jugular vein could be found, but there was an abscess in the place of the internal jugular. At the time of the operation the patient had residual abscesses, one in the forehead, another in the arm. Streptococcus was found. There was complete recovery. He thought it did not matter what the particular organism was; what did matter was, what was the resistance of the patient to the bacterial infection?

Mr STUART-LOW said that it was pretty well agreed that cases such as these were almost always post-influenzal, and that there was in influenza a great tendency to the formation of clots in the blood-vessels owing to profound changes in the blood. He had often found it very helpful to give quinine for at any rate forty-eight hours before operating, and in at least two cases recently the patient had recovered without operation, the clots having resolved.

Dr LOGAN TURNER (President) said that the results in Mr Patterson's cases were excellent. Did he ligature the internal jugular in all his cases? Its necessity in the second case was obvious, but was there any bleeding from the lower end in the first case?

Mr NORMAN PATTERSON replied that there was no bleeding at the lower end of the sinus in the first case, and he fully expected to find a thrombus in the jugular. In answer to Mr Stuart-Low, he feared that if he had relied on quinine for the treatment of these patients, they would not have been here to-day.

ABSTRACTS

PHARYNX AND NASOPHARYNX

The Treatment of Peri-tonsillar Abscess. LEVINGER (Munich). (*Archiv. für. Laryngol.*, Band 34, Heft 1, p. 155.)

The writer recommends at any stage his operation of extra-capsular enucleation of the upper pole of the tonsil under local anæsthesia (2 per cent. novocain with adrenalin), as described by him in 1914 (*Münch. Med. Woch.*, No. 23) and in 1919 (*ibid.*, No. 12). He postulates for the operation in the early stage with a thorough command of the technique. One advantage of this method of treatment is that it affords protection from recurrence. JAMES DUNDAS-GRANT.

Clinical Reflexions on Peri-tonsillar Abscess. DR CANUYT, Strasbourg. (*L'Oto-Rhino-Laryngologie Internationale*, January 1922.)

The writer emphasises the following points regarding this condition. He quotes the case of the peri-tonsillar abscess left to mature. Suddenly the temperature and pulse rise, and the patient presents the classical signs of phlebitis of the cavernous sinus. The patient,

of course, is beyond the reach of any help, and death may be attributed to refusal to incise earlier. For this reason, early incision is insisted upon, and the following technique is suggested. Preparation of the point of incision by Bonain's drops, and the opening of the abscess by the punch forceps of Lubet-Barbon. This instrument is blunt-nosed and the arms can be separated sufficiently to provide adequate drainage. The cause of the abscess must also be ascertained, septic tonsils, adenoids, sinusitis, or the extension of a periostitis from an erupting wisdom tooth.

A course of certain mineral waters, after surgical intervention, is recommended, the writer placing considerable reliance on their local effect. GAVIN YOUNG.

Some Remote Effects of Tonsillitis. A. B. PAVEY-SMITH, M.C., M.B., F.R.C.S. (*Practitioner*, April 1922.)

The author excludes any reference to the hypertrophied tonsils of children, and deals with the tonsil as an infective focus. The tonsillar condition is not necessarily acute or even obvious, but "includes an infected state, usually chronic, often latent, seldom a symptom, frequently only an unrecognised sign." From some forgotten tonsillar inflammation, crypts remain infected, and "a smouldering inflammatory process goes on in their depths." Partial removal of the tonsil may be the original cause, the divided crypts becoming closed by scar tissue.

This may cause such diseases as endocarditis, pericarditis, fibrositis, toxic neuritis and appendicitis. The writer deals mainly with the tonsil as a focus in arthritis.

An excellent historical review is given of the experimental and clinical evidence which has been adduced to prove the rôle of the tonsil in the production of arthritis. As to diagnosis, the history of sore throat, and the size of the tonsils are alike misleading: redness, however, if limited to the tonsil and its immediate surroundings, is a more reliable sign, and in some cases there is only a vertical red streak or minute dilated vessels on the anterior pillar. The tonsil should be squeezed between two spatulæ to examine the condition of the crypts—with a good light—fluid pus can often be seen expressed from a tonsil which at first sight appeared comparatively healthy. If bleeding occurs, the author takes this as evidence of granulations in the crypts; enlargement of the tonsillar gland is definite evidence of infection.

A caution is given against accepting the tonsil as *the* focus when it may be only *a* focus; the teeth, middle ear, and nasal accessory sinuses should also be examined.

As to treatment, only complete enucleation should be considered, and the author holds that this may be indicated even in cases where

a focus cannot be found after the most complete examination "because it has been proved that the tonsil, more than any other known focus, can be deeply infected and yet present a perfectly normal appearance."

T. RITCHIE RODGER.

Aluminium Throat Swabs. LACHLAN GRANT. (*Brit. Med. Journ.*, 18th March 1922.)

The writer draws attention to the drawbacks attached to the use of copper, iron, steel, or thin nickel wire in connection with sterilised throat swabs. These metals are easily tarnished and become discoloured and unattractive for the purpose for which they are employed. The attached pledget of wool is also likely to become stained.

