

up developed an ozæna also. Regulation of the diet and general sanitation were followed by regulated respiratory gymnastics, which led to a cure of the nasal malady. The author made a plea for a more careful investigation into the personal antecedents of this class of patients, saying that the ozænatous condition often followed and was directly referable to some disease of childhood, and said that there could be no plan of treatment applicable to all cases, but that each one ought to be considered by itself and treated accordingly. In this way the ozænatous condition would frequently disappear as the child grew up. To focus the therapeutic efforts on the nose alone was to commit a grievous error.

SUPPLEMENTAL REPORT ON OPERATIONS ON MALIGNANT GROWTHS OF THE UPPER AIR-TRACT.

By DR. J. PRICE-BROWN (Toronto).

Three cases of nasal sarcoma were reported on, the histories of which had been presented to the Association one year ago. In two of the cases there had been a return of the growth in the middle turbinate and upper part of the posterior naris. He followed again his electro-cautery method, under 20 per cent. cocaine anaesthesia, and in one case 40 per cent. when in the region of the sphenopalatine ganglion. The cases were still under treatment. The patients were regularly at work, and there had been no hæmorrhage after treatment. He never packed the nostril after operation. He thought it would be pernicious to take fresh sections for examination.

Abstracts.

PHARYNX.

Schubiger, Dr.—*Lateral Pharyngitis*. "Corresp.-Blatt. für Schweizer Ärzte," No. 2, 1911.

At a meeting of the Medical Society of the Solothurn Canton the author read a paper on this condition, which he regards as a localised affection of the mucous membrane covering the salpingo-pharyngeus muscle on either side, which comes into abnormal prominence when the seat of inflammation and during retching. The symptoms produced are considerable discomfort, and the feeling as if a foreign body were lodged in the larynx rather than in the pharynx, and often particularly localised to the site of entry of the superior laryngeal nerve through the hyo-thyroid membrane. He suggests for treatment the application of trichloroacetic acid or snipping through the "band" with scissors, having first determined by means of a probe if the symptoms are referable to this area and not to the tonsils or naso-pharynx, etc.

The ætiology, the writer considers, "does not differ from that of ordinary pharyngitis," and the only prophylactic measures emphasised are those directed towards nasal breathing both awake and asleep. The paper adds nothing new, though one would have welcomed a more detailed account of his cases of this condition, which is by no means always so readily responsive as Schubiger suggests. *Alex. R. Tweedie.*

**Thomson, J. J.** (New York).—*A Fatal Case of Quinsy in an Adult.* "Laryngoscope," December, 1910, p. 1124.

The patient was a healthy man, aged eighteen. The family doctor, having made a diagnosis of quinsy, incised the right side of the pharynx five days after the onset of the illness and evacuated some pus. As this did not afford much relief an unsuccessful attempt was made to incise the left side also. In order to relieve the patient's distress  $\frac{1}{2}$  gr. morphia was given hypodermically. Respiration at the time was "difficult," but not stridulous. Three hours later he died before the author, who was hastily summoned, could reach him. *Post-mortem* incision of the anterior faucial pillar on the left side gave vent to about a drachm of pus, and an opening was discovered behind the posterior pillar, through which about six drachms of pus was expressed. A like quantity was evacuated from behind the right tonsil, and about an ounce from a retro-pharyngeal abscess. Further examination was not permitted, and the cause of death was not ascertained.

Dan McKenzie.

**Crockett, Eugene A.**—*When shall we Remove Tonsils and what Type of Operation shall we do?* "Boston Med. and Surg. Journ.," March 23, 1911, p. 414.

The author deprecates the wholesale removal of tonsils. He advocates the removal of tonsils (1) in all cases presenting large non-adherent tonsils largely filling the cavity of the pharynx, because of the obstruction to breathing, their possible interference with nutrition, and to secure proper jaw development at the period of the second dentition; (2) in cases associated with enlarged cervical glands and articular rheumatism where the tonsil is probably an ætiological factor; (3) in all cases of repeated peritonsillar abscess. As regards the type of operation, enucleation is to be preferred, especially in groups 2 and 3. In simple hypertrophy devoid of symptoms, the author thinks tonsillotomy is sufficient. Some remarks upon post-operative hæmorrhage conclude the paper.

