nothing new is to be found to warrant any such detailed reference. Chromic acid is somewhere mentioned as a local application; its active diffusible properties favour its use in this case.

SUB-MAXILLARY GLAND.

Several cases of calculus in Wharton's duct are referred to; Robertson records a case met with in a bushman. The patient presented a large quadrilateral swelling under the right lower jaw; inside the mouth, under the tongue, a breach was observed in the mucous membrane of the floor of the mouth, through which a stone was readily felt and seen. After enlarging the aperture with the aid of an elevator, the calculus was removed, and found to be the size of a small walnut. It weighed two and a half drachms. Mumps of the sub-maxillary gland is recorded by Wertheimer, in a case of epidemic parotitis, the parotids being healthy. Wacker also refers to contagious swelling of the sub-maxillary gland.

It would be an easy matter to add to the above brief review, so elaborately and scientifically are many of the subjects under discussion rendered. What has been said represents a mere gleaning, necessarily confined within limits, of the valuable store of literary material devoted to these special subjects contained in the volume of the Journal for 1893. *Wm. Robertson.*

NASO-PHARYNX.

DURING the past year there has been a fair sprinkling of cases and other work done in this region, but by far the larger proportion are of no great interest, and there is such a lack of original work that one arrives at the belief that we have reached the end of our tether, for the present at all events. Adenoid vegetations have received a large share of attention, and discussions have been frequent, but again nothing new has been brought forward; the respective advocates of curette, forceps and finger-nail have had their opinions well ventilated, and have left us where we were, though nitrous oxide seems to be coming forward as an anæsthetic for this operation and is very well spoken of, its great disadvantage to most being the short period of anæsthesia. Another death from secondary hæmorrhage after removal of adenoids is reported from America, making the fifth from all sources, but as there was no autopsy we are none the wiser as to its usual cause. Dionisio reports a case of enuresis cured by removal of post-nasal growths.

Donath confirms the observations of Stiede regarding the thickening frequently (twenty-two per cent. Näcke) occurring amongst all persons of the palatine suture, sometimes broad and sometimes narrow, always symmetrical, probably rachitic in origin, and more common amongst criminals and the insane.

Good results are reported of the lactic acid treatment of palatine tuberculosis.

Kenates gives a new method of operation for cleft palate, by which means he lengthens and broadens the velum and uvula. It consists in piercing the uvula with a two-edged knife, and forming a flap extending on

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both sides to the border of the hard palate; and instead of dividing the tensor palati he divides the mucous membrane on the upper surface close to the edge of the hard palate.

Annandale gave a very admirable and exhaustive lecture on harelip and cleft palate, but it will not serve any useful purpose to quote it here; it should, however, be read *in extenso*.

Coming to pharyngo-mycosis, the treatment which gives the best result is destruction by the galvano-cautery; tobacco smoke has also been recommended. This mycelium is usually termed leptothrix—in actual fact, however, it is almost, if not quite, invariably a gladothrix; the origin of this form of disease has not been proved, though it is usually ascribed to water.

There have been several cases of removal of malignant disease of the tonsils reported, both carcinoma and sarcoma. Raymond Johnson ligatures the carotid previous to removing a sarcoma of the tonsil by the external method. Chavasse, in his lecture on "Lateral Pharyngotomy," enumerates, as symptoms of malignant disease of the tonsil, pain, salivation, dysphagia, hæmorrhage, enlargement of tonsil, invasion of anterior pillar early, early enlargement of glands, and says males more frequently suffer from it than females, and the left side is more frequently attacked. Bulkley has collected fifteen cases of chancre of the tonsil out of two thousand cases, the right being more often the seat of the lesion. For acute tonsillitis, Von Ziemssen recommends parenchymatous injections of seven millimètres of a two per cent. solution of carbolic acid; he says that microbes may be regarded as the normal habitants of the tonsillar crypts, but are only harmful when the epithelium is not healthy. A death is reported of a coloured woman from the rupture of a tonsillar abscess into the larynx.

Major takes a cast of the jaw in cases of empyema of the antrum of Highmore, and welds a gilt drainage tube into a tooth plate made on ordinary dental principles. The presence of pus around the opening of the antrum and over the posterior half of the middle turbinated bone is said to be a valuable aid to the diagnosis of this disease in the antrum, and Garel notes the fact that in empyema the perception of light in transillumination is lost on the affected side. In diseases of the sphenoidal sinus Schäffer distinguishes between acute and chronic inflammation; for the former he gives bulging of the wall, or abnormality of secretion, headache, vertigo and frontal pressure; for chronic, broadness and an erysipelatous aspect of nose, hyperplasia of the nasal mucosa, pharyngitis sicca, polypi and tonsillar hypertrophy. Moure adds, for chronic disease of these cavities, chronic pain in the back of the orbit and back of the neck, and collection of pus between the septum and posterior half of the inferior turbinated bone, and recommends in catheterism passing the instrument in the middle meatus close to the septum.

R. Lake.

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