Aluminium wire, on the other hand, keeps bright and clean. It can be easily moulded and yet is sufficiently rigid for swabbing purposes. It stands boiling and in its composition it contains no harmful bactericidal elements, as may be the case with copper and nickel.

A. LOGAN TURNER.

A Case of Lingual Goitre. G. DIDIER. (*L'Oto-Rhino-Laryngologie Internationale*, January 1922.)

A woman of 49 complained of irritation in the throat, causing continual coughing. The patient presented the appearance of myxœdema, and had been treated for the previous fifteen years with thyroid. Swallowing was difficult, solid food causing pain. The dorsal decubitus always brought on coughing.

Examination revealed the fact that the thyroid gland was absent from its normal place. Indirect laryngoscopy showed a tumour at the base of the tongue, round, symmetrical, and in the middle line, which filled the isthmus of the pharynx and hid the vestibule of the larynx. The swelling was soft but non-fluctuant.

The absence of the thyroid gland from its normal place and the appearance of this swelling suggested lingual goitre. The differential diagnosis is gone into, regarding simple tumour, gumma, and tuberculoma. The reporter deprecates surgical intervention, and states that since his first examination, there has been no increase in the size of the tumour.

GAVIN YOUNG.

The End-Results of Removal of Tonsils and Adenoids. HAROLD S. SINGTON, M.D., M.R.C.S. (*Brit. Med. Journ.*, 4th March 1922.)

This is an interesting contribution to the subject, from the viewpoint of the general practitioner who, as the author says, "is naturally in the best position to judge the end-results, since he is able to observe the patients more intimately and for longer periods than the operator." His statistics include the number of attendances required by the child

before operation, and the number afterwards, and he reaches the conclusion that "once convalescence after the operation is complete, the child's health is so greatly improved that one has hardly ever had to attend him or her again."

Of the 52 cases cited, 47 per cent. required no further attendance; 9 per cent. were attended to for intestinal disorders; 7.5 per cent. for congenital deformity; 7.5 per cent. for zymotic diseases; 4 per cent. for appendicitis, and 19 per cent. for other disturbances unconnected with the throat.

All the cases included are children whom the writer has been able to keep trace of, as being the family medical attendant.

T. RITCHIE RODGER.

Ocular Complication following on the Removal of Adenoids. FIOCRE, (*L'Oto-Rhino-Laryngologie Internationale*, December 1921.)

A youth of 18 was operated upon for the removal of adenoids. The operation was uneventful. Two days after the operation, however, the patient complained of pain in the left lower eyelid, which was followed on the next day by œdema and tenderness to pressure in both eyelids on the same side. The fundus and vision were found to be normal, and from the fifth day after operation improvement commenced until on the ninth day after operation recovery was complete.

The reporter suggests that the condition was emphysema following on damage to the sphenoidal or posterior ethmoidal cells, which was fortunately unaccompanied by sepsis. GAVIN YOUNG.

Malignant Disease of the Throat. W. S. SYME, Glasgow. (*Journal of the Canadian Medical Association*, December 1921.)

The lines followed, regarding the etiology of malignant disease of the throat, are those laid down by Logan Turner—the disease affects the oro-pharynx (tongue and fauces included), in the proportion of five males to one female; in the laryngo-pharynx, five females to one male; in the larynx, five males to one female. No definite reason has been accepted for this distribution, although many theories have been advanced. The age incidence shows that women are affected at an earlier age than men, the average age for the laryngo-pharynx being 45 in females, 57 in males. The age is higher in laryngeal, than in pharyngeal malignant disease.

The symptoms exhibited vary with the site of the disease. Hoarseness, or difficulty in swallowing, enduring for any length of time, should at once give occasion for expert examination. Indirect laryngoscopy may disclose the presence of a growth, but does not usually show its extent. The condition of the cords, with regard to

mobility, may also be noted, and inferences drawn from fixation or paralysis. Direct examination, however, is essential to correct diagnosis and treatment. The suspension method, by pressing forwards the tongue and epiglottis, brings the larynx and hypopharynx into direct alignment with the observer's eye, and the extent of the growth may be determined and a piece excised for examination. Syme finds this method very satisfactory. The endoscopic tubes may be a valuable aid in determining the extent downwards of the growth. X-ray examination of a bismuth or barium meal may also be utilised to ascertain the spread of the disease. The presence of glands should be carefully sought for.

Regarding treatment by operation, the aim of the surgeon is to extirpate the growth, and yet to retain the continuity of the food and air passages. Operation for intrinsic cancer of the larynx has established itself by its success. In malignant disease of the pharynx the situation becomes more complicated. In the suitable case for laryngectomy, the disease must not have extended into the food passages, and it must be possible to divide the trachea below the growth, and yet leave enough windpipe to bring forward to attach to the skin. In this operation, Syme exposes the larynx and trachea fully, dividing the isthmus of the thyroid gland. The trachea is separated off from the œsophagus and cut across as far as possible from the growth. The upper end is now separated off and removed, and the tissues sutured over the pharynx, a tube having been passed through the nose into the stomach. To remove the pharynx in addition, after the trachea is divided, the œsophagus is clamped and divided, and the lower end passed forward and sutured to the skin. Much good work has been done by Trotter of London in the matter of preserving the continuity of the food and air passages, by the ingenious use of skin flaps. Syme quotes a case of his own in which laryngectomy was performed. Nearly four years later the man had no recurrence, had a very good pharyngeal voice and was actually able to smoke. Syme admits, however, that the majority of these cases do not end well, the condition being very far advanced, of course, before coming to the necessity for this type of operation.

