

The affected part of frontal wall was removed with chisel and elevator. A lobed tumour was found in the right frontal sinus, having processes in the left sinus, the nasal cavity, and the orbit. Tumour removed with the chisel. The meningeal wall of the frontal cavity was opened by the operation. Tamponing with iodoform gauze. Cure. *Michael.*

Albespy, Daniel (Rodez).—*Adenoid Tumours and Hypertrophy of the Turbinated Bodies with the Phenomena of Vascular Stasis in the Cerebrum and Catarrhal Conjunctivitis, and without Aural Trouble.*

A CASE of aprosexia and conjunctivitis both cured by removal of the "adenoids" and cauterization of the turbinated bodies. The physiological features peculiar to post-nasal adenoids were present.

Dundas Grant.

Robertson, W. (Newcastle-on-Tyne).—*Double Empyema of the Antrum of Highmore.* "Brit. Med. Journ.," Jan. 2, 1892; Newcastle Clin. Soc., Dec. 17, 1891.

EXHIBITION of case illustrative of the use of the electric light in diagnosis. *Hunter Mackenzie.*

MOUTH, TONSILS, PHARYNX, AND OESOPHAGUS.

Editors of the "Lancet."—*Artificial Teeth from a Hygienic Point of View.* "Lancet," Jan. 2, 1892.

CLEANSING of artificial teeth is often carelessly attended to. The insides of the "clasps" are apt to escape the brush, and hence harbour decomposing matter which sets up rapid caries at the neck of the tooth. Vulcanite plates sometimes cause "sore mouth," possibly due to their retaining deleterious matter, especially if insufficiently vulcanized. [We have read recently that dental-plates can be completely cleaned by being dipped in a mixture of equal parts of dilute hydrochloric acid (B.P.) and water. A subsequent immediate immersion in a solution of soda would, no doubt, be desirable.] *Dundas Grant.*

Williams, W. Roger (London).—*Excision of the Tongue by the Wire Ecraseur.* "Brit. Med. Journ.," Jan. 2, 1892.

THE writer traverses the statement of Mr. Hutchinson, as to excision of the tongue being "a procedure that does not really involve any risk of life." The statistics of the Middlesex Hospital show nine deaths in fifty-four cases (16.6 per cent.). In twelve cases operated on by the wire écraseur there were five deaths. *Hunter Mackenzie.*

Morton, C. A. (Clifton).—*Tuberculous Ulceration of the Tongue, with Sections showing Bacilli.* "Brit. Med. Journ.," Jan. 9, 1892; Path. Soc. of London, Jan. 5, 1892

EXHIBITION of specimen, taken from a man aged fifty-five. The ulcer was at the tip of the tongue, and was formed by the coalescence of

several minute ulcers. There was less induration than in epithelioma. The submaxillary glands were caseous, and there was advanced pulmonary and laryngeal phthisis. Dr. Penrose mentioned a case in which there was a tuberculous ulcer of the tongue, just in front of the epiglottis, in a child who had died of pulmonary and laryngeal phthisis. Dr. Hadden had seen many instances of tuberculous lingual ulceration, in some of which that affection appeared to be the initial tuberculous lesion.

Hunter Mackenzie.

Guthrie, Leonard (London).—*A Toad whose Mouth and Nostrils were attacked during Life with the Larvæ of Blow-Flies.* "Brit. Med. Journ.," Jan. 23, 1892; Path. Soc. of London, Jan. 19, 1892.

EXHIBITION of preparations. The frequent occurrence of this condition in toads and frogs was probably due to the eggs being laid in the host's mouth whilst being swallowed. Reference was made to the cases of convicts, whose nostrils and eyes had been almost entirely devoured by the larvæ of the golden-fly with fatal results. Dr. Beavan Rake said that in tropical countries maggots in the nose and in the external auditory meatus were very common in persons in very different stations in life, but more particularly in lepers.

Hunter Mackenzie.

Morison, Alexander (London).—*Improved Tonsil Guillotine.* "Brit. Med. Journ.," Jan. 16, 1892.

A MODIFICATION of Mackenzie's guillotine, in which the handle is placed farther forwards, and the knife made longer. "The result of this is, that "the main arc of manual motion is from the thumb towards the rest of the "hand, and not *vice versa*, and the distal end of the instrument moves "towards, not away from the tonsil." The fenestra is oblong, and the edge of the knife is concave. It is made by Messrs. Arnold and Sons.

Hunter Mackenzie.

Owen, Edmund (London).—*Fatal Case of Unrecognized Cervical Caries.* "Brit. Med. Journ.," Jan. 16, 1892; West London Med. Chir. Soc., Jan. 8, 1892.

A REPORT of the case of a servant girl, with cervical caries and post-pharyngeal abscess. She had pains in every branch of the superficial cervical plexus and along the great occipital nerve. The post-pharyngeal abscess was evacuated, but the pains persisted, and she lay constantly with her hands up to her head. Necropsy showed that the transverse atlo-axoid ligament had given way, and that the odontoid process was pressing against the upper end of the cord. Mr. Owen remarked on the too frequent mistaking of the "neuralgiæ" of central spinal disease for "rheumatism."

Hunter Mackenzie.

Annandale, T. (Edinburgh).—*Cicatricial Stricture of the Lower Part of the Œsophagus.* "Edinburgh Med. Journ.," May, 1890.

THE author thinks highly of the use of Leyden's sound in such cases.

Hunter Mackenzie.

Newman, David (Glasgow).—*Stricture of the Œsophagus.* "Lancet," Jan. 2, 9, 16, 23 and 30, and Feb. 13 and 20, 1892.

