which typhoid fever was complicated by purulent otitis media and mastoiditis, and yet very few of these cases came to operation and even fewer had sinus development. In all such cases the typhoid bacillus could be found in the blood.

Dr. HENRY O. REIK, of Baltimore, Md., took exception to the too broad generalisation by Dr. Dench from his experience with blood-counts. He agreed with him as to the secretions from the ear, but thought the blood-count would be of value in many instances where it was a question whether or not a case of simple mastoiditis should be subjected to operation. The diagnosis might be made without the blood-count, yet such a count might play an important part in the decision regarding operation. He cited two cases in point. In one case his associates had taken the ground that the condition was due to typhoid fever, despite the fact that the child had middle-ear infection and mastoid tenderness. In typhoid fever there is leucopenia, whereas in this case marked leucocytosis could be demonstrated. Operations showed clearly the wisdom of the decision based upon the blood-count.

Abstracts.

PHARYNX.

Bell, **James**.—*Total Excision of the Lower Jaw and Floor of the Mouth for Sarcoma of the Jaw.* "Montreal Med. Journ.," February, 1909.

Married woman, aged twenty-two, has had soreness of throat for four years but no other symptom until within the last year. Then were added tickling and scratching feeling in the throat. In six months she had been unable to swallow solids. The larynx, the upper part of the œsophagus, and the large area of the pharynx were removed as in the previous case, as in it, too, it was impossible to attach the upper and lower parts of the pharyngeal mucous membrane. Consequently the stump of the œsophagus was brought out beside the trachea but through a different opening. The patient had a smooth convalescence, with much less suffering than the previous patient. She feeds herself quite satisfactorily through a tube introduced through an opening in the neck.

There is no communication between the mouth cavity and the stomach. She is quite well and comfortable, and has a reasonable prospect of immunity from recurrence.

Since February, 1898, the writer has removed the larynx in eleven cases. Seven of these operations were for intrinsic cancer. In four the primary disease was in the pharynx, invading the larynx secondarily.

Out of the eleven, seven recovered. One of the seven died fifty-eight days afterwards from recurrence.

Of the four deaths, three were from pneumonia. In the other the surgeon could not get below the disease in his operation, and the patient died a few days later.

In all the cases that survived a satisfactory amount of whispering could be done. Some of them lived for several years, to die of other diseases. One had a recurrence in seven years. The rest are still under observation. *Price-Brown.*

Wishart, D. J. Gibb.—*Bronchoscopy and Œsophagoscopy.* "Canada Lancet," February 1909.

After a lucid description of the technique of the new methods of examining, operating upon, and removing foreign bodies from the larynx, trachea, bronchi, œsophagus, and stomach, the writer gives a history of several cases.

Case 1.—Male, aged forty-six. Stricture of œsophagus, possibly malignant. There had been dysphagia, regurgitation, dyspnœa, and pain in chest for the previous three months. Under local anæsthesia the tube was passed to a point 29 cm. from the teeth, when a bleeding granular area was observed on the posterior wall almost closing the lumen. The subsequent history of the case confirmed the observation.

Case 2.—Married woman, aged sixty-four. Laryngeal stenosis. Had a history of specific laryngeal stenosis of two years' standing. Ulceration had healed, but tracheotomy had been necessary six months ago. Evidence of dyspnœa was still present. The bronchoscope was used through the tracheotomy wound, and the tubes of the lungs examined. They were found quite patent, permitting an excellent demonstration of the usefulness of the instrument, and the extent of observation which it permitted.

Case 3.—Œsophageal stricture. A boy, aged three and a half, was examined three weeks after swallowing sulphuric acid. The capacity to swallow was gradually failing. Under general anæsthesia an œsophagoscope was introduced and the œsophagus examined. Patches of whitened mucous membrane, some in process of separation, were found below the cricoid region. The instrument was passed without difficulty to a point $17\frac{1}{2}$ cm. from the teeth, where the lumen sharply narrowed to the capacity of a straw, through which it was not deemed advisable to explore.

Case 4.—Laryngeal stenosis in a girl, aged two and half years, two months after the onset of diphtheria. Intubations and tracheotomy had been done, the latter five weeks ago. It was found impossible, however, for the child to breathe without the tube. Examination by bronchoscope was made to diagnose between paralysis and stenosis. As a very narrow glottis coated with whitish membrane was found, together with Klebs-Loeffler bacilli, the diagnosis was conclusive and the tracheotomy tube re-inserted.

Case 5.—A young man, aged twenty-six, swallowed some shell with the raw oysters. Scratching pains resulted in the region behind the larynx. The laryngoscope revealed nothing. Only liquids could be swallowed, and these with difficulty. The breath became offensive and there was sleeplessness and restlessness. Under a general anæsthetic the largest œsophagoscope was passed 19 cm. from the teeth, when a piece of oyster shell was discovered. By the careful use of a forceps the shell was seized. It came away in four pieces, leaving a jagged wound. The man made an excellent recovery. *Price-Brown.*

Citelli, Prof. S. (Catania).—*Further Account of a Case of Adeno-carcinoma of the Tonsil Operated on Five Years Ago.* "Bottelino delle Mal. di Gola, etc.," Florence, March, 1909, p. 50.

