

## 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-

dition, however, persisted for only three weeks, after which time the respiratory difficulty began to return. This was found to be due to the development of granulation tissue at the site of the excised cords. The tissue was removed intra-laryngeally by excision and curetting, and the airway made free. The reaction from this operation passed off in two days, and the patient remained well until the end of the week, when he died after a few hours' illness from septic pneumonia. The author suggests that in order to avoid the danger of the intra-laryngeal removal of granulations, which proved fatal in this case, it might be preferable to leave the thyrotomy wound open until complete healing of the raw area has taken place.

*Thomas Guthrie.*

**Mason, N. R., and Inglis, H. J.**—*Acute Œdema of the Larynx following Etherisation for Forceps Delivery; Report of a Case.* "Boston Med. and Surg. Journ.," June 2, 1910.

The writers consider the case unique. Patient was aged twenty-five, with a family history of pulmonary tubercle. She had a moderate nasopharyngitis, which caused her much annoyance from nasal obstruction during her pregnancy. Full ether anæsthesia was induced for an hour and a half. The anæsthetic was taken badly; breathing being difficult, with cyanosis. It was followed by acute laryngeal œdema, which lasted some forty-eight hours, and was rapidly recovered from.

*Macleod Yearsley.*

**Wishart, D. J. G.** (Toronto).—*Date-Stone in Trachea.* "Canadian Journ. of Med. and Surg.," July, 1909.

Patient, male, aged four, was admitted to Sick Children's Hospital with marked symptoms of tracheal tugging and laryngeal obstruction. No direct evidence of cause of obstruction was available. Respiration having almost ceased, the trachea was opened under a general anæsthetic; but as no relief followed, curved forceps were introduced and the membrane irritated. An expulsive cough followed and a date-stone was expelled through the wound. The incision was then closed by three horse-hair sutures, a moist compress was applied, and the patient put under a steam tent. Breathing remained croupy for forty-eight hours. Then the typical rash of scarlet fever developed. The fever ran its usual course, the wound healed slowly, and the patient was discharged on the thirty-eighth day.

*Price-Brown.*

**Gaub, Otto C., and Jackson, Chevalier.**—*Bronchoscopic Aid in Thoracotomy.* "The Laryngoscope," February, 1910, p. 150.

As a result of experiments upon dogs, it was found that operations on the chest-wall and lungs are rendered more easy and less dangerous by the use of an aspirating bronchoscope passed into the bronchus of the lung operated on. During the progress of the operation a continuous stream of oxygen is made to flow down the outer tube, and after circulating through the lung returns by the inner tube. By stopping the return flow with the thumb placed upon the mouth of the tube, the pressure of gas causes inflation of the lung, while if the thumb is removed the lung becomes deflated. The authors found that pleural shock could be lessened in this way, and anticipate from the procedure a marked reduction in the case-mortality that follows opening of the thorax.

*Dan McKenzie.*