Maladies de l'Oreille," etc., August, 1903.

The author reviews the different methods of operation and points out the importance of having a large operating field. He makes a curved incision from the nasal furrow along the eyebrow and reflects all the soft parts, pushing the lacrymal duct and eyeball aside; the sinus is then opened by a gouge, and after making a free opening into the nose, the wound is closed and the cavity treated antiseptically.

*Anthony McCall.*

**Vaquier (Tunis).**—*Trepanation of the Maxillary Sinus by way of the Inferior Meatus.* "Archives Internationales de Laryngologie," etc., July-August, 1903.

The author recommends Eschat's modification of Claoués' method. He removes the anterior portion of the lower turbinate, and applying a burr of 12 or 8 millimetres driven by an electric motor, the cavity

is entered in a few seconds. This opening can be enlarged by special cutting forceps to any extent necessary.

The sinus is then curetted and treated antiseptically, the cure usually taking place in one or two months. *Anthony McCall.*

### LARYNX AND TRACHEA.

**Cheval, V.**—*Paralysis of the Left Recurrent Nerve—Large Aneurysm of the Arch of the Aorta—Radiography.* "La Presse Oto-Laryngologique Belge," January, 1902.

A mason, aged seventy-three, consulted the author on account of persistent hoarseness, which proved to be due to paralysis of the left vocal cord. His arteries were degenerated, and there were clear physical signs of a large thoracic aneurysm. Tracheal tugging on holding the larynx between two fingers was well marked.

A radiosopic examination revealed a large opaque tumour occupying the centre of the chest. It consisted of an upper and a lower part, each pulsating independently. The lower part, corresponding in size and characters with a normal heart, lay upon the diaphragm, which bulged downwards. The upper part, which extended to the root of the neck, could be seen to expand during the ventricular systole, and to diminish in volume during diastole. *Chichele Nourse.*

**Delsaux, V.**—*Preliminary Note on the Treatment of Lupus of the Upper Respiratory Tract by Radium.* "La Presse Oto-Laryngologique Belge," August, 1903.

A small glass bulb, hermetically sealed, containing 20 milligrammes of bromide of radium was fastened to a metal collar. When screwed to the extremity of a straight or curved metal stem with a handle, this formed an instrument for introduction into the nose or throat.

The duration of each application was limited at first to one minute and then gradually increased to five minutes. The first effect observed in a case of lupus of the pharynx and larynx was anæmia of the diseased surface adjacent to the bulb; at the same time the patient felt a slight sensation of constriction. After the sixth application œdema of the epiglottis set in, which subsided quickly under simple treatment. Simultaneously the other affected parts showed an energetic reaction. After this the daily applications were limited to forty-five seconds.

At the time of the report the nineteenth séance had been reached. The author considers that the beneficial effect produced surpasses that of any other therapeutic agent. He is also trying the treatment for œzæna and for laryngeal tuberculosis. *Chichele Nourse.*

### E.A.R.

**Jürgens, E.**—*Three Cases of Congenital Atresia of the External Auditory Meatus with Microtia.* "La Presse Oto-Laryngologique Belge," July, 1903.

Cases of this congenital abnormality seldom occur in medical literature. Ruedi, in his thesis on the subject (Bâle, 1899), has collected barely fifty.

Of the three cases here recorded, the first is that of a man with