

tinguished by the pallor of the mucous membrane surrounding it. A cyst can be diagnosed at once by palpation. As for acute adenoiditis, it occurs only in infancy; sets in with fever; the pharyngeal tonsil is red and covered with muco-pus.

In the ulcerative stage a gumma may resemble cancer, lupus, ulcerative tuberculosis, and ulcerative "adenoiditis." The epitheliomatous ulcer is more irregular; the underlying tissue is much harder than in gumma; it gives rise to ichorous, foetid discharge, and, lastly, causes glandular swellings. A piece of tissue can always be taken for microscopic examination. A lupous ulcer is always surrounded by pale anæmic mucous membrane, and one can always find other lupous lesions in the nasal fossæ or elsewhere. Tuberculous ulceration is always accompanied by submaxillary glandular swelling. The ulceration commences as discrete small erosions which become confluent. The mucous membrane around the ulcer appears "moth-eaten." Pain on deglutition is very marked. The diagnosis can be made certain by inoculation experiments. Simple ulcerative adenoiditis presents characters similar to those of simple ulcerative tonsillitis. The onset is gradual, without fever, without involvement of glands, the edges of the ulcer are slightly swollen, punched out, with rounded outlines, whilst the surrounding area is normal in appearance. Treatment of naso-pharyngeal gumma, if begun early, is successful, but to be successful must be begun early.

*Arthur J. Hutchison.*

**Hurd, L. M.**—*A Case of Paraffin Injection into the Nose followed immediately by Blindness from Embolism of the Central Artery of the Retina.* "Med. Record," July 11, 1903.

In this case the patient had paraffin injected upon three separate occasions. Upon the third occasion a mixture of paraffin and white vaseline having a melting-point of 110° F. was injected, the injection being made from below upwards. At the moment of injection the patient was observed to rub his right eye, and in reply to a question stated that he could not see. A little later ecchymosis appeared about the tip of the nose, indicating that a vein had been punctured. Twenty-five minutes after the injection the eye was examined, and it was found that the main inferior branch of the central artery of the retina was empty and collapsed. Digitalis was at once administered, and later on inhalations of nitrite of amyl were tried. Massage of the eyeball was also tried, with the idea of driving the embolus back into the circulation. No improvement in vision, however, followed.

*W. Milligan.*

## LARYNX AND TRACHEA.

**Dupond.**—*A Case of Tracheal Ozæna, causing Dyspnœa.* "Revue Hebdomad. de Laryng.," etc., September 26, 1903.

A negro, a sailor, twenty-six years old, had suffered since childhood from ozæna. During a voyage to Bordeaux he fell into the sea, soon afterwards grew hoarse, and had several suffocative attacks. When brought to hospital respiration was noisy, and accompanied by inspiratory retraction. The left cord was fixed in the middle line, but the right moved to a slight extent. The nose and naso-pharynx contained thick green stinking crust, and the inferior and middle

turbinals were completely atrophied. After a couple of days in hospital the cords acted normally, and it was then possible to observe in the trachea a large dark mass almost obstructing the lumen. The breathing was still accompanied by stridor. Two masses of green crusts, similar to those in the nose and naso-pharynx and about the size of a pigeon's egg, were coughed up from the trachea. Thereafter breathing was quite free. Under suitable treatment the tracheal condition improved much more rapidly than did the nasal condition.

*Arthur J. Hutchison.*

**Trétrop.** — *On Resection of the Trachea.* "Revue Hebdomad. de Laryngol.," etc., September 5, 1903.

The author performed four resections of the trachea on dogs, excising from one to three rings. The three most important points to attend to in the operation are: (1) To make the two incisions clean and absolutely parallel to each other; (2) to suture the wound so as to prevent any blood entering the trachea from surrounding tissues; (3) to clear all blood or clot out of both ends of the trachea before suturing. The suture in the middle line behind is tied inside the trachea, all the others are tied outside. They do not include the mucous membrane. They are of very fine catgut. Seven or eight would be enough for an adult human trachea. The other tissues are then sutured in layers and the skin fastened with metal clasps. In one of his operations the author did not make the two incisions parallel to each other; the result was very bad, the stitches all cut out and the wound opened. In all the rest of his operations the incisions were parallel to one another, and at right angles to the axis of the trachea. They all healed without any complications.

*Arthur J. Hutchison.*

## EAR.

**Dench, E.**—*Ossiculectomy.* "Med. News," February 28, 1903.

The author states that there are three classes of cases suitable for the performance of ossiculectomy: (1) Those cases in which the patient is suffering from what is commonly known as a chronic non-suppurative otitis media, in which the membrana tympani has always been intact, and for which operative procedures are undertaken, either for the improvement of the function of hearing or for the improvement of certain symptoms—*e.g.*, subjective noises, vertigo, etc.; (2) those cases in which the operation is undertaken primarily for the relief of chronic suppuration; (3) those cases where, as a result of suppuration, adhesions, etc., exist within the tympanum. In the first class of case no operation should be undertaken unless a most careful examination shows the auditory nerve to be intact, and unless normal or even exaggerated bone conduction exists. Where bone conduction is diminished, and where the upper tone limit is much reduced, operation is absolutely useless. In non-suppurative cases it is often only when the impairment of hearing is noticed in the previously healthy ear that the patient applies for relief. In such cases the author states that not only does the hearing in the ear operated upon improve, but that the progress of the disease in the non-operated ear is slower, and, in fact, appears at times to become arrested.