one of epithelioma. As the disease was at present rather limited, and no enlargement of the glands could be *felt*, the case appeared to be very suitable for operation. Would a subhyoid pharyngotomy give sufficient access for removal of the epiglottis and adjacent parts of the tongue?

Mr. DE SANTI said that in the four or five cases he had had in which the growth was quite limited to the epiglottis, he had obtained good results from median thyrotomy—laryngo-fissure. It allowed one to get well at the base of the tongue, and it disturbed the patient less than did a lateral pharyngotomy. Three of the cases were still well, two and three years after the operation. In every case he removed the glands on both sides of the neck thoroughly, whether they were enlarged or not.

Abstracts.

PHARYNX AND NASO-PHARYNX.

Neuenborn, Robert (Crefeld).—The Operative Treatment of Hard Fibroma or Fibro-sarcoma of the Base of the Skull. "Zeitschrift für Laryngologie," Band vi, Heft 6.

The author remarks that cases are on record in which naso-pharyngeal fibromata have disappeared spontaneously about the age of twenty years. Until comparatively recent years, cases of hard fibroma have been treated by general surgeons who either split the hard and soft palates or performed temporary or permanent resection of the upper jaw. The author holds that it is questionable if these operations are not more dangerous than the tumour itself. On the other hand, attempts have been made with the cold wire or galvano-caustic snare, electrolysis, forceps, spoons, and curettes to remove the growths by the natural passages. These methods require many sittings. Neuenborn has had eleven cases and has operated on none of them. *J. S. Fraser.*

Trautmann, Gottfried.—A Plastic Variation in the Operation of Tonsillectomy by Blunt Dissection. "Münch. Med. Wochenschrift," Nr. 22, 61 Jahrgang.

In cases in which the anterior and posterior pillars are parallel, or where the former has a more medial extension than the latter, the author was in the habit of removing a crescentic part of the anterior pillar, the curved incision extending from the lingual prolongation of the pillar to the base of the uvula. This procedure was adopted in order to avoid subsequent functional disturbance.

In order to preserve the anterior pillar in all cases of tonsillectomy, Trautmann now dissects the above-mentioned crescentic portion of the anterior pillar free from the tonsil capsule from the plica triangularis downwards to the base of the tongue, and, holding it forwards with a forceps until the tonsil is removed, he tamponades it back in the tonsillar depression, the tampon being held in place for from four to six days by loose stitches through the faucial pillars. Whilst admitting that this latter procedure has more to recommend it than that first described, it is difficult to see what real advantage is to be derived from this method, which prolongs both the operation and the patient's subsequent discomfort.

J. B. Horgan.

Levinger.—The Treatment and Prophylaxis of Peritonsillar Abscess. "Münch. Med. Wochenschrift," Nr. 23, 61 Jahrgang.

With the object of killing two birds with one stone, viz. evacuating the abscess and preventing a recurrence, the author suggests dissection and extirpation of the upper pole of the tonsil at as early a stage of the inflammatory attack as possible. Levinger states that after a preliminary painting with cocaine this manipulation can be carried through almost as quickly and painlessly as the usual incision at the site of election, and that, whilst it is less likely to open lymph- and blood-vessels to infection, it is practically certain of ensuring thorough drainage. (It is reasonable to infer that the mere application of cocaine and the injection of novocain might in itself occasion almost as much pain in this exquisitely sensitive affection as would be caused by the historic but very rapid method of incision.—Abs.). *J. B. Horgan.*

NOSE.

Beck, Joseph C.—Histologic Pathology of the Accessory Sinuses. "Annals of Otology, etc.," vol. xxii, p. 914.

The author concludes that the pathological changes found in the middle turbinates and curetted portions of the ethmoid in asthma cases and in non-suppurative sinusitis are very striking, in that the bone shows rarefaction somewhat resembling that found in early bony changes of osteomalacia, acromegaly and otosclerosis. This is suggestive of a possible ætiologic factor in some disturbances of the polyglandular systems or the glands of internal secretion.

