

ridges of bone can be snipped off. If it is desirable to more freely open up the attic of the tympanum, the soft parts must be pushed aside, and the bone removed. Carious ossicles, etc., can now be removed. Too low section of the posterior osseous wall of the meatus must be avoided, in order that the facial nerve here lodged in its canal may escape injury. Following out the dimensions of the antrum as indicated by the probe, and abiding by this, any such accident is avoidable. Now that all the bone is cleared away, the curette is used to remove all granulations, *débris*, etc., from antrum and tympanum.

A longitudinal section of the posterior wall of the soft meatus throughout its length is now made, and also an effort to fold the flaps on to the bone. The antrum is then lightly plugged with iodoform gauze, and a strip placed in the meatus.

The great safety of this method of operating turns upon the use of the searcher placed in the mastoid antrum, an innovation introduced by Victor Horsley. The great bugbear to operating in the usual way, viz., injury to the sigmoid sinus, is entirely escaped. The cavity cannot possibly be missed, and the searcher *in situ* prevents injury to the facial nerve and semicircular canals, etc., while after the antrum is reached and opened up by the subsequent use of gouge forceps, any remaining diseased structure can be snipped off.

Results : For one thing the external inflammatory œdema, if attendant on the case, much more quickly disappears than after the old operation.

Again, freer drainage being present, the intra-tympanic condition sooner subsides, and with this earlier return of hearing. A speedy disappearance of dural irritation is marked when this is a feature of the case. The operation has proved effective where excision of the drum-head and ossicles has proved abortive.

Subsequent dressing of the wound produced is much less painful, and the course of the case shorter.

MOUTH, TONGUE, PHARYNX, &c.

Fränkel, E. (Hamburg).—*Macrocheilia from Adenoma of the Mucous Membranes of the Lips*. "Langenbech's Archiv," Bd. 44, p. 95.

A PATIENT, nineteen years old, had a very large upper lip, which had increased more and more since his fourth year. Extirpation was performed by Schede. Cure resulted. The microscopic examination showed that adenomata in the mucous glands was present. *Michael*.

Erb (Heidelberg).—*Remarks on Cicatrices of Plaques (Leucoplakia) of the Mouth and its Causes*. "Münchener Med. Woch.," 1892, No. 42.

THIS affection can be caused by syphilis (thirty-six cases), and by smoking alone (thirty-seven cases) ; in most cases by combination of both (sixty-

four cases); rarely (eleven cases) it is observed in patients who neither smoke nor have syphilis. *Michael.*

Demme (Berlin).—*Two Rare Tumours of the Mouth.* "Monats. für Ohrenheilk.," Oct., 1892.

- (1) FIBROMA of the cheek of the size of a walnut. Extirpation and cure.
 (2) Papilloma of the tongue. Extirpation and cure. *Michael.*

Clarke, Bruce (London).—*Epithelioma of Tongue.* "Brit. Med. Journ.," Feb. 27, 1892.

A GROWTH in a man, at first distinctly gummatous, becoming subsequently malignant and beyond the sphere of operation, it was proposed to try the injection of aniline dyes. Messrs. Marmaduke Shield and Watson Cheyne referred to this practice in their experience as unsatisfactory.

Wm. Robertson.

Reverdin and Buscarlet.—*Macroglossia from an Angioma.* "Rev. Méd. de la Suisse Romande," Nov. 20, 1892.

A child of eight came under observation in April, 1891, for an enormous venous tumour of the tongue, the lower lip, and the left cheek. The tongue lay outside the mouth, enormous and violet-coloured, the lower lip being everted downwards. At birth the child was perceived to have a black tongue, and a patch of the same colour on the lower lip. Towards seven to eight months old the tongue began to grow, and it continued to do so, and at three years of age could not be contained in the mouth, and salivation was constant. There was no trouble in eating or speaking. The swelling of the cheek and lip has been more gradual.

During the last year hæmorrhages had occurred frequently. The child was in good health. The tumour could be seen to be developed in the anterior part of the tongue, which behind appeared to be healthy, and of normal volume. The tumour had no precise limitation, but appeared to extend a little further to the left than the right at its base. It had a general violet-black colour, with black points on a violet or rosy base. There was no pulsation in it.

The lower lip from one commissure to the other was thickened, everted, and dotted with numerous black points, and from behind the left commissure arose a tumour from the skin and mucous membrane, of soft consistence, violet colour, and non-pulsatile.

A diagnosis of angioma was made. It was operated on by previously tying both linguals, two veins on the right side, and one large one on the left; the facial artery was tied also. On the left side a drainage tube was inserted, sutures of silk used, and dusted with iodoform. Immediately after operation the tongue swelled notably. Six days after, under chloroform, the tumour of the tongue was removed. In the autumn of 1891 the angiomas of the lip and cheek were found to have increased; electrolysis was employed with doubtful success, and operation was intended, but the parents ceased attendance. A slight return of the growth in the tongue was noticed. The histological examination by Buscarlet showed the growth to be an extremely developed and intra-muscular cavernous angioma. The article is illustrated by two plates. *R. Norris Wolfenden.*

Dunn (Richmond).—*Five Cases of the Pin Sensation in the Throat.* "New York Med. Journ.," June 11, 1892.

