applied to the laryngeal lining and to the glottis itself. But it must be remembered that in a large proportion of these cases, universal bronchitis exists, along with the spasmodic affection of the upper and lower tubes : this may arise either from causes operating simultaneously and capable of exciting both diseases, or the bronchitis may have long existed previously to the occurrence of a true asthmatic paroxysm. The former is then probably the exciting cause of the latter ; and I am free to admit the difficulty, nay, perhaps impossibility, of ascertaining with accuracy, in this class of cases, whether the spasmodic affection was first excited in the small tubes, or at the top of the larynx. It is enough for all practical purposes, however, to know that the latter region is always affected in such cases at the same time as the inferior bronchi, and with even greater intensity ; and, moreover, that it is the spasm of the glottis which chiefly maintains that of the bronchi, by preventing their expansion by the entrant air during the forcible inspirations of the patient.

[To be concluded next week.]

EXTIRPATION OF PHARYNGEAL TUMORS.

BY L. A. DUGAS, M.D., AUGUSTA, GEO.

THERE are no surgical affections more frequently encountered than tumors, and yet there are none in which the surgeon's skill is so often painfully tested both as to diagnosis and treatment. If, as has been oft-times repeated, no surgeon, however experienced, should ever advance a *positive* opinion as to the true nature of a tumor before seeing its internal structure, the difficulty is, in many instances, not diminished when he is called upon to determine upon the propriety of extirpation. And, even after having advised a resort to the knife, he often finds himself surrounded by dangers to the life of the patient, and to his own reputation, sufficient to deter any one not firmly convinced of the propriety of the course to be adopted, and of his ability to do justice to the patient.

Why these difficulties ? Do they necessarily attach to the diseases in question—or, in other words, has the profession given to them the careful attention to which they are entitled ? It is true, that we have some good monographs upon the subject of tumors, but they are far from being perfect—far from furnishing to the practitioner all the data he may need on entering upon the duties of his profession. The history of tumors to be found in the systematic works upon surgery, is usually so meagre as to be worth comparatively but little, except in cases of the most ordinary simplicity. It becomes us, therefore, to accumulate and to report facts as they present themselves, in order that materials may be at hand for the construction of a work consisting not merely of generalities, but also of such details as may furnish specimens of whatever may be subsequently observed in practice. A volume that would contain nothing more than the history and treatment of individual tumors, so that we might find in it a parallel for any that we may meet, would be invaluable.

Tumors in the pharynx are comparatively rare, according to written authorities as well as our own observation. It may therefore serve the purpose to which we have just alluded, to publish the following history of a formidable case recently treated.

Branch, a negro man about 35 years of age, the property of Mr. J. A. Smith, of Henry County, Ga., was placed under my charge early in February last. He first noticed, about three years before, a small tumor behind the soft palate, which he represented as being very hard and painless. From that time it gradually increased in size, and was never painful, but rather inconvenient. I found the tumor filling the pharynx, extending upward to the posterior nares, downward as far as the larynx, and laterally from one tonsil to the other, forcing down the right one. The soft palate was carried forward and downward, so as to constitute a prominence the size of a large egg, to the posterior surface of which the tumor was attached. Deglutition was so difficult that he could take no solid food—his articulation was very indistinct, and respiration considerably impeded when he would walk briskly, causing him then to breathe loudly and like a horse affected with the “bellows.”

Believing the tumor to be fibrous, I proceeded on the 10th of February to its removal, as follows:—

Provided with actual cauteries, a syringe, sulphate of zinc, &c., to control the hemorrhage from the general surface and smaller vessels, I passed a ligature beneath the right carotid artery, and left it there, ready to be tied should this become necessary. The patient was then seated in a chair, and an incision made from the right angle of the mouth to the masseter muscle—which necessitated the ligature of the facial artery. In the third stage of the operation, a longitudinal incision was made from the side of the uvula to the roof of the mouth, through the soft palate, which was then detached from the tumor in the form of flaps. The tumor now presented a white glistening aspect, and was adherent, posteriorly and laterally, to the adjacent parts by strong cellular tissue. Having free access to the parts, the cutting instruments were laid aside, and the mass was seized with strong tumor forceps and drawn forward, whilst my fingers were passed behind and tore asunder the attachments of the lower portion of the tumor. The fingers were then carried successively behind the left, the upper, and a part of the right portions of the mass, which was now removed. The entire mass thus extirpated constituted one distinct tumor; but there was still another left in the right side, apparently in intimate connection with and pressing down the tonsil with great force. It did not, like the former, present a white glistening surface to the eye, but was covered by a thin stratum of muscular fibres, derived from the pharyngeal muscles. Upon dividing this stratum with the knife, and pressing it aside, the tumor was found to be of the same character as the former—and it was likewise removed by the fingers and forceps, not, however, without much difficulty. It was found to be attached to the ramus of the lower jaw, near the sigmoid notch, to the pterygoid process of the sphenoid bone and to the posterior aperture of the right nostril, and was brought away in separate fragments. Both tumors, when placed together, formed a mass about the size of a turkey's egg.

The patient bore this protracted and painful operation with wonderful fortitude. The amount of hemorrhage was smaller than could have been anticipated, but had to be checked occasionally by cold water thrown into the pharynx with a syringe. After allowing the patient to rest a little, the cheek was stitched and well brought together with adhesive strips. He was then put to bed with the wound of the neck partially closed, and the ligature was permitted to remain beneath the carotid until the following morning as a precautionary measure.

The patient's recovery was unattended with any circumstance worthy of note. He did remarkably well, and would have been sent home in about a fortnight, had he not taken cold, which affected his bowels and induced considerable fever for eight or ten days more.

Will this disease return? Microscopic examination by Dr. Harriss showed the tumors to be purely fibrous—nothing indicative of malignancy could be detected in them. Time alone will decide the question.

The structure of these tumors was very similar to that of fibrous polypi, but differed from them in not being pediculated. They were, on the contrary, closely attached to all the tissues with which they came in contact. From the history given by the patient, it appears that there was at first only one tumor, and that it was situated behind the velum palati. That in contact with the right tonsil was of subsequent growth. Would the early removal of the first have prevented the development of the second? Some years ago (in 1847) Dr. B., of an adjoining county, sent us a case upon which we operated, and which has thus far not been reproduced.

The subject was a negro woman about 25 years of age, who presented a tumor about the size of a small hen's egg attached to the posterior surface of the velum palati by a broad base about the size of a half-dollar coin. In this instance, instead of slitting up the soft palate, we plunged a hook into the centre of the protuberance and circumscribed it with a circular incision carried through the soft palate, thus leaving entire the lateral half arches and the uvula. The tumor was then readily drawn through the aperture thus made, for it had no posterior attachments. The wound cicatrized completely in a short time, leaving no deformity.—*Southern Med. and Surg. Jour.*

TREATMENT OF HEMORRHAGE AFTER EXTRACTION OF A TOOTH.

BY F. L. CRANE, D.D.S., EASTON, PENN.

MAY 23d, 1851, 10 o'clock, A.M., extracted a tooth, the upper left second molar, for Mr. Stocker, of Mount Bethel (in this county). This gentleman has been under treatment for some time past for a gastro-hepatic derangement, with a tendency to phthisis, and a hemorrhagic diathesis. Informed me that he had had several attempts at extracting teeth, none of which succeeded. In this case the roots of the tooth were of extraordinary length. A small, thin piece of the alveolar plate came away with the tooth. The bleeding ceased, or nearly so, before he left the office, but he said soon commenced and bled throughout the