

## Abstracts.

## PHARYNX.

**Rolleston, J. D.—Congenital Heart Disease and Ulcerative Sore Throat.**  
Royal Society Medicine—Section, Disease in Children—"Proceedings," February, 1915, p. 51.

Rolleston reports the case of a male infant, aged eleven months, who was admitted to hospital suffering from diphtheria on the eleventh day of the disease. There were membranes on the tonsils, faucial pillar, and uvula, and a profuse nasal discharge. There was marked ulceration of both tonsils. No Vincent's organisms. The ulceration gradually spread over the uvula and palate. Death took place from broncho-pneumonia.

*Post mortem.*—Heart: (1) Transposition of the great arterial stems; (2) deficiency of the inter-auricular septum; (3) an interventricular foramen; (4) stenosis and hypoplasia of the pulmonary artery.

The present case is no exception to the general rule, that cases of congenital heart disease are very liable to succumb to acute infection.

With regard to the nature of the infection in this case, it was not diphtheria, although there were a few organisms morphologically resembling diphtheria organisms.

*Archer Ryland.*

**Poynton, F. G., and Higgins, T. T.—Persistent Pharyngeal Rudiment.**  
Royal Society Medicine—Section, Diseases in Children—"Proceedings," February, 1915, p. 60.

The specimen was removed from a female, aged five months.

The tumour was pear-shaped and attached by a narrow fibrous stalk to the left lateral pharyngeal wall, exactly in the supra-tonsillar fossa. On section it showed a piece of cartilage in the substance of the tumour.

Microscopic examination: Normal skin on outside showing compound epithelium, hair follicles, and sebaceous glands, with considerable fibrous tissue in the subepithelial planes, as well as fat.

*Archer Ryland.*

**Goerke, Max.—Tonsillectomy: Indications and Results.** "International Archives of Laryngology, Otology, and Rhinology," May-June, 1914.

The author reiterates the hypothesis of the defensive rôle of the tonsils. In addition to infections, for which many hold the tonsils responsible, he cites a much extended catalogue, including even osteomyelitis, vasomotor hyperexcitability, phlebitis, gastric ulcer, and anterior polio-myelitis. The author then at elaborate length postulates, as if new, the old hypothesis that the tonsils, after performing their functions, involute. Such involution does not begin until the age of twelve, and enucleation should not be performed at a younger age than this. In these younger patients, alternatives are tonsillotomy, painting the crypts with tinct. iodi., or irrigating them. Adenoids removed at the age of two or three recur, but nevertheless such early procedures may be necessitated by nasal obstruction or middle-ear disease. Even in adults there may be a pseudo-recurrence of the faucial tonsils, after complete removal, owing to the lingual tonsil growing out laterally into the tonsillar fossæ.

While pleading for conservatism, the author admits that sepsis and hæmorrhage are just as likely after partial as after complete operations. His own happy experience in never having had to use clips for the

pillars he attributes largely to previous infiltration with novocain and adrenalin.

Finally, in considering indications and contra-indications in any individual case, we must regard as absurd the theory that the body contains any organ possessing no function other than to flood the organism with poisons, and the author therefore utterly disagrees with the statement of Bosworth, that "the existence of tonsils should be regarded as a disease."

*H. L. Whale.*

### NOSE.

**Bliss, M. A. (St. Louis).—The Importance of the Paranasal Sinuses in the Explanation of Pain in the Face, Head, Neck, and Shoulders.** "Amer. Journ. Med. Sci.," February, 1915.

Some two years ago the writer, in conjunction with Dr. Greenfield Sluder, reported some observations on the relation of the branches and ganglia of the fifth cranial nerve to the accessory sinuses of the nose. Both at that time and subsequently he has attempted to prove that the nerve-trunks and ganglia (particularly the spheno-palatine ganglion) are influenced by infection of the sinuses, and that widespread referred pain may originate from this cause, and may resist all treatment unless its origin is recognised.