The author refers to his communication made to the Twelfth Congress of the Italian Laryngological Society at Turin in 1908. The case was one of an ulcerated tumour of the left tonsil which was adherent to the tongue. The growth was removed through the mouth, and the whole area gone over with the galvano-cautery. Microscopic proof was obtained as to its malignant nature. An unusual feature of the operation was that the enlarged sub-maxillary glands were left undisturbed, being treated only with a "resolving ointment." Most surgeons will agree with the author that "the result was truly unexpected," seeing that there was no recurrence for several years, and will be strengthened thereby in the opinion that a more extensive operation on the tongue, with removal of all glands, would probably have saved the patient. Recurrence took place in five years in the base of the tongue at the site of the previous adhesion. The patient declined the more extensive operation now proposed. *James Donelan.*

Hett, G. Seccombe.—*On the Anatomical Varieties and their Bearing on the Treatment of Pathological Conditions of the Palatine Tonsils.* "Lancet," February 13, 1909.

An able and useful paper, giving a short explanation of the varieties of palatine tonsil from embryology and comparative anatomy, with explanatory diagrams. The mammalian pharynges examined by the author numbered 100 species and their tonsils showed a very interesting evolutionary series, exhibiting many of the stages seen in their development in the human embryo. Hett's observations confirm those of Killian. Hett's classification of varieties, based on a series of 1000 pathological tonsils, divides them into six clinical types: (1) imbedded, (2) projecting, (3) flat, (4) hanging, (5) tonsils with preponderance of anterior, middle, or posterior masses, or of a combination of these, and (6) the tonsil with marked lingual prolongation.

Regarding the anatomy of the tonsil in its relation to treatment, the importance of the supra-tonsillar fossa as a receptacle for foreign bodies and its connection with peritonsillar abscess are noted. The size of the tonsil is no criterion for the necessity of surgical interference, sepsis being the determining factor. The fact that the tonsil does not project is no proof that there is not a large tonsillar mass. Further, there seems to be a remarkable capacity of proliferation of any tonsillar tissue remaining in the earlier years of life. Hett advises the use of the vulsellum in conjunction with the guillotine. The plica triangularis may form an obstacle to the successful use of the guillotine. Remains of lymphoid tissue may form a nucleus for infection after removal of tonsils, so that other means must be used in conjunction. The ideal method of removal is undoubtedly enucleation. *Macleod Yearsley.*

Parkinson, J. Porter, and **Carpenter, G.**—*Whooping-Cough.* "Proc. Roy. Soc. Med.," Section for the Study of Disease in Children, January, 1909, p. 37.

In the course of a discussion on whooping-cough the speakers mentioned called attention to the influence of adenoids on the disease.

The first-named stated that post-nasal catarrh may occur during the paroxysmal stage and lead to septic absorption; and the latter suggested that when epistaxis occurs during a paroxysm of coughing the hæmorrhage proceeds from adenoids in some instances. He advised that in all cases the naso-pharynx should be kept clean and free from catarrhal products by the use of alkaline nasal douches. *Dan McKenzie.*

NOSE.

Stirnimann, F. (Lucerne).—*The Treatment of Acute Coryza.* "Münch. med. Woch.," December 29, 1908.

The author puts three or four drops of lysoform in the palms of the hands, rubs them together, and inhales four or five times the formalin vapour; this is repeated every two or three hours. The treatment is found unpleasant, but extremely effective. *Dundas Grant.*

Delsaux, V.—*Five Cases of Malignant Tumours of the Accessory Cavities of the Nose.* "La Presse Oto-laryngologique Belge," January, 1909.

Three of the tumours were sarcomatous, one was encephaloid cancer, and one tubular epithelioma. Each case was operated on by opening the sinuses and clearing out the neoplasm as completely as possible. In every case the growth rapidly recurred, and proved fatal in less than a year, in spite of a second operation.

The author remarks that these growths generally spring from the maxillary sinus. He concludes that total resection of the superior maxilla is the only operation which offers any chance of success; at the same time all the lymphatic glands which can be reached should be removed with their afferent vessels. *Chichele Nourse.*

Manasse, P. (Strassburg).—*On the Pathological and Clinical Features of Malignant Growths Involving the Nasal Accessory Sinuses.* "Zeitschr. f. Laryngol.," vol. i, Part V.

The author reports six cases in which malignant growths involved the accessory sinuses. The first three of these were squamous-celled epitheliomata originating in the antrum. The fourth and fifth also grew from the antrum; they were probably both endotheliomata, but the older portions of the growth had many of the characteristics in the former of epithelioma and in the latter of sarcoma. The sixth case was of much interest from a pathological standpoint, because it presented a combination of a benign epithelial with a malignant connective-tissue tumour. It involved the ethmoid and frontal sinuses.

In regard to the diagnosis of malignant growths of the antrum the finding of reddish-yellow coloured fluid on exploratory puncture may be of importance in distinguishing new growth from empyema.

In the treatment of such conditions the operation of Denker, which gives good access to the cavities of the nose, antrum, ethmoid, and sphenoidal sinuses, is often of service when the disease is not already too advanced. *Thomas Guthrie.*