THE first case was in a woman aged twenty-nine. The sensation was noticed in the deepest part of the hyoid fossa. There was some accompanying congestion and swelling of the right side of the pharynx, and swelling of the lower end of the right tonsil. Cauterization of these parts did no good.

The second case was that of a girl seventeen years old, and the sensation was felt on the left side of the throat, just behind the upper part of the larynx. Cauterization of a small granulation just behind the left posterior pillar cured the patient.

Two further patients were young men, and the last case was a woman; in all these destruction of granulations cured the condition.

The author thinks that most of these "pin sensations" arise from an acutely inflamed granulation, or a hypertrophy in the lymph chain behind the posterior pillar of the fauces of the side upon which the sensation is felt.

B. J. Baron.

Davidson and Davies (Liverpool).—*Post-Pharyngeal Abscess—Asphyxia—Laryngotomy—Recovery.* "Lancet," Oct. 15, 1892.

A MIDDLE-AGED man appeared to be suffering from tonsillitis, but his mouth could not be opened sufficiently to permit of examination of the throat. There were no inflamed glands. While taking his medicine (salicylate of soda) he had a fit of choking, and was so nearly suffocated that he was apparently moribund. Breathing had stopped, but laryngotomy was performed, and, after artificial respiration, he recovered, some pus welling out by the side of the tube. Next morning the mouth could be opened, and it was obvious that the tonsils were normal, but there was a post-pharyngeal abscess near the middle line, but more to the right side. The movements of the neck were normal, indicating absence of cervical spinal disease. There had been occasional attacks of nose-bleeding, and it was therefore assumed that the abscess was a glandular one, secondary to some inflammatory disease of the posterior nares. *Dundas Grant.*

McIlraith, C. H. (London).—*Fatal Case of Asphyxia in an Infant from Foreign Body in the Œsophagus.* "Lancet," Sept. 10, 1892.

A CHILD, aged seventeen months, was brought in a state of asphyxia. While at dinner, and having a piece of meat in his mouth, he had a sudden fit of coughing, following on which he became rapidly blue in the face, and almost stopped breathing. When seen about twenty minutes after the occurrence he had all the signs of asphyxia, with very shallow breathing of a stridorous character. The breath-sounds were feeble over the right lung, and almost absent over the left, and they were accompanied by some inspiratory stridor. The fauces were found clear and tracheotomy was performed. Death occurred in spite of artificial respiration. On *post-mortem* examination, in the œsophagus, immediately behind the bifurcation of the bronchi, at the level of the fourth dorsal vertebra, there was found tightly impacted a hard piece of gristle measuring an inch and one-eighth long, three-quarters of an inch broad,

and half an inch thick, pressing on both bronchi so as to almost totally occlude the left and partially the right. [How easy to be wise after the event and determine to use a probang in such cases in future!—ED.]

Dundas Grant.

Campbell.—*Clinical Observations and Results of Electrolytic Action in Œsophageal Strictures.* "Med. News," July 9, 1892.

SEVERAL cases of cicatricial stenosis resulting from inflammation are quoted, in all of which electrolysis was of the utmost service. The current was gradually increased from five to twenty-five milliamperes, and the relief to the stricture appears to be permanent. The author considers that we have no method of treatment that can compare with it in these simple cicatricial cases. He has also found that it is much less irritating in its application than bougies are.

B. J. Baron.

NOSE AND NASO-PHARYNX.

Gayton, W. (London).—*Nasal Ointment Introducer.* "Brit. Med. Journ.," March 12, 1892.

A MODIFICATION of Allingham's rectal ointment introducer to suit the nose.

Wm. Robertson.

Braun (Trieste).—*Answer to Professor O. Chiari in Vienna.* "Wiener Med. Woch.," 1892, No. 40.

POLEMICAL article concerning nasal vibrations.

Michael.

Chiari (Wien).—*On Massage Vibrations and Internal Massage of the Mucous Membrane of the Upper Air Passages by the Method of Braun and Laker.* "Wiener Med. Woch.," 1892, No. 36.

THE author has applied the method in some cases of ozaena without any success.

Michael.

Munger, Carl (New York).—*A Modified Gottstein's Curette.* "Med. Rec.," Sept. 3, 1892.

THIS modification is the "heart-shape," with which those who were present at Prof. Politzer's recent meeting in London are familiar. The notch in the heart is intended to adapt itself to the septum, while the lateral lobes enter the posterior nares in order to clear growths from these passages.

Dundas Grant.

Brume.—*Contribution to the Microscopical Anatomy of the Human Nasal Cavities.* "Archiv für Mikroskop Anatomie," Band 39, Heft 4.

THE author has examined the noses of four decapitated persons to determine if there exists a typical olfactory epithelium in man, and, if so, to what extent; further, as to the nature of this epithelium, and the manner in which the olfactory nerves end; further, the differences