THE situation of the disease in the œsophagus determines the character

of the symptoms. Thus, in malignant disease high up opposite the cricoid cartilage (about eight inches from the teeth) the development of the dysphagia is very rapid. As the part of the tube involved is the least distensible, the muscles of mastication are interfered with, so that the food does not reach the portion in which the circular fibres come into play, there is apt to be regurgitation into the mouth and larynx, and œdema or obstruction of the latter is readily produced. When the growth is at the level of the bifurcation of the trachea (about thirteen inches from the teeth) the supervention of the dysphagia is more gradual. An obstruction in this position may be due to aortic aneurism, which must be carefully excluded, especially by the absence of paralysis of the left vocal cord. In cases of malignant stricture close to the cardiac orifice the dysphagia comes on late, and the œsophagus may hold a considerable amount of food, which wells up soon after it has been swallowed. Pain in swallowing is only usual when the disease is high up.

Benign tumours are very rare. Cicatricial stricture, with its history of traumatism, is illustrated by some typical cases. In a case of dysphagia from the formation of a gumma marked difficulty in swallowing had developed in five months, there was no hæmorrhage, and, except during deglutition, no pain. An obstruction was detected by means of a bougie, and a swelling could be felt from outside behind the larynx. On enquiry, a history of primary infection twenty-six years previously was elicited, and recovery took place under anti-syphilitic treatment.

Spasmodic stricture is doubted by Dr. Newman to exist in an otherwise healthy œsophagus. In a well-marked case chloroform was administered, and the electric œsophagoscope revealed the presence of an inflamed patch.

The bougies used by Dr. Newman are of gum elastic, uniform in size from end to end, and oval on section. The writer points out that the œsophagus may be of normal calibre up to the stricture, and that the real difficulty may be to find the orifice. [No mention is made of the use of *coudé* instruments, nor of the simultaneous introduction of several bougies.—E.D.]

Among palliative measures in cancerous stricture is the avoidance of gluten-holding bread, and the substitution of cakes made of Indian corn-flour, 1 lb., powdered white sugar, $\frac{1}{2}$ lb., white of six eggs, and flavouring to taste. When swallowing becomes impossible, a feeding tube is used. When there is a superposed spasmodic element, small doses of cocaine before meals may give relief, or a tube may be passed during chloroform anæsthesia. Favourable mention is made of the short funnel-shaped tubes introduced by Symonds. In cicatricial stricture, dilatation is, of course, recommended, but it has to be continued. In two cases dilatation with a tupelo tent was beneficial. Electrolysis gave disappointing results. Newman discards internal œsophagotomy, is not in favour of œsophageostomy, and considers that circumstances favourable for œsophagectomy are hardly ever found. Gastrostomy is recommended "as soon as the patient is unable to take sufficient food by the mouth in those cases where it is inadvisable or impossible to feed him by tubes."

Dundas Grant.

M

Hume, G. H. (Newcastle-on-Tyne).—*Gastrostomy for Stricture of the Oesophagus.*
 "Brit. Med. Journ.," Jan. 2, 1892; Northumberland and Durham Med. Soc.,
 Dec. 10, 1891.

EXHIBITION of a girl, aged five and a half years, on whom, three years previously, gastrostomy had been performed for stricture of the oesophagus following the swallowing of liq. potassæ. Dilatation had been tried, but without success. At times, a little fluid could be swallowed.

Hunter Mackenzie.

LARYNX, &c.

Onodi (Budapest).—*Experimental Researches on Paralysis of the Larynx, IV.*
 "Monats. für Ohrenheilk.," 1891, No. 7.

THE author concludes: The motor innervating nerve of the direct muscles of the vocal bands is the nervus recurrens. There is no double innervation. The accessorius spinalis has no relation to the motor innervation of the larynx. The isolated nervous fibres of the postici lose their former vitality, like those of the constrictors—a confirmation of the Rosenbach-Semon theory.

Michael.

Suckling, C. W. (Birmingham).—*Bulbar Paralysis, with Bilateral Paralysis of the Abductors of the Vocal Cords.* "Brit. Med. Journ.," Jan. 9, 1892;
 "Midland Med. Journ.," Dec. 9, 1891.

THE patient was a man, aged forty-three. The vocal cords were adducted, and, on inspiration, were drawn close together, causing stridor; on expiration, they were slightly separated, the edges vibrating. The patient died soon after the performance of tracheotomy.

Hunter Mackenzie.

Linkenhold (Wiesbaden).—*Nervous Laryngeal Cough in a Boy Eleven Years of Age.* "Monats. für Ohrenheilk.," 1891, No. 10.

A CASE of very intense and obstinate hysterical cough. Cured by sudden application of cold water.

Michael.

Stewart, Donald (Nottingham).—*Laryngeal Papilloma.* "Brit. Med. Journ.,"
 Jan. 2, 1892; Nottingham Med. Chir. Soc., Dec. 16, 1891.

EXHIBITION of specimen removed by endo-laryngeal means.

Hunter Mackenzie.

Richards, G. A.—*Abscess of the Larynx.* "Internat. Journ. of the Med. Sciences," May, 1890.

A SUMMARY of twenty-six personally observed cases. The author believes infectious diseases and frequent colds to be the most common causes.

Hunter Mackenzie.

Wolf, Julius.—*Total Extirpation of the Larynx for Cancer.* Berliner Medizinische Gesellschaft. Meeting, Jan. 13, 1892.

DR. WOLF reports a case of laryngeal cancer, in which he extirpated the whole larynx. The patient was cured, and now speaks through an artificial larynx.

Michael.