

noticed two months previously, and gave rise to no great inconvenience, save that deglutition was a little impeded, and that the voice was nasal. Prof. Verneuil operated as follows: An incision was made from the labial commissure to the angle of the inferior maxillary, and along its edge, severing the soft parts, but not the mucous membrane; the facial artery was then ligatured. A second incision was made in the neck beneath the bone, necessitating the ligature of the lingual and external carotid arteries. Finally, an opening was made into the buccal cavity, and widened by means of a forceps, thus providing a large aperture through which the tumor could be readily reached. He then dissected it from the base of the tongue and removed it quite easily, along with the tonsil and the anterior pillar. The operation lasted forty minutes. Three weeks afterward the patient could be considered as cured, the wound almost healed, and the voice had become normal. The after-treatment consisted in the prescribing of arseniate of soda associated with magnesia.

LARYNGECTOMY.

PERIER (*Bull. de l'Academie de Med.*, No. 29) recently exhibited to the Academy of Medicine a case of total extirpation of the larynx without preliminary tracheotomy. The patient, a man, sixty-two years of age, had been affected for some two years with an epithelioma that involved one-half of the larynx, but had not extended beyond it. Chloroformization was possible despite the stricture of the larynx. The trachea was first cut off horizontally and then brought forward and upward, and a canula was inserted to continue the chloroformization. The larynx was then separated from its connections and removed entirely with the exception of the upper portion of the healthy epiglottis. The canula was then removed and the trachea sutured to the borders of the wound. The patient was beginning to speak with the aid of an artificial larynx.

MR. R. GORDON MACDONALD, of Dunedin Hospital, reports (*Brit. Med. Journal*, No. 1722) a successful case of excision of larynx, hyoid bone, and five rings of the trachea for cancer, the epiglottis being left in position.

A man thirty-nine years of age suffered from a myxo-sarcoma of the larynx, principally extra-laryngeal, but involving the thyroid cartilage, hyoid bone, upper portion of the trachea, and the soft structures in front to the level of the skin. The extirpation of the morbid growth took place ten days after a prophylactic tracheotomy.

The recovery was prompt, and after the second day there was no difficulty in swallowing. The patient speaks well with an artificial larynx.

PATHOLOGICAL CONDITIONS OF THE LARYNX OCCURRING AS SYMPTOMS OF GASTRO-INTESTINAL DISORDERS.

DR. FRANK WOODBURY, of Philadelphia, does good service in recalling attention (*Matthews' Medical Quarterly*, 1894, No. 1) to the fact that many laryngeal symptoms are but expressions of disorder in the intestinal tract, reflected to the larynx along nerve tracts which become by-paths of the disturbance. These nervous communications are duly mentioned. But still

more, the embryologic connection between the digestive and respiratory tracts is recognized as a potent factor in accounting for the inclusion of laryngeal disorders in disease and disturbances in the intestinal organs. Improper diet, too, as well as disease, it is shown, may become the factor producing disturbance in the upper respiratory tract.

We cannot too highly estimate the efforts of those who, while not depreciating specialism, indicate directly or indirectly the deficiencies of specialists who begin their career without due knowledge of general physic, and thus are liable, in their ignorance, to do harm now and then, despite themselves and their manipulative skill. The best specialist, and the safest for the patient, will always be he who has practised for several years as a general practitioner.

LYMPHANGIOMA OF THE PALATE.

THE case, from the clinic of Dr. Moore, of Bordeaux, is reported by Dr. G. LABIT (*Revue de Laryng., etc.*, No. 24). A married woman, thirty-seven years of age, had long been subject to attacks of recurring sore-throat with white spots on the right side. These attacks always subsided promptly under topical applications of silver nitrate.

During an attack last year, however, the posterior portion of the throat was studded with blackish spots of ecchymosis which bled freely during deglutition. Their appearance was coincident with a hemorrhoidal fluxion. They readily subsided, with relief for three or four months, when a fresh sore-throat prompted her to consult the laryngologic clinicians of the Faculty of Bordeaux.

The patient complained of frequent sore-throat with severe pain on swallowing, and of a burning sensation in the throat, especially of evenings and upon humid days. These troubles became augmented during each entire catamenial period.

The anterior surface and the border of the right linguo-palatine fold supported a series of small yellowish-white tumors varying in volume from a pin-head to a millet-seed. They extended from the point of junction of the uvula clear down to the point of junction with the tongue. Several more occupied the internal surface of the cheek behind the large molar.

One of these tumors was punctured with the electric incandescent needle, and discharged a clear and serous liquid. Most of them were removed with cutting forceps. There was immediate relief. Occasional recrudescences, yielding to operative treatment, recurred during a number of months.

These growths were examined with great care, and a long account of the microscopic investigation is given in detail. They were evidently examples of lymphangioma.

A case of hematomphangioma from Dr. Moore's practice is reported. A child, five years of age, which had taken the nipple with difficulty, had always had a nasal voice, both of which impairments of function the parents attributed to an enlargement of the left side of the palate that had existed from birth. An irregular, ovoid reddish-pale tumor, the bulk of a pigeon-egg, was found to be imbedded in the soft palate and to encroach a little upon the hard palate. It so pushed the palate forward and upward as to render its