In the non-suppurative sinusitis the conspicuous absence of inflammatory elements, as the round-cell infiltration and the presence of inflammatory œdema or myxomatous degeneration at the expense of loss of glandular structures is very apparent. In the suppurative forms of sinusitis the great prevalence of round-cell infiltration with tendencies to necrosis and granulation formation is very characteristic. The lining of the larger sinuses, antrum, frontal and sphenoid, in the markedly protracted suppurative types, is so changed as to preclude resolution, and no matter how well these cavities may be drained and ventilated their obliteration or eradication cannot be brought about unless the entire epithelial lining is destroyed.

The pathological characteristics of both suppurative and non-suppurative forms of sinusitis are very frequently met with in combination in the same case.

Lastly, Beck thinks that the great similarity in the changes of atropic rhinitis in the early stages, and of non-suppurative sinusitis, especially in the bone, would suggest a similar ætiological factor in the disturbances of the glands of internal secretion. The paper is illustrated by twenty-seven micro-photographs. *Macleod Yearsley.*

van Iterson (Leiden).—A Combined Nasal and Accessoy Sinus Polypus. "Zeitschrift für Laryngologie," Band vi, Heft 6.

The patient was a female, aged eighteen, who had suffered from nasal obstruction (right side) during expiration only, for one week. She also complained of a feeling of foreign body in the throat. Anterior rhinoscopy showed a small polypus in the middle meatus, while posterior rhinoscopy revealed a large polypus in the naso-pharynx. Both antra illuminated well. On attempted removal with the snare the polypus burst and yellow fluid came away. *J. S. Fraser.*

Slaney, C. N.—Multiple Round-celled Sarcoma originating in the Nares. "Lancet," 1914, vol. ii, p. 942.

Man, aged forty-three, complaining of nasal obstruction, stated to be due to polypus. A growth had been removed three years previously and had not recurred. The naso-pharynx was occupied by a fleshy, movable, pedunculated growth the size of a walnut and purplish in colour. It was partially removed by a wire snare under local anæsthesia. Eleven months later the right naris was obstructed by fresh growths. Later soft, fluctuating swellings appeared under the scalp in the mid-frontal line. Seven months later he fell, sustaining a fracture of the right femur and left tibia and fibula, right radius and ulna and left elbow. Other tumours appeared under the scalp, in the fingers and instep, and three months later headaches and attacks of epistaxis were common. Death ensued about two years after he was first seen. *Post-mortem*, many secondary tumours were found and a large fungating growth originating in the muco-periosteum at the base of the skull occupied the naso-pharynx and nose. Microscopically, the growth was a round-celled sarcoma. *Macleod Yearsley.*

LARYNX.

Thomson, Sir StClair.—Intrinsic Cancer of the Larynx. "The Lancet," vol. clxxxv, p. 1523.

Describes the case of a woman, aged fifty-three, in whom the complete excision of an intrinsic epithelioma was apparently effected by endolaryngeal operation. The conclusions drawn from the case are: (1) Cancer of the vocal cord is, in early stages, a very slowly progressive and strictly limited process. Alteration of voice is the principal, and may be the only, symptom. (2) Diagnosis is based chiefly on inspection of the larynx. (3) The growth, even when it occupies almost the entire length of the vocal cord, can sometimes be completely removed by endolaryngeal operation in early cases. But this completeness can only be ascertained when, by laryngo-fissure, the remains of the vocal cord and adjoining soft parts have been removed and submitted to the pathologist. (4) Laryngo-fissure is, therefore, the operation of choice in all cases of endolaryngeal cancer. (5) The operation offers the very best prospects. (6) Statistics show a lasting cure in 80 per cent. of cases.

Macleod Yearsley.

