

20 per cent. solution of cocaine. A careful examination—as recommended by Ruault—is then made to detect any adherence of the tonsil to the faucial pillars, and when present to break it down; this is best accomplished with Schmidt's tonsil slitter. The patient himself keeps down his tongue with a Türk's depressor, while the surgeon—holding back if necessary with a probe or tonsil slitter the anterior pillar of the fauces—applies the punch and removes a piece of tissue. This is repeated again and again until the desired reduction is effected or until the sitting has been sufficiently prolonged. The instrument is easily handled and is completely under control, so that pieces varying in size from a mere fragment to a small bean may be picked off. Each operator will have his own preferences as to the punch he employs for a particular purpose. Those using their right hand throughout will probably find the pushing punch, on the whole, best adapted for the right tonsil, and the pulling punch for the left. When working close to an anterior pillar its safety may be ensured by using the pulling punch and always keeping the bolster between the pillar and the tonsil; in a similar manner the posterior pillars may be protected while using the pushing punch. The bleeding is usually very slight, as might be anticipated from the manner in which the tissues are severed. Immediately after the operation the wounded surface may with advantage be painted with a 2 per cent. solution of pyoktanin. The subsequent treatment consists in the use of ice, antiseptic and astringent gargles, and soft food. In most cases slight pain is experienced only during the day of the operation. There is little or no inflammatory reaction, and in about a week the healing is complete. One or two sittings usually suffice for the reduction of a moderately enlarged tonsil, rarely are three necessary. The only other tonsil punch that has been brought before the profession, so far as I am aware, is Ruault's.¹ It is a large powerful instrument intended to take the place of a tonsillotome and constructed on quite different principles from those adopted in the punch above described. When the tonsil is prominent it is capable of doing good execution, but its size and shape do not allow of that operative precision which is essential in the majority of the cases to which I have specially referred. The instrument is made by Messrs. Mayer and Meltzer, 71, Great Portland-street, W.

Carlton-place, Glasgow.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

CONGENITAL ABSENCE OF BOTH PECTORAL MUSCLES ON THE RIGHT SIDE.

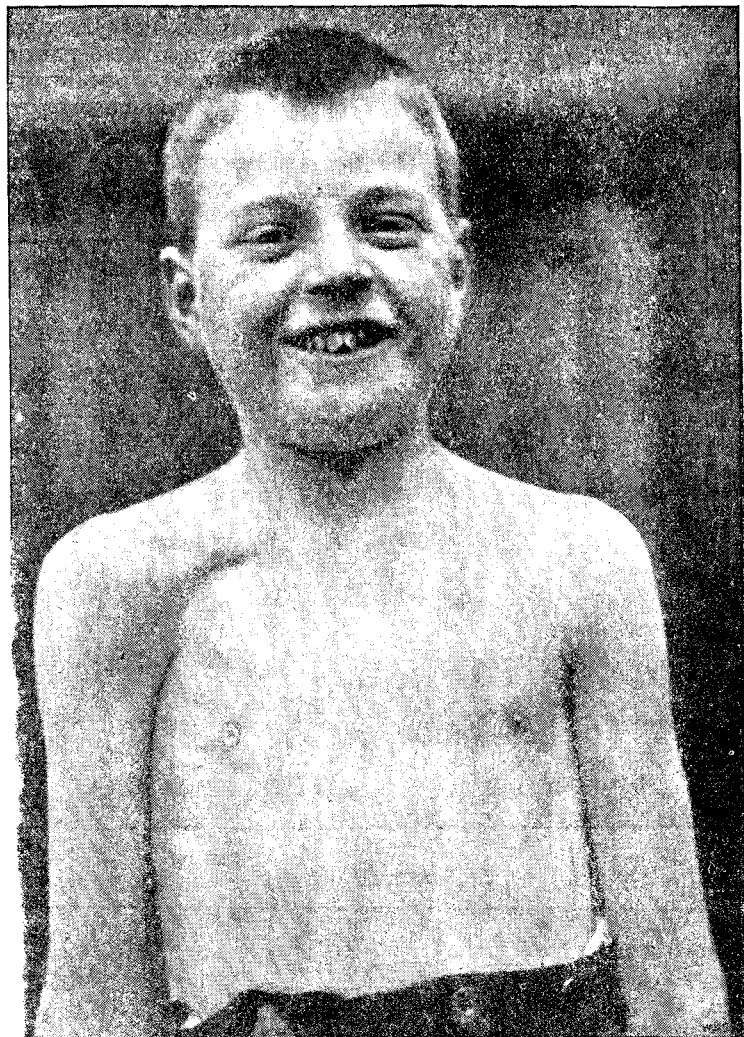
BY H. LITTLEWOOD, F.R.C.S. ENG.,

HONORARY ASSISTANT SURGEON TO THE LEEDS GENERAL INFIRMARY.

A BOY aged ten came to the out-patient department of the Leeds General Infirmary on March 13th, 1894. Three days previously he had received a slight injury to the right shoulder. On taking off his shirt and examining the joint he suddenly discovered the deformity and exclaimed to his mother, "I have not got any armpit." The accompanying engraving (from a photograph) well illustrates the deformity. At the front of the chest, on the right side, all the ribs can be seen; they are subcutaneous and uncovered by muscle. No pectoralis major or minor muscles can be seen or felt. The coracoid process stands out very distinctly. There is a firm membrane attached to the inner end of the first rib and adjacent portion of the clavicle at one end, and at the other to the inner part of the tip of the coracoid process. The free margin of this membrane is well shown in the engraving. It becomes tense on drawing the arm to the side (this I take to be the costo-coracoid membrane). In this position of the arm there is also felt a slight ridge in the skin—like a strand of fascia—about the position of and corresponding to the anterior axillary fold. The other muscles about the scapulo-humeral articulation are much more developed than on the opposite side, and this is most noticeable in the

anterior part of the deltoid and the coraco-brachialis muscles. The nipple is present and well developed. The joint is powerful and all the movements are good. Circumduction is much more free than on the opposite side.

In the museum of the medical department of the Yorkshire College there is a photograph of a similar case observed by Dr. Barrs—that of a man with both pectorals absent on the



right side. The nipple is present on this side. Mr. Hutchinson in the last number of his Archives describes a case he has noticed, and gives a list of fourteen other recorded cases. I hope this record of additional cases may be of some value.

Park-square, Leeds.

DEATH BY LIGHTNING.

BY J. D. WARDALE, M.B. and B.S. DURH.

THE captain and mate of a vessel were walking by the riverside to their ship on Saturday, May 25th, when they were overtaken by a storm. They sought shelter under a tree to which some wooden palings were attached. The former leant against the tree, the latter reclining against the fence, with his right side against his companion. Whilst in this position they were struck by lightning, the mate being killed and the captain rendered insensible. He remained in this condition, as far as can be made out, for about an hour. On recovering consciousness he tried to stand up several times, but fell at each attempt. Assistance eventually arrived, and he was conveyed to the Bridgwater Infirmary and admitted under the care of Mr. Routh. On admission he was suffering greatly from shock. His beard on the right side of the face and his eyelashes and eyebrows of both sides were singed. On the back of his right shoulder there was a small burn, and running from the axilla to just above the knee, and in one continuous line, there was another burn about two inches and a half wide, but not very deep. There was a small burn also behind the knee, and one about the middle of the calf. On the left side there was a burn the exact counterpart of the one on the right side—that is, from the axilla to the knee. There were no marks of any description on either

¹ L'Union Médicale, Jan. 17th, 1893.