

completed under chloroform anæsthesia with the patient in the sitting posture.

In the subsequent discussion, Mr. A. D. Flemming, Mr. C. Carter Braine, Mr. L. K. Thomas, and Dr. W. J. Hewitt, and Dr. McCardie favoured the view that the sudden shock was due to the injection of adrenalin. Mr. Braine mentioned a case of tonsil removal under chloroform in which death occurred immediately after a small injection of adrenalin had been made on each side.

Dr. Probyn-Williams, on the other hand, thought the shock was due to the sudden change of position during the general anæsthesia.

Mr. Harold Barwell, who operated on the case, gave it as his opinion that the injection of adrenalin was responsible for the condition, although he had never seen any marked shock when adrenalin was injected in case of local or of ether anæsthesia. Mr. Harvey Hilliard reminded the section of Dr. Brodie's experiments on monkeys, which proved that stimulation of the nose and base of the skull produced even greater cardiac inhibition than crushing the testicle.

J. S. Fraser.

PHARYNX.

Holmes, E. M.—The Examination and Treatment of the Naso-pharynx and Eustachian Tube by Aid of the Naso-pharyngoscope. "Ann. of Otol., Rhinol., and Laryngol.," vol. xx No. 1, p. 31.

Emerson, F. P.—The Electric Naso-pharyngoscope. *Ibid.*, p. 41.

These are two short, but important papers. The value of the electric naso-pharyngoscope appears to be more recognised in America than in Great Britain. The instrument referred to in these communications is one invented, on the lines of the cystoscope, by Dr. Holmes. Judging from these authors, this method of examination is a very valuable one, as it enables the surgeon to ascertain and to treat directly the condition of the mucous membrane, the condition of Rosenmüller's fossæ, the mobility of the Eustachian tube, and the changes within its lumen for approximately five-eighths of an inch, the condition of the choanæ, vomer, and posterior pharyngeal wall, the condition of the larynx, and, in about 40 per cent. of cases, the condition of the sphenoidal opening, with occasionally a posterior ethmoidal cell.

Macleod Yearsley.

Faunce, Calvin B., Junr.—Acute Toxæmia caused by Infection of the Throat by the Colon Bacillus. "Boston Med. and Surg. Journ.," April 27, 1911, p. 613.

A woman suddenly developed headache, chilly sensations, lumbar and joint pains, followed in twelve hours by prostration and fever (103° F.). Throat red, greyish-white exudate on tonsils; became steadily worse, prostration being profound twenty-four hours from onset. Cultures negative for K.L. bacillus, but, on clinical grounds, 6000 units of antitoxin given. General improvement, but throat the same. Gradual improvement; throat normal in two weeks. All cultures negative for K.L. bacillus, but characteristic of colon bacillus (pure). Apparent improvement after antitoxin probably due to coincidental formation of antibodies.

Macleod Yearsley.

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