Pugnat (Geneva).—Spontaneous Cure of a Carcinoma of the Larynx. "Arch. Internat. de Laryng., Otolog., et Rhinol.," May–June, 1914.

The salient points of this remarkable record are that a laryngeal tumour, proved histologically to be carcinomatous, slowly atrophied as a result apparently of an injection of adrenalin, so that at the end of six months the larynx was anatomically and functionally normal. An enlarged submaxillary gland, however, remained, and at the end of another six months had increased to an enormous mass of glands, which killed the patient by eroding the carotid, the larynx meanwhile remaining normal. *H. L. Whale.*

Imhofer, R. (Prague).—Laryngeal Phthisis and Pregnancy. "Arch. Internat. de Laryng., Otolog., et Rhinol.," May–June, 1914.

Three questions arise:

First: Does pregnancy actually predispose to tuberculous laryngitis?

The disease is fortunately not common. Since the time when the author began a systematic examination of the larynges of all pregnant

women, he has found no increase of this disease as compared with its incidence in other women.

Glas and Kraus, by infecting the larynges of female guinea-pigs with tuberculosis, made them refractory to conception. In 50 per cent. of pregnant women the author found hyperplasia and other lesions of the mucosa, which bore no relation to tuberculosis, but might by their histology cause confusion of the question. And Kuttner suggests that the cases reported as tuberculous laryngitis cured by pregnancy, may have been simply this "laryngitis of pregnancy."

To sum up: There is no evidence that pregnant women are more susceptible to tuberculous laryngitis; but in a case of this disease, the physiological submucous engorgment which supervenes on pregnancy renders the laryngeal phthisis hyperacute.

Second: What is the prognosis of the laryngeal disease in relation to confinement? That is to say, what laryngeal complication would be induced by the parturient state?

The cries of a woman in labour and the effort to expel the fœtus aggravate any existing laryngeal lesions. The physiological laryngeal engorgement of pregnancy is, during labour, exaggerated into œdema. Granted that pregnancy makes the prognosis worse in tuberculous laryngitis, then labour may aggravate this aggravation to the point of rapid ulceration and sudden œdema necessitating tracheotomy.

Third: What line of conduct should laryngologist and obstetrician adopt in a case of pregnancy complicated by tuberculous laryngitis.

When a frank tuberculous laryngitis makes its first appearance at the very beginning of a pregnancy, probably neither will the mother survive to full term, nor will the child, if born, be viable. Accordingly, abortion, followed by removal of the ovaries, has been the practice in the author's clinic in the first five months of pregnancy in a woman with tuberculous laryngitis.

Conversely, after the fifth month, the results of artificial abortion are deplorable. Without abortion, in these later months the prognosis is better for the mother's larynx than for the child's viability.

As regards treatment, any surgical intervention, other than tracheotomy, must be postponed until after the confinement. The author is in favour of tracheotomy when dyspnœa is definitely established; but not as a prophylactic against a possible dyspnœa during the course of labour; nor, as some hold, because it may cure the tuberculous laryngitis; this latter the author has never known to occur.

Pregnant women with laryngeal phthisis should never be confined at their own homes. Delivery should be hastened with forceps.

H. L. Whale.

EAR.

Toubert, J.—Bullet-wounds of the Mastoid Process in War. "Arch. Internat. de Laryng., Otolog., et Rhinol.," May–June, 1914.

These are rarely seen *ante-mortem*. In the author's case the bullet traversed the mastoid and lodged in the neck without damage to the facial nerve, the labyrinth, or the jugular bulb. After briefly quoting other cases, he concludes that bullets entering by the external meatus strike the dense bone of the petrous, which splits as would the diaphysis of a long bone. But if entering the mastoid behind the ear, the bullet impinges on spongy bone which does not split, and the results are less serious.

H. L. Whale.

Botella (Madrid).—Circumscribed Otitis Externa simulating Mastoiditis. "Arch. Internat. de Laryng., Otolog., et Rhinol.," May–June, 1914.

