

Abstracts.

MOUTH, PHARYNX, NASO-PHARYNX.

Butlin, H. T.—*A Clinical Lecture on my Unsuccessful Operations for Cancer of the Tongue and on the Early Diagnosis of the Disease.* "Brit. Med. Journ.," February 14, 1903.

In this lecture the writer speaks at some length upon the "predisposing causes" to cancer of the tongue, and upon "precancerous" conditions of the organ. In concluding an admirable lecture, he remarks that where a warty growth exists upon a tongue, particularly upon a tongue predisposed to cancer, it should be at once removed by means of two elliptical incisions, which include the healthy tissue around the wart. In cases of indolent ulcers, due apparently to the rubbing of a tooth, the cause—*i.e.*, the tooth—should be removed at once.

If after seven to ten days the ulcer is not healed, or is not on a fair way to being healed, it should be cut out by means of elliptical incisions. White patches or plaques, which tend to become thicker and more prominent, and particularly if they show a tendency to break down in the centre, should also be cut out. Such timely operations relieve the patient, not only of the fear, but of the danger of cancer.

W. Milligan.

King, Gordon.—*Adenoma of Palate.* "Orleans Parish Medical Journal," March, 1903.

The first case occurred in a male negro aged forty-six. Symptoms complained of were noisy and difficult breathing, nasal voice, considerable dysphagia; no pain. The right half of the palate was occupied by a large, smooth, circumscribed tumour. The mucosa covering the tumour was not involved. The growth was enucleated through a vertical incision.

The second case was in a negro woman, aged twenty-five. The tumour occupied the left tonsillar region. Occasional pain was complained of in the left ear. The tumour was removed under cocaine anæsthesia through a crucial incision.

W. Milligan.

Loeb, H. W.—*Carcinoma of the Epipharynx.* "Laryngoscope," December, 1902.

In an excellent article upon this subject the author analyzes the various symptoms presented by this affection, and gives references to thirty-five recorded cases. Although the disease is rare, certain well-marked and diagnostic symptoms appear at an early stage—*e.g.*, pain, deafness, tinnitus, nasal obstruction, foetid and blood-stained discharge upon the affected side, unilateral paralysis of the palate and of some muscles supplied by the facial nerve. The growth rapidly infiltrates surrounding tissues, and usually invades the cranial region. Existing surgical measures admit of no hope of cure, absolute or relative.

W. Milligan.