

SCHIFFERS: *Retropharyngeal Glandular Abscess and Diphtheria.*

An attempt to explain the pathogeny of certain cases of suppuration of glands in the back of the pharynx by the presence of a microbe of variable nature. The author also relates a case of diphtheria followed by a retropharyngeal abscess on the right side in a child four years old, produced either by the Klebs-Loeffler bacillus or by a streptococcus.

HENNEBERT (Brussels): *A Case of Epithelioma of the Tongue.*

When the patient was seen operation was out of the question. The left border of the tongue was deeply excavated, with sloughs at the bottom, and the anterior pillar presented a large growth. The glands behind the angle of the jaw were much involved. To relieve pain and to diminish the fœtor of the breath a complex treatment was adopted. Lotions of formalin 1 per cent. to 3 per cent. were the chief means used. Besides this the author used sprays of peroxide of hydrogen and phenosalyl, and insufflations of orthoform, borax, cocain, and morphia, upon the sloughing and granulating surfaces. Little by little the loss of substance of the tongue filled up, and scar tissue took its place, the anterior pillar resumed its normal aspect, and for nearly nine months the patient, who took food well and suffered no pain, thought himself cured. At the end of this interval the base of the tongue was gradually destroyed by ulceration, the new growth of the anterior pillar reappeared, as well as the pains, fœtor of breath and hæmorrhages, and the patient died of cachexia.

CHICHELE NOURSE.

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## Abstracts.

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### NOSE AND NASO-PHARYNX.

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Réthi.—*Nasal Reflexes.* "Monatsschr. f. Ohrenheilk.," January, 1904.

Réthi removed the anterior half of the left middle turbinal from a man suffering from empyema of the left anterior and middle ethmoid cells, then put a tampon into the nose. The other accessory cavities were free of pus. Two hours later the patient noticed that he had to some extent lost control of the right leg, that it felt heavy, and that sensation in it was less certain than in the other. His gait was uncertain and dragging. These conditions were present when patient returned to

Réthi next day. He removed the tampon, whereupon all the symptoms disappeared.

In another case Réthi removed a hypertrophy from the left inferior turbinal, and packed the nose. Next day patient reported that her gait had become unsteady, she had felt giddy, and had staggered in walking. There was no dragging and no weakness in the legs. On removal of the tampon the symptoms disappeared.

In a third case, a greatly hypertrophied middle turbinal was removed, and a tampon put into the nose. The patient on his way home became so giddy that he had to get help. The giddiness persisted whether he was standing, sitting, or lying. No paresis. On removal of the tampon the giddiness ceased in a few minutes.

The symptoms in these cases may have been reflex, but on the other hand, considering the intimate relations between the nasal lymphatics and the subdural and subarachnoid spaces it seems very probable that they may have been pressure symptoms. Réthi, however, is not sure how far this mechanical explanation may be applied to other so-called reflexes of nasal origin.

*Arthur J. Hutchison.*

**Coolidge, A.**—*Deviation of the Nasal Septum* "Boston Medical and Surgical Journal," May 5, 1904.

The author looks upon deviations and spurs of the nasal septum as largely due to the natural asymmetry of the skull acting upon a thin osseo-cartilaginous plate, held firmly in a bony frame and trying to grow forward. Short accounts of five cases are given. Coolidge adapts his method of operation to each individual case.

*Macleod Yearsley.*

**Emerson, F. P.**—*Local Conditions in the Respiratory Tract modified by General Functional or Organic Disease.* "Boston Medical and Surgical Journal," May 12, 1904.

The author pleads for a wider view among laryngologists and rhinologists. He points out that everyone who has any experience of nasal operations recognises the difference in reaction between the patient who leads an active out-of-door life and the one of sedentary habits. Similarly the man or woman with chronic constipation, indigestion, rheumatism, or gout, will show an individual reaction that is not represented by the amount of trauma or the virulence of the infective organism. Five cases are given to emphasise the importance of studying the patient as a whole, so that when a local condition has been remedied general medicinal measures may be carried out in conjunction with the family physician to prevent a recurrence.

*Macleod Yearsley.*

**Dunbar, Roy.**—*A Plea for a More Thorough Examination and Rational Treatment of Nose and Throat Diseases.* "The Charlotte Medical Journal," June, 1904.

The author deprecates the "treatments habit" in which patients suffer from too much local treatment for nasal and throat diseases. He takes the symptoms of pain, sneezing, stenosis, and discharge *seriatim*, discusses the pathological conditions they may represent, and shows how easy it would be to treat them erroneously. The great importance of looking at the patient as a whole, and not as a mere throat and nose, is strongly insisted upon.

*Macleod Yearsley.*

**Stella, H. de** (de Gaud).—*Endo-nasal Injections of Paraffin in the Treatment of Ozena*. "Archives de Laryngologie, etc.," May-June, 1904.

The author uses paraffin with a melting point about 112° F., and a Broeckaert's syringe rather longer and narrower than usual so as not to occlude the operation field. The syringe is filled with the melted wax and laid in water heated to 150° F., and after the inferior turbinate is cocainised, the wax is slowly injected about the middle of the turbinate is both posterior halves of the inferior turbinates are done at one sitting; the anterior halves are done later. It is advisable to inject small quantities repeatedly rather than a large quantity at one sitting, as there is sometimes considerable reaction and pain, but the author has never had any phlebitis or embolism or any other serious result.

In a series of forty cases he draws the following conclusions:—In early cases and in simple atrophic rhinitis the cure is complete; in bad cases where the bone and middle turbinate are involved the condition is so improved that the patient's friends cannot detect any odour.

*Anthony McCall.*

## LARYNX AND TRACHEA.

**Castex** (Paris).—*Technical Details of Laryngotomy*. "Archives de Laryngologie, etc.," July-August, 1904.

Castex holds that the use of the tracheotomy tube is a great source of infection and irritation, and that it can be dispensed with. He uses chloroform with the patient's head in a dependent position, so as to leave the operation field free from saliva; the thyroid cartilage, the thyro-hyoid and the thyro-cricoid membranes are divided in the usual way, and the tumour removed by the thermo- or galvano-cautery. He states he gets quite good coaptation of the divided cartilage by passing the sutures through the soft parts.

The author admits that it is sometimes necessary to use a canula, and this may have to be done later. Moure, in criticising these statements, pointed out that Castex's method may answer for foreign bodies, but in his experience the use of a tracheotomy tube has had no unfavourable results, and does not think the saliva so very infectious. He also always sutures the thyroid with catgut.

*Anthony McCall.*

**Moure** (Bordeaux).—*Remarks on Thyrotomy*. "Rev. Hebdom. de Laryngol.," etc., June 4, 1904.

The author recommends thyrotomy in cases of foreign bodies in the larynx, in early cases of endo-laryngeal malignant disease, and in cases of benign tumours which cannot be removed by endo-laryngeal methods, or which tend to recur locally, such as papillomata. In the case of foreign bodies and malignant disease he closes the wound immediately, but in the case of papillomata and innocent growth, which tend to recur, he inserts a tracheotomy tube and leaves it in for some time in order to give rest to the larynx. Illustrative cases are recorded.

*Albert A. Gray.*

**Jacques** (Nancy).—*Two Clinical Experiences in Laryngology*. "Rev. Hebdom. de Laryngol.," etc., June 25, 1904.

Reports of two cases. The first was that of a child aged five and a half years, in which laryngotomy was performed in order to remove a foreign body from the larynx. The case did well.