He concludes by pleading for the earlier recognition of the disease by the general practitioner, and the immediate reference of doubtful cases to the laryngologist. GAVIN YOUNG.

Diathermy in Malignant Disease of the Mouth and Fauces. W. J. HARRISON, M.B., M.R.C.S. (*Practitioner*, May 1922.)

The advantages of diathermy over excision by the knife are detailed—freedom from shock, diminution of hæmorrhage, lessened deformity, and more speedy return to normal habits. It is claimed

that the remarkable amelioration of symptoms in cases sent to the diathermist only because they are much too far advanced for surgical treatment, and the apparent cures lasting over long periods, of cases moderately advanced, justify a more routine use of this method of treatment in early cases. T. RITCHIE RODGER.

MISCELLANEOUS.

A Departure in Hospitals: the National Hospital for Speech Disorders. JAMES SONNETT GREEN, M.D., New York. (*Journ. Amer. Med. Assoc.*, 26th November 1921, Vol. lxxvii., No. 22.)

Dr Green is the director of the work at the clinic of this Hospital, which was founded about three years ago. It was formed in order that some systematised effort might be made to intelligently care for those who, from whatever cause, had defective speech. So far, over 3000 people have applied for treatment, and of these 1500 were stutterers. The paper deals very thoroughly with the subject and seeks to justify the placing of such cases in the hands of competently trained medical men, and advocates the founding of similar institutions in other large centres. PERRY GOLDSMITH.

The Borderline of Rhinology, Neurology, and Ophthalmology. GREENFIELD SLUDER, M.D., St Louis. (*Journ. Amer. Med. Assoc.*, Vol. lxxvii., No. 9, 27th August 1921.)

This paper is not suitable for abstracting, and loses much in an endeavour to do so. The writer discusses lower half headaches (Sluder's Neuralgia), choked disk, and injection of the nasal ganglion, which he has done over a thousand times. While agreeing that Cushing's paper, referring to the unnecessary nasal operations performed on cases in which the disease was intracranial, is true and timely, he cites cases in his own practice in which decompression has been performed for head pains which were promptly relieved by operation on the sphenoidal sinus. PERRY GOLDSMITH.

Harmful Surgical Intervention in Tuberculosis. F. CHAVANNE. (*Oto-Rhino-Laryngologie Internationale*, July 1921.)

1. *In active tuberculosis.*—The influence of traumatism in the mechanism of auto-inoculation in the case of this disease seems to be in danger of being forgotten. No operation on the nose, throat, or ear should be performed on a patient suffering from tuberculosis, or even on one who is in a state of apparent cure from this disease. The writer instances the case of a student with a quiescent tubercular focus in his right lung, who underwent the operation of submucous

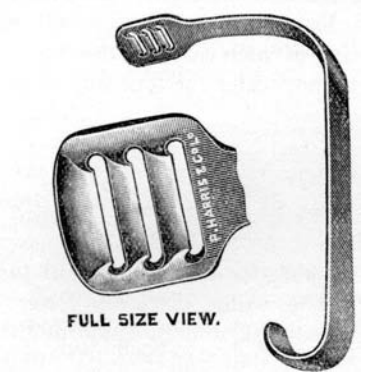
resection of the nasal septum. Immediately after the operation, the other lung became infected, and the patient died three months later.

2. *In those predisposed to tuberculosis.*—The same abstention should be practised in the case of patients with the tubercular diathesis. It is impossible, however, to refuse to the children of tubercular parents the advantages of free air-passages, a normal nose and throat being the best prophylactic for tuberculosis. GAVIN YOUNG.

TONGUE SPATULA.

B. SEYMOUR JONES, F.R.C.S., Hon. Surgeon, Ear and Throat Hospital, Birmingham.

The spatula illustrated has been designed to afford a better grip of the tongue than the usual pattern. It has been found extremely useful in steadying the tongue whilst cauterising lymphoid follicles on the pharyngeal



wall, for examining the beds of tonsils after dissection, and for operating for quinsy.

In addition to the inclined slats it has a phlange at the edge to prevent lateral slipping.

The instrument is made by Messrs Philip Harris & Co., Edmund Street, Birmingham.

GENERAL NOTES

The Semon Lecture, University of London, was delivered on 12th July, in the Hall of the Royal Society of Medicine, 1 Wimpole Street, by Professor H. S. Birkett, C.B., M.D., Dean of the Faculty of Medicine, M'Gill University, Montreal. The subject of the Lecture was "The Development of Trans-Atlantic Rhino-Laryngology." We hope to publish an abstract of the Lecture in an early number of the *Journal.*