

MOUTH, &c.

Brown, R. Hill—*Parotitis from Obstruction of Stensen's Duct.* "Lancet," April 16, 1898.

A WOMAN consulted the author for inflammation of one parotid gland. She complained of a pricking sensation in the mouth, and examination revealed a small-pointed body projecting from Stensen's duct. When extracted, it proved to be a feather about an inch in length. Its removal was followed by a flow of pus and sero-purulent fluid from the duct, and the pain and swelling rapidly diminished.

St. Clair Thomson.

Franklin, Melvin (New York).—*Retropharyngeal Abscess ulcerating into the Left Internal Carotid Artery (?), followed by Right-Sided Hemiplegia, with Aphasia, and Recovery.* "Medical News," Feb. 19, 1898.

THE patient, aged seven years, was suffering from simple angina with slight œdema of the posterior wall of the pharynx. On the second day there was sudden profuse hæmorrhage from the nose and mouth; and a pulsating swelling appeared on the left side of the neck. On examination of the interior of the mouth, blood was seen gushing from a point behind the left tonsillar pillar. In order to arrest the bleeding, the pharynx was tightly plugged with a large piece of sponge, by means of a catheter passed through the nose. This had the desired effect.

A few hours later there was asphasia, with paralysis of the right side of the face and right arm; the paralysis rapidly developed, culminating in complete loss of sensibility, and paralysis of the entire right side of the body and complete asphasia. For three days the condition remained about the same, the pulsating tumour in the neck, however, gradually diminishing.

The plug was then removed; this was followed by slight hæmorrhage, which was, however, easily controlled, and the child gradually improved—in a month's time being able to be about, but still unable to walk unaided, or to articulate distinctly.

After twelve months the patient had recovered the power of speech, and only suffered from slight weakness in the right arm and talipes equinovarus.

St. George Reid.

Hektoen.—*Carcinoma of the Pharynx with Extensive and Erratic Cornification.* "Philadelphia Med. Journ.," March 19, 1898.

THE case is that of a man, forty-five years old. There was carcinomatous ulcer in the left sinus pyriformis, metastatic growth in the right side of the neck, and in the liver, and the right half of the epiglottis and the adjacent pharyngeal mucous membrane was the seat of irregular ulceration.

Microscopic examination showed extensive cornification of groups of epithelial cells—"cell nests."

B. J. Baron.

Reardon, Timothy (Boston).—*A Unique Case of Œdema of the Superior Surface of the Soft Palate.* "Boston Med. and Surg. Journ.," March 17, 1898.

THE patient, aged twenty-eight, had for some time suffered from pharyngeal catarrh, with expectoration of muco-purulent crusts. Suddenly, one morning at 2 a.m., he was roused by the sensation of a foreign body in the throat, and on looking in the mirror found that the back of the mouth was occupied by a white swelling dependent from the soft palate. When medically examined the fauces were found to be filled up with a pale glistening mass the size of a pigeon's egg,

the line of junction with the soft palate being sharply defined. The uvula was oedematous, and the inferior surface of the palate pale.

An incision evacuated some clear serum, and the mass rapidly disappeared. The author states that the nose and pharynx were healthy, but the vault of the pharynx was covered with muco-purulent secretion. *StGorge Reid.*

N O S E, & c.

Barth (Danzig). — *Operative Treatment of Emphyema of the Frontal Sinus.* "Deutschen Medicinischen Wochenschrift," April 28, 1898. Congress of the German Surgical Society, Berlin, April, 1898.

THE osteoplastic operation (Kusber and Czerny) has overcome most of the disadvantages of the other methods. The drainage into the nose is, however, apt to be blocked, so that many operators do not rely on it. Barth thinks that, if possible, a wider exit should be made. He splits the nasal bone and the nasal process of the frontal bone, and forms a wider communication between the nose and the frontal sinus by removing the ethmoid cells. The wound is sutured after thorough removal of the frontal sinus mucous membrane. The method gives a good cosmetic result, disease of the ethmoid cells is not overlooked, and protection against relapses is obtained. *Guild.*

Guder.—*The Effect of Irritation of the Nasal Mucosa upon the Movements of the Heart and Pulse.* "Ann. des Mal. de l'Oreille," Jan., 1898.

IN view of the numerous reports—many of which are quoted in this paper—of cases in which nasal disease has been associated with affections of the heart's action, cardiac pains, etc., the author has undertaken a number of experiments in order to gain some definite knowledge on the subject. His method has been to take a sphygmographic tracing from the radial artery with Dudgeon's instrument, and then, leaving the arm and instrument in position, to irritate the surface of the turbinates and septum while a second sphygmographic tracing is obtained. A variety of irritants have been used—the probe, galvano-cautery, irritating in-sufflations, etc.—and the area submitted to irritation has been both limited and extensive. In all forty-three subjects have been tested—thirteen without and thirty with nasal disease—and the experiments have been repeated on several occasions.

The author has been impressed with the importance of this repetition; for the emotional element has a great influence in the variety of tracings obtained. Among the normal cases, where the turbinates and septum have been subjected to irritation, a certain proportion showed some increase in the pulse rate and some changes in the form of the dirotic wave. Slowing of the pulse and cardiac oppression were never observed. Where nasal disease was present a similar result was obtained, about half the cases showing a slight increase of frequency (eight to ten per minute), but nothing which produced subjective palpitation. In only one instance was slowing observed.

The result of the series of experiments is, then, entirely negative: though the author admits that, where a marked neurotic taint is present, some cardiac disturbance may occur from nasal disease.

He sums up as follows:—

1. The research proves that no special relationship exists between the nasal mucosa and the innervation of the heart.
2. The cases of cardiac disturbance dependent on nasal disease which have