

Abstracts.

FAUCES.

Goris, C.—*Note upon the Removal of a Goitre from the Tip of the Tongue.* "La Presse Oto-laryngologique Belge," January, 1907.

A lady, aged fifty, fell and bruised the end of her tongue between her teeth. A month later a little swelling appeared at the point of injury, which grew rapidly and quickly attained the size of a large nut. The tumour was slightly to the right of the median line, close to the tip, and was situated in the substance of the tongue without adhesions to the mucous membrane. After removal it was examined microscopically by Professor Van Duyse, and proved to be an aberrant para-thyroid.

Chichele Nourse.

Hunter, John.—*Faucial Tonsils; Abnormal Conditions and Treatment.* "Canadian Practitioner," December, 1906.

This is a practical article dealing with the subject as at present understood. It contains one or two points of interest worthy of mention. Speaking of the submerged tonsil the writer says that the tissues may present the appearance of a compressed sponge, accompanied by more or less atrophy of structure; also that when pyogenic bacteria become occluded in the crypts and follicles they give rise to chronic suppurative processes.

He believes in treatment of the submerged tonsil by thorough removal. His method is to seize the tonsil in the claws of a double tenaculum, one prong being inserted into the upper end and the other in the lower end. Then, drawing the tonsil inwards and forwards, a snare is adjusted round its base and its removal effected. Removal piecemeal by a tonsil punch, and enucleation by the finger, are also mentioned.

Price-Brown.

Ziegel, F. L.—*A Case of Perforation of the Soft Palate due to Tertiary Syphilis; Staphylo-rhaphy.*

In this case a gumma formed in the soft palate, broke down, and a perforation resulted. Vigorous anti-syphilitic treatment was carried on for two months, after which, under cocaine anæsthesia, the edges of the cleft were pared and five sutures passed, so as to approximate the edges. The two central sutures tore through, the others held. Stimulation with nitrate of silver, however, effected complete healing.

W. Milligan.

MacLaren, Roderick.—*The Removal of Enlarged Tonsils.* "Brit. Med. Journ.," March 23, 1907.

The patient is deeply anæsthetised and laid upon that side which allows of the greatest illumination of the back of the mouth. The tonsil of the side upon which the patient is lying is grasped by a vulsellum, one blade being placed on the nasal and the other on the laryngeal end of the tonsil. The tonsil is then drawn inwards and forwards. If the tonsil can be well drawn away from within the pillars no knife is used, but if not, a transverse incision is made, starting from about the middle of the

anterior pillar and extending outwards for about three-quarters of an inch. The tonsil is now forcibly pulled out, and a blunt dissector is pushed behind it from above. It is then systematically teased from its connections. There is no recurrence of glandular tissue after this method of removal, and healing is, as a rule, complete within ten days.

W. Milligan.

Donoghue, F. D.—*Cervical Adenitis with reference to Mouth Infection.* "Bost. Med. and Surg. Journ.," March 28, 1907.

The conclusions of this paper, based on 300 cases, are :

- (1) Enlarged glands of the neck are not, primarily, tuberculous, and bear the slightest relation, if any, to general or pulmonary tuberculosis.
- (2) They are due to a mixed infection of pus-producing bacilli.
- (3) They will quickly resolve if the source of the infection is removed before the glandular tissue becomes disorganised.
- (4) If disorganisation takes place the gland should be poulticed until it is practically liquefied. It should then be opened by a stab-puncture, emptied and drained.

(5) Cases seen late, with a large mass of partially calcified and partially disorganised glands present, call for a thorough and extensive dissection.

Macleod Yearsley.

PHARYNX.

Freer, Otto T. (Chicago).—*New Method of Removing Adenoids through the Nasal Fossæ.* "Archives Inter. de Laryngologie, d'Otologie," etc., September—October, 1906.

Dr. Freer advocates the removal of adenoids by means of a special pair of forceps modelled on those of Ingals. He passes the forceps through the fossæ, and with the left forefinger in the post-nasal space engages the adenoid tissue. A general anæsthetic and cocaine locally is used.

Anthony McCull.

NOSE.

Cohn, G. (Königsberg).—*Old and New on Nasal Tuberculosis.* "Arch. f. Laryngol.," vol. xix, Part II, 1907.

The author of this paper discusses some still undecided questions in regard to nasal tuberculosis. After reference to several recent contributions to the subject, he gives the conclusions to which his own observations have led him. He believes that although the occurrence of intermediate forms renders impossible an absolute distinction between nasal lupus and nasal tuberculosis, yet most cases are easily referable to one or other of the following types.

(a) Lupus. The patients are usually young and otherwise healthy individuals. The disease, which may be accompanied or not by lupus of the neighbouring skin, at first often presents the appearance of a simple eczema of the vestibule. Later, nodules and granules are found, most