incision, and a small hole just behind the trochlea was detected by means of a fine probe. This opening, which led into a suppurating and denuded frontal sinus, was enlarged and made to communicate freely with the nose. *Dundas Grant.*

Bates, W. H.—*A New Method of Treatment of Chronic Naso-Pharyngeal Catarrh.* "Med. News," Jan. 20, 1894.

THE author suggests the employment of injections through the naso-lachrymal duct. A special syringe made of glass, with a very fine and gradually tapering point, is used, and the injections are made two or three times a week. Many fluids were used for injection, but the one which seemed to give greatest relief was sweet oil. [The author explains the beneficial result as due to some effect upon the nervous system. This is, however, a somewhat vague and indefinite statement.—ED.]

W. Milligan.

Mansell, Moullin C. (London).—*Osteoplastic Resection of the Superior Maxilla for Naso-Pharyngeal Polypus by a Method hitherto undescribed; Remarks.* "Lancet," Sept. 30, 1893.

IN this operation the hard palate was cut through antero-posteriorly to one side of the middle line, and the superior maxilla was severed below the orbit from the upper part of the opening for the anterior nares to the posterior border above the tuberosity. The appropriate skin incisions had been previously made, and the muco-periosteal covering of the hard palate had been turned back in a flap. The lower portion of the maxilla, with the inferior turbinated bone, was prized away and turned outwards along with the soft structures of the cheek-flap. The site of origin of the tumour from the internal pterygoid plate was thus freely exposed.

Dundas Grant.

TONSILS, PHARYNX, &c.

Anclair. — *Angina of Acute Articular Rheumatism.* "Bulletin Medical," Feb. 18, 1894.

IN the great majority of cases of acute rheumatism pharyngitis can be observed; in general it appears two or three days before articular manifestations—sometimes, but more rarely, in the course of the disease. This angina is characterized by some diffuse redness of the margin of the soft palate, the tonsils, and the posterior part of the pharynx; now and then an œdematous tumefaction of the uvula or other part of the mucous membrane is present. This redness and inflammation extends over the whole of the fauces, or is confined to one side. Dysphagia, pain in the ears, and difficulty of speech exist, as in other forms of angina. These symptoms diminish as soon as the articular manifestation appears, but the pain and the redness decrease slowly during seven or ten days. Generally the intensity of the pharyngitis is proportionate to the gravity

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of the rheumatismal affection. The author debates the differential diagnosis from scarlatinal, syphilitic and other forms of angina.

A. Cartaz.

Solis-Cohen, J.—*Sarcoma of Tonsil—Evulsion through the Mouth.* "Med. News," Jan. 27, 1894.

THE patient, a female aged fifty-eight, had complained of a tumour in the tonsil for the last three years and a half. The growth had advanced rapidly for six months previous to the patient's visit to the author. The mass was about the size of a hen's egg, and was almost entirely covered by a distended and adherent soft palate, a small portion of the tonsil being exposed at the inner surface. The tumour extended quite up to and upon the surface of the hard palate, while its extreme circumference could not be delimited by the finger forced up behind the soft and hard palates. There was no glandular enlargement. There was no pain, but slight dysphagia and some impairment in voice and in articulation. Histological examination showed the growth to be a sarcoma. The growth was removed with the patient in the sitting posture, after cocaine had been freely used. The soft palate was divided with the cautery knife so as to expose the growth vertically. It was found to be adherent to the periosteum of the palatine process of the superior maxilla. Hæmorrhage was arrested by compression. After removal the parts were freely rubbed with undiluted lactic acid. No stitches were put in. The patient made a rapid recovery.

W. Milligan.

Wagner, Clinton. — *Sarcoma of Tonsil (Patient eighty-nine years of age); Operation; Cure.* "The Medical Record," Feb. 3, 1894.

THE patient, a female aged eighty-nine, came to hospital complaining of a swelling in her throat, which she stated was rapidly advancing. On examination, the right tonsil was found enormously enlarged, extruding inwards to the uvula, pressing the soft palate upwards and backwards, and extending downwards to the base of the tongue. The colour was dark purplish red. The patient complained of sharp lancinating pain shooting through the mass, and also of great dysphagia. The mass was encircled by a galvano-cautery loop and removed without difficulty. The entire surface between the pillars was then thoroughly seared with a cautery point. In ten days healing had taken place, and the patient was discharged. When seen ten weeks after the operation the parts had a healthy look, no pain was complained of, and the patient appeared strong and well.

W. Milligan.

Chappell, W. F.—*Case of Chancre of the Tonsil.* "The Medical Record," Jan. 27, 1894.

THE patient, a man aged thirty-two, complained of burning pains in the left side of the pharynx and ears, especially severe at night, and accompanied by profuse perspirations. The left tonsil was found enlarged, and very hard at its upper part. Its surface was red, and a small superficial, greyish-looking ulceration was found at the superior end of the tonsil. Another small superficial ulceration was found upon the anterior surface of the soft palate. The surrounding tissues were moderately congested

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and hard to touch. The left submaxillary gland was enlarged. Primary chancre of the tonsil was diagnosed, and two-grain tablets of hydrargyrum cum cretâ given every two hours, with a soothing gargle, and a hot bath every night.

Three days later a macular rash appeared upon the neck, arms, chest, and back.

Fourteen days after the commencement of the treatment the sore upon the tonsil and soft palate had healed. *W. Milligan.*

Ward, W.—*New Ideas with reference to two well-known Operations.* "Med. News," Feb. 17, 1894.

THESE two operations are tonsillotomy and amputation of the uvula. For the former he recommends a new tonsillotome cutting from behind forwards, with a pointed blade capable of grasping the tonsil, also the practice of injection of cocaine and iron into the tissue previous to removal. A new uvulatome is also described, which consists of forceps and scissors combined. The uvula is described as having an important function in voice production in "the singing of tones that issue in the same degree from both nose and mouth" when the uvula is poised midway between the pharyngeal wall and the back of the tongue, and in high notes steadying the soft palate by forming a projection resting against the pharyngeal wall. *R. Lake.*

Johnson, W. B.—*Tonsilliths.* "Annals of Ophthal. and Otol.," Jan., 1894.

THE patient, a man aged sixty-five, of a gouty and rheumatic history, coughed up several hard calcareous bodies, followed by hæmorrhages. These were found to come from the tonsils; they were removed and found to be similar to those expelled by coughing, and after their removal the attacks ceased. *R. Lake.*

Jagot.—*Five Cases of Angina with Leptothrix.* "Bulletin Soc. Med.," Angers, Oct. 4, 1893.

TWO observations of pharyngo-mycosis. Nothing new. *A. Cartaz.*

Rethi (Wien). — *Disseminated Fibrin Infiltration in the Pharynx following Influenza.* "Wiener Med. Woch.," 1894, No. 1.

THE author has observed in patients affected with influenza little round epithelial plaques upon the soft palate and the tonsils. The plaques persisted for some days, and then disappeared. He believes that they are thickened portions of the epithelium. *Michael.*

LARYNX.

Wright, Jonathan.—*Some Critical and Desultory Remarks on Recent Laryngological and Rhinological Literature.* "New York Med. Journ.," Feb. 24, 1894.

NOTHING original. *R. Lake.*

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