Circumscribed otitis externa differs from furunculosis in that the former has no relation to a hair-follicle. The author considers that the usual infection is streptococcal. The diffuseness of the meatal stenosis is the feature which simulates mastoiditis. Rigors may add to the difficulty. Confirmatory evidence may be given by glycosuria.

In otitis externa tenderness of the tragus is marked, whereas pressure applied over the antrum, *without displacing the auricle*, is painless. The converse is true of mastoiditis.

The author quotes many other diagnostic points, one of which is often neglected—that in otitis externa the meatal swelling decreases as we proceed inwards, in mastoiditis *vice versâ*. *H. L. Whale.*

ŒSOPHAGUS.

Wile, U. J. (Michigan Univ.).—Syphilis of the Œsophagus. "Amer. Journ. Med. Sci.," Aug., 1914.

In view of the high susceptibility of the mouth and the pharynx in early syphilis and the not infrequent occurrence of syphilitic manifestations in the rectum late in the disease, the apparent immunity of the remainder of the digestive tract, including the œsophagus, is remarkable. In a large number of the cases of syphilis of the œsophagus which have been described there were lesions in the mouth or pharynx suggesting a special localisation of the disease in the digestive system.

The not infrequent dysphagia which occurs in secondary syphilis may be due to superficial erosive syphilides. The cases described, however, belong to the tertiary stage, when the condition is one of gummatous ulceration followed by localised scarring or a diffuse contraction encircling the tube for the greater part of its length and causing more or less complete stenosis.

The case which the writer describes showed, on examination by X-rays and the œsophagoscope, a marked sclerosis of the entire tube with two definite strictures, one at the upper end, and the other just above the cardia. Immediately above each of these was a dilated portion. Salvarsan and mercury together with dilatation gave rise to a marked improvement.

The differential diagnosis of the disease is often extremely difficult and especially so in the late stages when there may be marked cachexia. The discovery on X-ray examination of two strictures separated, as in the writer's case, by a relatively normal portion of the tube is, of course, suggestive of syphilis rather than malignant disease.

In the author's opinion syphilis of the œsophagus, though a rare condition, is not so infrequent as the rather scanty literature would seem to indicate. It is not improbable that many cases which die in cachexia supposedly with carcinoma of the œsophagus are in reality cases of death from marasmus as a result of syphilitic œsophagitis. It is more than likely also that the same relation which Billroth showed to exist between gumma and carcinoma in the case of the tongue holds good also in reference to the œsophagus. *Thomas Guthrie.*

MISCELLANEOUS.

Fischer, A.—Thymectomy in the Treatment of Tracheostenosis. "Münch. Med. Wochenschrift.," No. 21, Jahrgang 61.

The author defines tracheostenosis spastica as that condition in which suffocation is imminent owing to the presence of an hypertrophied thymus. This condition is especially prone to occur in infancy owing to the anatomical conditions present. Klose states that a fatal case never occurs without prodromal symptoms such as slight dyspnœa and cyanosis. There is often a slight but continuous stridor, especially at the end of inspiration. In many cases the respiratory difficulty disappears with growth, in others the patient succumbs to the first or more often to the second suffocative attack.

These children are as a rule badly nourished owing to their difficulty in taking the breast and the resulting cardiac weakness lessens their power of overcoming the attack.

The diagnosis is difficult as the affection has to be distinguished from congenital anamolies of the larynx, laryngeal papilloma, glottic œdema, spasm of the glottis, peribronchial adenitis, retro-pharyngeal abscess and recurrent paralysis. The purity of the voice during the free intervals excludes affections of the larynx or pharynx, whilst the presence of stridor is against glottic spasm. In the supra-sternal depression a soft round tumour may be felt during the expiratory act. The results obtained by percussion and radiography do not furnish reliable information. In the absence of physical signs Klose bases his diagnosis alone on the existence of a chronic stenosis of the deeper organs of the neck with paroxysmal exacerbations, or on the occurrence of dangerous dyspnœa which is accompanied by the formation of a tumour in the jugulum during expiration. He advises surgical intervention in such cases.

