

Freedman, L. M.—**The Extirpation of the Tonsil by Enucleation, Partly Instrumental, Partly by the use of the Finger.** "Boston Med. and Surg. Journ.," April 13, 1911, p. 535.

The author points out that tonsil enucleation is not a new operation, as it was described by Celsus in the year A.D. 10. The author's method is done in five steps: (1) Separation of the anterior pillar; (2) incision into the supra-tonsillar fossa; (3) finger dissection of the tonsil anteriorly and posteriorly; (4) snare engaged over the tonsil and tightened; and (5) handle of snare turned and tonsil gradually excised.

Macleod Yearsley.

Burack, S. M. (Charkoff).—**Complications following the Removal of Tonsils and Adenoids.** "Zeitschr. f. Laryngol.," vol. iii, Part V.

Of rather more than 2000 of these operations three were followed by severe and dangerous hæmorrhage from the tonsillar region. In each of them Matthieu's guillotine had been used. In most cases the simplest and most efficient method of arresting the bleeding is direct digital compression with sterile gauze. Instrumental compression, suture of the faucial pillars, their apposition by means of metal clips are theoretically excellent, but not always possible. In five other cases, rather severe bleeding took place from the adenoid area in children of from seven to thirteen years of age. Naso-pharyngeal tamponade is very rarely required in such cases. It is important to bear in mind that the trouble may be due to hanging remains of adenoid, and there should be no hesitation in removing these by a second curretting. Of 540 cases kept in bed after operation, 58 showed some rise of temperature during the first ten days.

Among other complications otitis media occurred six or seven times, chiefly in children with purulent rhinitis. In none of the cases could a direct injury of the Eustachian cushion be determined; the cause of the otitis was apparently an increase in the virulence of organisms already present as the result of the traumatism or the effusion of blood. The otitis took a favourable course in every case.

On the whole, the author considers, that in view of the serious or even fatal complications which may follow these operations, a somewhat more conservative standpoint should be adopted than is at present the case.

Thomas Guthrie.

LARYNX.

Woods, Robert H. (Dublin).—**Carcinoma of the Larynx; Extirpation of Primary and Secondary Growths; Glandular Recurrence; Treatment with Thyroid Extract; Disappearance of Growths.** "Brit. Med. Journ.," July 1, 1911, p. 5.

[A remarkable and striking example of the disappearance of established cancerous growths.] The patient, a man, aged fifty-one, came complaining of pain and difficulty of swallowing of two months' duration. A large ulcerated growth was found involving the right side of the larynx extending towards the pyriform sinus. No history of syphilis. Microscopic examination of a portion of the growth showed it to be a flat-celled carcinoma. Extirpation of the larynx was resolved upon. An autogenous vaccine of *Staphylococcus albus* and *aureus* with streptococci was administered as a

preliminary to operation. Laryngectomy on November 27, 1909. Recovery was retarded by severe hæmorrhage from near the base of the tongue between the fifth and twelfth days after operation, and by sluggish healing on the part of the external wound; granulations failed to form, the sutures cut out, and the tissues around the wound ulcerated away. Later on healing progressed rapidly and the parts cicatrised, leaving, however, as a result of the breaking down, a fistula between the trachea and the œsophagus. Attempts to close the fistula having failed, the author attached an inflatable rubber covering on the tracheotomy cannula, and this, inflated before a meal, blocked the opening so that the patient was able to swallow. At other times the existence of the fistula rendered it possible for the patient to speak "with quite a good voice." The glands over the right carotid sheath were removed on January 29, 1910. Examination showed that they were cancerous. No recurrence appeared until October 19, 1910, when a hard lump was felt on the right side of the neck at the level of the carotid bifurcation. Operation (October 22) showed the growth to be so extensive that removal was out of the question. A portion removed for microscopic examination proved to be cancerous. On the suggestion of Sir Chas. Ball thyroid tabloids, gr. iij, three times a day were tried. On November 22 a fluctuating swelling to the right of the tracheal opening was incised, and some curly, whitish matter (not pus) was let out. This wound gradually closed, but the material accumulated again, and the swelling was again opened. In the first week of January, 1911, it closed finally. On January 24, 1911, it seemed to the author that the glandular tumour was rather smaller. A month later this had become unmistakable, and the patient expressed himself as free from pains which had previously been troubling him. The tumour continued to diminish, and six months after the thyroid treatment had been started "no evidence of tumour could be felt." Sir Thornley Stoker then saw the patient in consultation, and the thyroid treatment was continued.

The author notes that the only cases in which this treatment has been successful have been lymphatic recurrences after extirpation of the primary growth.

Dan McKenzie.

Levinstein (Berlin).—On the Difficulty of Making the Diagnosis of Paralysis nervi recurrentis rheumatica and the Value of Examination with Röntgen Rays. "Arch. f. Laryngol.," vol. xxv, Part I.

In this paper a general review of the subject is given, and especial stress is laid on the writer's opinion that a diagnosis of rheumatic recurrent paralysis should never be made without the assistance of an X-ray examination. In a case which he relates, both the history and the physical examination pointed to rheumatic paralysis as the correct diagnosis, but a radiograph disclosed the presence of an aneurysm. It is probable, therefore, that a considerable number of the cases reported in the literature as "rheumatic" were incorrectly so described.

Thomas Guthrie.

E. A. R.

Mayer, Otto.—On the Causation and Ætiology of Otosclerosis. "Monatschrift f. Ohrenheilk.," Year 45, No. 4.

After a critical allusion to past and recent literature on the subject