It is believed that inflammation in the sinuses or in the nasal cavity proper may involve the ganglion and give rise to the following symptom-complex: Pain at the root of the nose, around the eyes, and in the jaws and teeth, extending backwards to the zygoma, ear, and mastoid, and spreading to the occiput, neck, scapula, and breast, and when severe to the arm, forearm, hand, and fingers. In certain cases the pain is accompanied by itching of the skin of the upper limb, disturbance of taste, and a sense of stiffness and weakness of the arm. In addition there are diminished sensibility of the soft palate, pharynx, tonsils, and nasal mucous membrane on the same side, while motor phenomena take the form of elevation of the soft palate on the affected side with deflection of the uvula to the opposite side.

Although the entire symptom-complex is rarely seen, the author has recently met with cases which exhibited all the features mentioned. In some of them cocainisation of the area of the spheno-palatine ganglion relieved the pain for a time. In others the pain was thought to be due to neuralgia of the Vidian nerve, the latter being exposed in the floor of a suppurating sphenoidal sinus.

The treatment of cases of spheno-palatine ganglion neuralgia is difficult and often at first disappointing, the nerve-cells being much less easily destroyed than are nerve-fibres, but the author has met with a considerable degree of success as a result of injection with alcohol, the ganglion being reached with a straight needle from below the posterior end of the middle turbinal, or by means of a curved needle entering through the spheno-palatine foramen. Experiments on the cadaver have proved that the ganglion or its immediate neighbourhood may be thus injected in most cases.

*Thomas Guthrie.*

## MISCELLANEOUS.

**Gradenigo, G.—Dry Pulverisations obtained by the Author's Method.** "International Archives of Laryngology, Otology, and Rhinology," May-June, 1914.

After using this technique the vapour may be found microscopically in mucous membranes as droplets, crystals, or granulations, from 1 to  $8\mu$  in diameter. Heat is unnecessary, wherefore there is no risk of alteration in the chemical state of the medicament. Stefanin has made a model of the tracheo-bronchial tree, whose smaller (? tertiary) bronchioles have a diameter of  $\frac{11}{10}$  mm. and a length of 20 c.m.; their lumen is painted with glycerine to simulate mucus. Experimentally, the lower in the tract one proceeds, the more rapidly is the vapour absorbed; moreover, the particles carried by this method bear a charge of electricity, which also must have some effect on the organism. The author specifies the various drugs tried, and says that for some—*e. g.* soluble calcium salts—absorption is more rapid than by ingestion or hypodermically.

The therapeutic field of action is wide, and includes catarrh of the respiratory tract, sinusitis, atrophic rhinitis, and the pharyngeal paræsthesiæ and "phonesthesiæ" of singers and orators. In carcinoma, or tuberculosis of the larynx, the method may simply aggravate the lesion. In gouty disorders renal elimination is helped by iodides given by this method. In the host of modern therapeutic uses of calcium lactate the method is better than by the mouth, because in the latter case absorption is erratic and the soluble lactate becomes the insoluble phosphate. For pulmonary phthisis the system, proposed by some authors, of finely pulverising insoluble calcium salts by purely mechanical means is not free from the danger of creating an artificial pneumo-coniosis.

*H. L. Whale.*

**Cheyne, Sir W. Watson.—The Antiseptic Power of Iodine.** "Treatment of Wounds in War." Hunterian Oration, Roy. Coll. Sur., 1915, "Lancet," February, 1915.

The subject of this oration was an important and far-reaching pronouncement regarding the practical value of iodine as an antiseptic in wounds.

While admitting that he had always been "under the impression that iodine was quite a useful antiseptic," he was afraid that such a view could no longer be held, as his experiments had proved its inefficiency.

An exhaustive series of tests were made with iodine, carbolic acid, double cyanide of mercury and zinc, bichloride of mercury, salicylic acid, oils of cinnamon, origanum, and eucalyptus, izal, cyllin, lysol, balsam of Peru, trikresol, etc., both *in vivo* and *in vitro*. The conclusions arrived at were that the best medium for plugging was a paste consisting of: Lanolin, 6 parts; white wax, 1 part; mixed with 20 to 30 per cent. of trikresol or carbolic acid. Iodine proved a complete failure. The high toxicity of carbolic acid made it inferior in practical value to trikresol. The chief point established was that, although mixed with a fatty base, the trikresol showed great diffusibility into the surrounding medium.

This pronouncement, in view of the wide faith in iodine as an efficient antiseptic, appeals specially to aural surgeons, and should be read in full.

*Wyatt Wingrave.*