

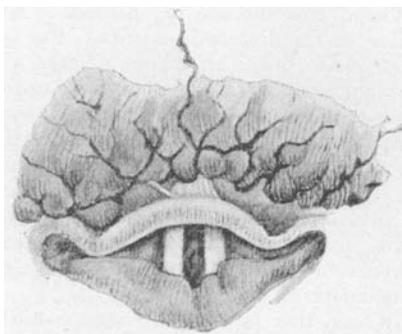
contamination by tubercle. Statistics compiled by John Fraser and Mitchell with regard to tuberculosis of bone and glands in children showed that 70 per cent. of tuberculous bone disease and 90 per cent. of tuberculous cervical gland disease in children was of bovine origin. If all tuberculous cows were slaughtered, following a tuberculin test, there would be little or no need for operation on tuberculous otitis media, as the cause would have been eliminated.

Abstracts.

PHARYNX.

Grant, J. Dundas.—A Hiding-place for Fish-bones in the Throat.—
"Clinical Journal," December 16, 1914.

A case is narrated to illustrate how, in searching for fish-bones in the



throat, examination ought to be made with the laryngeal mirror held first in one hand and then in the other.

A woman came complaining of a discomfort in the throat produced, she said, by a fish-bone. On careful examination the writer was unable to discover anything abnormal. He thereupon asked a clinical assistant to make a search, and this observer was able to perceive what he took to be a fine fish-bone buried between the epiglottis and the base of the tongue. The writer then noticed that while he himself held the mirror in his left hand, the assistant held the mirror in his right, and when the former made a fresh examination with the mirror in the right hand, the fish-bone became visible to him.

Dan McKenzie.

NOSE.

McBean, G. M.—Variations of Sphenoidal Sinus Disease. "Annals of Otology," vol. xxiii, p. 419.

Describes nine cases. The author believes that sphenoidal disease is much more common than was formerly supposed. His nine cases occurred in six years. In these headache was the most constant symptom, most often occipital and post-ocular on the affected side. Eye symptoms

were variable or lacking. Loss of vision in only one case (of hypophysis tumour) from involvement of optic nerve. Discharge was mostly mucopurulent, in two cases forming crusts. Three died; two acute cases recovered; three were benefited by operation; one had no treatment.

Macleod Yearsley.

Murphy, John.—Accessory Nasal Sinus Suppuration. "Australian Medical Journal," June 20, 1914.

In suppuration of the maxillary sinus the author recommends that the sinus should be explored under the inferior turbinal. It should now be washed out with normal saline solution till the fluid comes away clear; it should then be dried by forcing air through. If after drying this pus still appears under the middle turbinal, we may conclude that the frontal sinus in the anterior or middle ethmoidal cells contain pus. If after removing the anterior end of the middle turbinal and washing out the frontal sinus, pus is still present in the middle turbinal region, it will be coming from the anterior or middle sphenoidal cells. Pus above the middle turbinal is from the posterior ethmoidal cells or sphenoidal sinus. The notes of nine cases submitted to operation are given.

A. J. Brady.

LARYNX.

Price Brown (Toronto).—Spindle-cell Sarcoma of the Larynx. "Canadian Practitioner," December, 1911.

On February 17, 1911, a young man, aged twenty-three, tall, anæmic and thin, was referred to the writer for treatment. He had been suffering from soreness of left side of throat with gradually increasing stenosis for two months. Swallowing was difficult and painful. Fluids went down easier than solids. Night cough. Respiration difficult but easier through nose than mouth. Worked as lithographer up to previous day.

Examination.—Nose and naso-pharynx normal. A large, dark-red, corrugated tumour filled the larynx on the left side. It was widely sessile. It seemed to be attached to the whole length of the left ventricular band, the commissure, the left arytenoid, and the left hyoid region. The epiglottis was unaffected externally; but internally the whole of the left side seemed to be involved. As the voice was clear, though muffled, the vocal cords were believed to be unaffected. The tumour resembled a huge dark strawberry hiding the whole of the entrance to the larynx on the left side, overlapping it into the pharynx, and leaving merely a narrow slit on the right. Externally the adjacent glands in the neck were slightly enlarged and tender.

The diagnosis at the time was malignant disease. Several days later pathological examination of a large segment proved it to be spindle-cell sarcoma.

Believing from the size and position of the growth that operative treatment *per vias naturalis* would be more effectual than external operation, electro-cautery operations were at once commenced, and continued at varying intervals of twelve hours up to one week until June, when the case was reported at the annual meeting of the American Laryngological Association. By that time the patient's weight had increased from 124 lb. to 140 lb. The great bulk of the rapidly growing