From the study of a case in which he found it necessary to operate himself as well as of the literature of the subject the author has arrived at the conclusion that partial intra-capsular thymectomy with subsequent thyreopexy (suturing of the anterior part of the thymus capsule to the periosteum of the sternum) is the most suitable operation in cases needing surgical intervention, that by this means the threatening symptoms are at once relieved and a beneficent influence exerted on the general condition of the patient and the whole status thymico-lymphaticus. The author's patient suffered from an intractable eczema which, just as in the case reported by C. A. Parker, disappeared at once after the operation. *J. B. Horgan.*

Alex MacLennan.—The Technique of Thymectomy. "Brit. Med. Journ.," October 3, 1914.

A short paper recounting the effect of removing the whole or part of the thymus gland for the relief of asphyxial attacks ("false croup," "laryngismus stridulus" and the like) in little children. The author has operated in eight cases. In two of these it was found possible to remove the whole gland, but in all the others its size and relations rendered complete removal impossible without resecting the sternum, and this the author did not attempt. As to results, three recovered from the operation and were freed from the "crowing" attacks; one recovered from the operation, but received no benefit from it; the rest died as a result of asphyxial seizures at periods varying from a few days to six weeks after

operation. In the fatal cases only a portion of the gland could be removed.

The technique adopted was as follows: A (? vertical) incision was made through skin and subcutaneous tissue of the episternal notch. After clearing the small sternal muscles the cervical horns of the thymus were reached under the sterno-thyroid. The loose capsule having been separated, the left lobe was pulled out of the thorax by a "hand-over-hand" action of two pairs of blunt forceps. This done the right lobe was similarly extracted. Bleeding was not troublesome.

This manipulation is easy if the gland is of a normal size, but when it is enlarged resection of the upper part of the sternum is necessary. For that reason the author looks upon the method just described as insufficient, and, indeed, unsuitable. *Dan McKenzie.*

REVIEWS.

The Medical Annual. Bristol: Wright. London: Simpkin, Marshall and Co. 1914.

The Medical Annual is with us again and presents its usual instructive and attractive features, but in a slightly more attractive form. The list of contributors is as before a brilliant one and almost the same as last year. The diseases of the Ear are entrusted to Dr. Geo. L. Richards of Fall River, and those of the Nose and Throat to Dr. W. G. Porter of Edinburgh. In both of these departments the most important pieces of work of the past year are abstracted, the scope being all the wider owing to the incidence of the International Medical Congress. Among the abstracts we are pleased to see numerous excellent ones derived from the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY, which the readers will desire to study in full in the original. Dr. Richards has, however, given many from American sources, which are more likely to have escaped our home readers. The references will be found of the utmost value. Among the most important otological abstracts are those on the operative treatment of meningitis in which the advances, if steady, are necessarily slow. The abstracts on tinnitus aurium are particularly good. Nasal disease is discussed from all points of view.

Among the newest points we may notice the X-ray photographs of larynx taken by Rethi's method. This consists in placing a narrow plate in the pharynx and hypopharynx while the exposure is made from before backwards. The œsophagus supplies material for some excellent and novel reports. The articles by general physicians and surgeons contain much material of interest to the specialist. Dr. J. J. Perkins on "Tuberculosis," and Dr. Purves Stewart on "Diseases of the Nervous System" offer much of instructive value, while Dr. Langmead's article on the relation between rheumatism and the tonsils will be especially welcomed by laryngologists. The glossary is enlarged and the usual descriptions of new instruments, appliances, and medicaments appear as irresistable as of yore. The list of readers of the Annual ought to be an increasing one, and with such an issue as this, it is bound to be so.

Dundas Grant.