Macleod Yearsley.

**Blegvad** (Copenhagen).—*Tonsillectomy.* "Arch. f. Laryngol.," vol. xxiv, Part I.

In cases of simple hypertrophy of the tonsils in children the writer considers the ordinary "amputation" by guillotine or snare sufficient. In all other cases where the tonsils have given trouble, especially in those of small hidden diseased tonsils and of tuberculous adenitis colli, the operation of tonsillectomy is absolutely required. The principal object of this paper is to recommend the use of a special modification of Pyncheon's tonsil forceps and of an improved form of Peter's snare. Risk of bleeding after tonsillectomy, if the snare be employed, is probably less than after tonsillotomy. In adults the operation is performed under local anæsthesia.

Thomas Guthrie.

**Koffler, Karl.**—*Our Experience as Regards Tonsillectomy.* "Monats. f. Ohren.," Year 45, No. 3.

The paper relates to some 150 cases in which this operation was performed from the middle of 1909 up to date. The procedure was considered indicated only in those cases in which the tonsils were the source of continuous trouble and unresponsive to conservative methods of treatment. Amongst the indications may be cited repeated attacks of angina, the formation of peritonsillar abscesses, and the presence of foul secre-

tions in the tonsillar crypts. Many cases of acute and chronic rheumatism of the joints, endocarditis, sepsis of an obscure nature, nephritis and appendicitis, as is well known, states the author, are attributable to disease of the tonsils, to which Emerson adds one of poliomyelitis, and Koffler himself has seen another. The youngest patient on whom this operation was performed was seven years and the oldest fifty-seven. In singers and voice users tonsillectomy may cause serious alteration in timbre, etc. (Sequelæ at times found in association with other operative procedures on the tonsils, etc., whilst the causal relation of tonsillar disease in the above category would seem to require stronger support). Great care was taken to exclude unsuitable cases, such as patients the subject of hæmophilia, and to have the mouth in as healthy a state as possible prior to operating and so on, from which the author attributes the fact that no unfavourable complications occurred when these precautions were observed, but frankly gives an account of two cases where their omission caused trouble. The first referred to a woman, aged thirty-two, treated in the out-patient department, and who on account of severe bleeding was admitted the same evening. This was satisfactorily arrested and she was allowed up the next day, on the evening of which, however, she suddenly fell down and almost at once expired. At the autopsy a compensated mitral stenosis and status lymphaticus were found. The second case also was a woman, aged thirty-two, the subject of "chronic nephritis and endocarditis." Here, again, severe bleeding necessitated admission direct from the out-patient department, and, after continued and varied applications of pressure and hæmostatics, was eventually controlled by ligation of the right external carotid.

Local anæsthesia was usually adopted and some three or four injections in and around the tonsil of a 1 to 2 per cent. solution of novocain with an adrenal extract were found sufficient; general anæsthesia was reserved for nervous or excitable patients. With the exception of the one fatal case quoted Koffler regards all the cases as much benefited by the operation.

*Alex. R. Tweedie.*

## NOSE.

**Schaeffer, J. Parsons.**—*The Sinus Maxillaris and its Relations in the Embryo, Child, and Adult Man.* "Annals of Otol., Rhinol., and Laryngol.," vol. xix, p. 815.

A long and careful monograph, profusely illustrated, and the findings of which are embodied in twenty-two conclusions, of which the most important are: (1) The size of the cavity is but little influenced by dentition, progressing *pari passu* with the age of the child. (2) It reaches its full size from the fourteenth to the eighteenth year. (3) The capacity of the sinuses studied ranged from 9.5 c.c. to 20 c.c., the average being 14.75 c.c. (4) The sinus floor is lower than the nasal floor in the majority of cases. (5) The number of teeth in direct relation to the sinus is inconstant. (6) Adult sinuses vary much in size in different individuals and asymmetry in the individual is often marked. (7) The ostium varies much in size and may be duplicated; the accessory ostium is frequent (43 per cent.). (8) Examination of the fronto-maxillary relations showed that the sinus acts as a reservoir for fluids coming to the dorsal end of the infundibulum (the ostium maxillare being patent). (9) Frequently the uncinate process by a superior