PHARYNX.

Bergh, E.—*A Case of Congenital Cyst of the Soft Palate.* "Monats. f. Ohrenh.," Year 44, No. 3.

A baby boy, aged seven months, was brought to the writer on May 19, 1909, by his mother because she had noticed the day before "a white knob in his throat." For about a month previously the child had had some difficulty in breathing, his sleep had been restless, accompanied with snoring, and he had suffered from a cough varying in frequency and force (but unlike that due to whooping-cough); also food was rejected, although the contents of the stomach were not vomited, and he had no difficulty in sucking or swallowing.

On examination at first nothing abnormal was detected in his mouth or throat, but with a deep inspiration, which preceded a coughing attack, a white body came into view behind the soft palate. The patient was put under ether, and a pedunculated tumour, about the size of an almond, was removed with scissors from its attachment to the posterior aspect of the uvula.

The patient made an uninterrupted recovery, with complete cessation of the symptoms. The microscopic examination showed it to be a thin-walled cyst lined with pavement epithelium, and containing a thin fluid in which were some fine particles. There was nothing to suggest it being dermoid in origin.

Bergh considers that its pedunculated character excludes the possibility of regarding it as a "retention" cyst, and diagnoses it as one of those cysts which occur at embryological "lines of closure." He has only been able to find an account of two other such cases.

Alex. R. Tweedie.

Lothrop, O. A.—*Tonsillectomy, with Special Reference to Recent Points in Technique.* "Boston Med. and Surg. Journ.," June 2, 1910.

The writer advocates the complete excision of the tonsil with the capsule, and gives a brief sketch of the history of the operation. Deprecates complicated classification, all tonsils being very similar. Recommends the use of atropine half an hour before operation to reduce salivation. The author prefers to operate under ether anæsthesia with the patient sitting up. To check hæmorrhage, which cannot be otherwise controlled, the suturing of the facial pillars over a pledget of gauze is advised.

Macleod Yearsley.

LARYNX AND TRACHEA.

Gleitsmann (New York).—*Chordectomy for Bilateral Abductor Paralysis.* "Arch. für Laryngol.," vol. xxiii, Part I.

The unsatisfactory results hitherto recorded by those who have had experience of this operation the author is disposed to attribute to the removal of the cords not being sufficiently radical. In the case which he reports, that of a youth, aged sixteen, with bilateral abductor paralysis probably of bulbar origin, thyrotomy was performed and the cords completely removed with cutting forceps, special attention being devoted to the anterior commissure and the posterior ends, a portion of the vocal process being removed on each side. Healing was rapid, and the patient after a short time obtained a fairly good voice due to the function of the cords being taken over by the ventricular bands. This satisfactory con-