fifteen years ago. It had been treated in various ways from time to time, and six years ago was scraped for lupus, breaking down afterwards.

The case being referred to Dr. Aikins, he used radium from a flat varnished surface, one centimetre, with a radio-activity of 500,000, at intervals for six weeks, the exposures varying from fifteen to thirty minutes, the course of improvement being watched and the treatment repeated in accordance with the requirements of the case. After the first three exposures improvement commenced, the discharge lessened and the pain ceased. Rapid absorption of the neoplastic tissue took place and healing of the margins followed. Some months later the patient wrote that the nose was in a fine healthy condition, and that there had been no return of the disease. Of course the perforation, with its margins healed, still remained awaiting repair by a plastic operation.

Price-Brown.

PHARYNX.

Lance, M.—*When and How should the Tonsils be Removed?* "Gazette des Hopitaux," March 31 and April 2, 1910.

In this article the physiology and embryology of the tonsils are referred to, and the subject of discrimination in their removal is fully discussed. Differing from Bosworth, the writer considers the tonsil a normal organ playing the well-defined *rôle* of barrier to the inroad of infection, and that this function is exercised so long as its epithelial covering remains intact and it has not become a pathological organ. Simple hypertrophy is not a pathological condition; far from constituting a disease, it is the expression of resistance to infection. In favour of this view it is noted that the subjects of large, soft tonsils projecting into the pharynx are generally robust, healthy children, rarely suffering from cervical adenitis, also that during dentition the tonsils are observed to become enlarged and subsequently diminish. Their removal under these conditions, therefore, only becomes necessary when definite troubles, subsequently to be mentioned, are caused by their presence. Tonsils chronically inflamed demand removal, for they no longer act on the defensive, but become a ready portal for the entry of infection, *e.g.* tuberculosis, septicæmia, pyæmia, phlebitis, acute nephritis, endocarditis, pleurisy, meningitis, appendicitis, and rheumatism; in the cases of the last named, though the pathogenesic entity is unknown, statistics show that removal of chronically inflamed tonsils has a salutary effect on the articular attacks. With regard to tuberculosis, the bacillus may traverse the tonsils without leaving any lesion there, as may obtain in the case of the intestine, but usually lesions are induced with which it is necessary to be acquainted.

Lee, Machard, and Jonathan Wright's description of tubercular tonsils is quoted, as follows: In sickly, anæmic children, the subjects of chronic tonsillitis, in whom the concatenate glands are enlarged and hard, one finds the tonsils pale, small, and submerged, often filling the recess above, and advancing deeply towards the velum. The crypts are filled with caseous matter, which can be expressed with the end of a tongue-depressor; the free border of the anterior faucial pillar is congested. The results of the histological examination of a number of enlarged tonsils are recorded, which substantiate the fact that it is not the large, soft, pedunculated tonsil where tubercular lesions usually occur; they are, for the most part, found in the small, submerged, chronically inflamed tonsil.

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A very important fact noted was that the lesions existed, especially at the bottom of the crypts, at the base of the tonsil, so that were the superficial portion of the organ alone removed the greater portion of the disease would remain in the stump. In conclusion, tonsils should be removed in young children:

(1) When they are much hypertrophied, interfering with respiration and thoracic development, affecting deglutition and speech and favouring infection of the naso-pharynx and middle ear.

(2) When they are small and submerged and clinically of the tuberculous type, accompanied by cervical adenitis.

(3) When chronically inflamed and giving rise to attacks of fever without any other apparent cause.

(4) When suppurating and associated with entero-colitis.

In older children and adults:

(1) When chronically inflamed in rheumatic subjects.

(2) Whatever their size, when the seat of acute inflammatory attacks (relapsing abscess, simple recurrent lacunar tonsillitis, etc.) leading to functional troubles or keeping up relapsing anginas, rhino-pharyngitis, otitis or laryngitis.

The following are given as contra-indications to surgical treatment.

(1) Any inflammatory attack or recent congestion.

(2) During epidemics of influenza, eruptive fevers, diphtheria and mumps, it is better to wait.

(3) In cases of suspected hæmophilia.

(4) During menstruation.

(5) In cases where general anæsthesia is refused but is absolutely necessary for performing the operation.

(6) When the operation is refused.

In the last two cases caustics (chromic acid, trichloracetic acid, and nitrate of silver) are recommended to be applied down to the bottom of the crypts.

Concerning the methods of removal, the merits and demerits of tonsillotomy and tonsillectomy are very fully discussed, and the technique of the respective operations described at length. A copious bibliography is appended. *H. Clayton Fox.*

LARYNX.

Monson.—*Foreign Body in the Larynx; Report of a Case.* "The Cleveland Med. Journ.," April, 1910.

A female child, aged six months, in whom a piece of tinfoil remained lodged in the larynx for three months, the child dying some few days after a low tracheotomy. *Macleod Yearsley.*

Prota, Prof. G. (Naples).—*Two Cases of Traumatic Laryngoplegia from Wounds in the Neck.* "Archiv. Ital. di Laring.," 1909, p. 165.

The author contributes an interesting account of the history and literature of this affection. He gives full clinical notes of two cases of his own. In one the left recurrent was wounded either by the weapon itself or by inclusion in the cicatrix of the deep wound. The second man had five stabs, one of which necessitated ligation of the left jugular and common carotid. Owing to necrotic changes the latter vessel had to be tied a second time a few days later lower down. There was hoarseness from the time of the injury, and the laryngoscope showed complete

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