

## PHARYNX.

**Whillis, Samuel S., M.D., and Pybus, Frederick C., F.R.C.S.** (Newcastle-on-Tyne).—*The Enucleation of Tonsils with the Guillotine.* "The Lancet," September 17, 1910.

The writers advocate the complete enucleation of tonsils, and state their ability to accomplish this completely along with the capsule, by means of the guillotine, in 42 per cent. of cases, in the remaining cases the entire tonsil with capsule being removed in one or more pieces. The special point in their method of examination seems to be pressure with the tip of the left forefinger on the outer part of the anterior pillar so as to project the tonsil into the loop of the guillotine. In the description of the tonsil they point out that the orifices of the lacunæ constitute their narrowest part, so that there is no readiness of discharge should the lacunæ be filled with pus or caseous material. *Dundas Grant.*

**Ingersol.**—*The Care of Children after an Operation upon the Tonsils and Adenoid Tissue.* "The Cleveland Med. Journ.," April, 1910.

The anatomical peculiarities of the child's naso-pharynx are pointed out. Attention to the following points is advised after operation: (1) Bed for two days; (2) teaspoonful doses of cold water every five minutes after operation; (3) presuming operation done in afternoon, no food until following day; (4) if the weather is favourable, fresh air on the third day; (5) if otalgia occur, hot applications or ice-bags to the ears. Gargles and sprays are prohibited. *Macleod Yearsley.*

**Gilpatrick, H. H.**—*Suture of the Faucial Pillars for Hæmorrhage following Tonsillectomy.* "Boston Med. and Surg. Journ.," July 21, 1910.

The author is convinced that firm and complete approximation of the faucial pillars by suture is the most efficient means of controlling bleeding after tonsillectomy. He gives details of his method. The pillars must be sewn from below upwards, and the sutures are best secured by means of perforated shot. *Macleod Yearsley.*

**Packard, F. R.** (Philadelphia).—*A Fatality Following the Removal of Tonsils and an Adenoid Growth.* "Amer. Journ. Med. Sci.," September, 1910.

The author believes that if the general practitioner and the public were aware of the many unreported deaths which occur in connection with the removal of tonsils and adenoids, the almost universal opinion as to the comparative insignificance of the operation would be considerably modified. He considers that all these operations should be done in hospital, but not infrequently finds it difficult to persuade the patient's family and doctor to take the same view.

As to the method of operating, he considers the consensus of opinion to be now so strongly in favour of complete ablation of the tonsils that a competent laryngologist will very seldom perform the less complete operation. Either is to be regarded as the safest general anæsthetic in these cases, and may be preceded by ethyl chloride.

The fatal case reported was that of a little girl, aged three and a half, with enlarged tonsils and a considerable mass of adenoid, but otherwise apparently healthy. The anæsthetic was ethyl chloride followed

by ether given by the drop method, a metal mouthpiece being used. The operation passed off as usual, but about five hours later the colour became rather poor and the pulse and respiration rapid. Two hours after this slight retching occurred and respiration ceased. Tracheotomy was performed, but the trachea contained no blood or vomitus, and death took place. No autopsy was obtainable, but the author regards it as practically certain that the fatal result was due to status lymphaticus.

Thomas Guthrie.

**Massei, F.** (Naples).—*Syphilis and Malignant Tumours of the Throat.* "Archiv. Ital. di Laring.," Naples, October, 1909.

The author reviews the history of the relation of cancer to syphilis, and of the advances made in our pathological knowledge of this subject. The paper is illustrated by full notes of a number of cases in which syphilitic lesions became the site of cancerous growths. The author justly lays stress on the value of a careful search for the *Treponema pallidum* in accessible regions, as being less difficult to carry out and more certain in its results than the serum diagnosis of Wassermann.

James Donelan.

**Hurd, Lee M., and Wright, J.**—*The Clinical Diagnosis of Tuberculosis of the Tonsils.* "New York Med. Record," June 26, 1909.

Tuberculous tonsils are usually pale; their crypts contain cheesy detritus; the edge of the anterior palatal fold is reddened and the neighbouring lymphatic glands are hard and swollen. The authors plead that we should not be satisfied in tuberculosis of the lymphatic glands with the removal of the glands alone, but that we should also extirpate the tonsils.

In the cases of tuberculosis of the cervical lymphatic glands reported in the paper nine out of twelve tonsils proved to be tuberculous.

Dan McKenzie.

**De Colo, Dr. F.** (Pisa).—*Epithelial Pearls of the Vault of the Palate in Relation to the Ætiology of Tumours of that Region (Illustrated).* "Archiv Ital. di Laring.," October, 1909, p. 151.

The author contributes a useful summary of the modern literature of the development of tumours from isolated epithelial tissue which has become included especially in the vault of the palate. The article is too long and detailed for a useful abstract. The author studies chiefly the epithelial pearls formed in the centre of the palate beneath the septum, and the lateral ones in relation to the intermaxillary lamina. These are, he claims, worthy of much greater consideration, since they may persist and form a starting-point for neoplasms.

James Donelan.

## NOSE.

**Scheier, Max** (Berlin).—*On the Occurrence of Teeth in the Nasal Cavities.* "Archiv. für Laryngol.," vol. xxiii, Part III.

The author records a case of a man, aged forty, who came under treatment for nasal obstruction due to polypus in right nostril, and in whom the lower meatus was seen to be narrowed by a smooth, hard body projecting from the floor, which was evidently the crown of a tooth. An