

Abstracts.

MOUTH, Etc.

Oppenheimer, S.—*A Case of Primary Epithelioma of the Uvula.* "Med. Record," August 10, 1901.

In this case the patient was a man, aged eighty-one, who for the past year had complained of irritation in his throat. At various times he was examined, with, however, negative results. For a few weeks before being seen by the author a thickening of the tip of the uvula was noticed, which rapidly increased and involved the whole of the organ, which grew as large as an ordinary walnut. The growth was bluish-red in colour, not ulcerated, and firm to the touch. The cervical glands were slightly enlarged, but not tender. Slight pain was complained of radiating to the ears. A small piece of the growth was removed, and on microscopic examination presented the characters of an epithelioma. Operative interference was deemed inadvisable. The author remarks upon the rarity of such cases, and refers to the published cases of Lennox Brown and Walter Downie.

In favourable conditions for operation complete cure may be effected. Ulceration of a primary epithelioma of the uvula does not take place until a late stage of the disease. The most usual symptom complained of by the patient is faucial irritation, due to moderate inflammatory reaction and slight œdema of neighbouring tissues. *W. Milligan.*

Oren, S. H.—*Report of a Case of "Epithelioma" involving Tonsil, Faucial Pillar, and Tongue, with Treatment and Apparent Cure.* "Journal Amer. Med. Assoc.," August 10, 1901.

The growth was microscopically diagnosed as an epithelioma. Hypodermic injections of pure alcohol were made in several places outside the periphery of the ulcer and in and above the anterior faucial pillar. Inflammatory reaction resulted, leaving a circumscribed hard mass. This indurated area was ultimately dissected out, the base being curetted and cauterized. No return of symptoms had taken place after the interval of one year. *W. Milligan.*

NOSE, Etc.

Baratoux, J.—*The Surgery of the Maxillary Antrum in the Eighteenth Century.* "Revue Hebdom. de Laryngologie," etc., February 9, 1901.

This is a short account of the methods of opening the maxillary antrum adopted by surgeons of the latter half of the eighteenth century (1753 onwards). *Arthur J. Hutchison.*

Curtis, H. H.—*The Future Treatment of Hay-fever.* "Med. Record," July 13, 1901.

In the treatment of hay-fever the author has tried the internal and hypodermic exhibition of watery extracts of various flowers. In one patient, an unmarried woman, aged thirty-five, who for years had suffered from most severe neurotic coryza, great relief was afforded by

giving doses of a sterilized infusion of roses. Other experiments of a like nature suggested the advisability of trying the effects of solutions of ragweed in cases of severe hay-fever. A tincture and fluid extract of this plant were made up, and various patients were submitted to the treatment. From many observations made by the author, the conclusions formed were that in those cases entirely dependent upon ragweed as the exciting cause immunization could be effected in about 60 per cent. by the internal administration of the tincture of ragweed.

W. Milligan.

Gaudier and Hèze.—*A Case of Sphenoidal Sinusitis.* "L'Echo Méd. du Nord.," May 26, 1901.

Mr. X., aged forty-five, suffered from severe headache. The pain came on every night between two and three o'clock, increased in intensity till about five o'clock, then gradually passed off. It commenced always on the right side, radiating to the back of the right eye, to the right jaw and ear, then spread all over the head. The general health became gravely impaired. The pain commenced to pass off after a little white discharge had been blown from the right nostril. Before consulting the authors patient had been treated with all manner of sedatives, antineuralgic, antisiphilitic, etc., medicines.

On examination of nose, pus was found in the right olfactory slit, and traced to the right sphenoidal sinus. After removal of a ridge on septum, and of the posterior half of the middle turbinated and the anterior end of the hypertrophied inferior turbinated bodies, the anterior wall of the right sphenoid sinus was freely removed with a Martin's forceps.

The sinus was next curetted and swabbed with zinc chloride, and, some loose pieces of mucous membrane having been burnt away with galvano-cautery, packed with iodoform gauze. The packing was renewed daily, then every second day. Result: a complete cure.

In cases with wide nares and atrophied turbinals there is but little difficulty in diagnosing and treating a sphenoidal sinus empyema, but where the nares are narrow and the turbinals hypertrophied much difficulty arises. In such cases, however, removal of the posterior half of the middle turbinal will generally give room enough for both diagnostic and curative procedures. Operation through the frontal sinus or maxillary antrum is not justifiable except in cases of multiple sinusitis.

Arthur J. Hutchison.

Lermoyez, M., and Mahu, G.—*Further Researches concerning the Action of Hot Air on the Mucous Membrane of the Upper Air-Passages.* "Annales des Maladies de l'Oreille, du Larynx, du Nez et du Pharynx," July, 1901.

In this the author's second paper on the subject details are given of a number of cases, and the following conclusions arrived at:

1. Experiments, continued since last year, have confirmed the results already obtained by the aërothermic treatment of the following affections: Spasmodic rhinitis; congestive rhinitis, fluctuating; hypertrophic rhinitis; hydrorrhœa, with nasal obstruction, rhinorrhœa, sneezing, asthma, naso-pharyngeal catarrh; otalgias; tubal and tubotympanal catarrhs, with deafness, vertigo, etc. The experiments made by Lichtwitz and Menier, of Bordeaux have given practically similar results.

2. The cures or improvements obtained a year ago, and described in the former communication, have mostly been maintained.

3. The aërothermic treatment has been given several new applications, to the author's entire satisfaction, as follows: Treatment of acute coryza, hay-fever, certain trophic or sensory nerve troubles, and the epidermization of wounds at the end of suppuration. The results obtained, according to the nature of the affections, are interesting, and of a nature to encourage one to continue the application of aërothermic treatment in the diseases of the upper air-passages. A table of results accompanies the paper.

Macleod Yearsley.

THYROID, Etc.

Cristiani.—*Functional Activity of Thyroid Grafts.* "Revue Méd. de la Suisse Romande," January, 1901.

The question whether thyroid grafts ever actively fulfil the functions of the thyroid gland is still discussed by physiologists. Some maintain that a thyroid graft can grow and actively perform the functions of the thyroid gland; others maintain that these grafts merely act as a reservoir of thyroid secretion from which the animal can draw supplies, but that active secretion does not take place. During the time the animal is using up this artificial supply its own accessory thyroids undergo rapid development. If they have reached a sufficiently advanced stage of development before the artificial supply is exhausted the animal lives, and the thyroid graft gets the credit of having taken on the functions of the thyroid gland. Cristiani is of opinion that the graft does become an active gland. In this paper he discusses the question with regard to the vascularization of the graft. When a thyroid graft is implanted in an animal the vessels at first nearly all disappear, then a new formation of vessels takes place. Now, if the graft does not take on active functions, this new formation of vessels should not vary much in different cases, but if the graft becomes an active gland its vascularization may be expected to vary with the activity of the gland. Thus, in an animal in which total extirpation of the thyroid has been performed the graft ought to be very active, therefore highly vascularized; if only partial extirpation has been performed the graft should be less active, therefore less vascularized; whilst if the thyroid has been left intact, the graft need not act at all; the vascularization, therefore, will be very slight. These conditions Cristiani has found to be fulfilled in a number of experimental cases. A coloured plate illustrates the amount of vascularization in different circumstances.

Arthur J. Hutchison.

E A R.

Bernard, Raymond.—*Double Deafness from a Central Cause.* "Annales des Maladies de l'Oreille," etc., August, 1901.

Diseases of the auditory nerves are little known, and somewhat discouraging from their difficulties of study. The author excuses himself for publishing a somewhat incomplete case, on the grounds of the paucity of the literature of the subject. The patient was a young man, formerly of robust health, who was suddenly attacked by severe Ménière's symptoms, with violent headache. When these had ceased,