

Langenbeck has devised a method which has for its object the removal, at will, of tumors from the tonsillar region, as well as neoplasms from the lower pharynx and upper part of the œsophagus. It consists essentially in first dividing the entire thickness of the cheek in a direction obliquely downwards and backwards from the lateral commissure to the lower border of the jaw, in front of the insertion of the masseter muscle; thence the incision curves backwards under the jaw to a level with the sterno mastoid. Layer after layer is divided in this region, extirpating, in the meantime, any involved glandular structures, and tying the lingual artery. The inferior maxilla is then sawn through obliquely in the direction of the cheek incision, and the bony fragments are separated. This method has likewise been employed by Genzmer; Bergmann also expresses his preference for it.

M. Polaillon advises the following method: An incision is carried along the edge of the sterno-mastoid, from the lobe of the ear to the level of the thyroid cartilage. This allows the freeing of the angle of the jaw and removal of any of the affected glands, as well as ligature of the external carotid artery. In one of his own cases, this surgeon thus tied the common carotid. A second incision, involving the entire thickness of the cheek, is made to join the first at its upper angle. The resulting triangular flap is rapidly detached from the inferior maxilla and depressed upon the neck. Section of the inferior maxilla may be made, if it be found necessary, and a portion removed. Access is thus readily gained to the pharynx and fauces.

According to Castex, Polaillon formerly made a semi-circular incision upon the posterior and inferior border of the jaw, in a manner to circumscribe the tonsillar fossa. A modification of this method consists in making two horizontal incisions, which are afterwards joined by a third extending along the parotid border of the jaw.

For the operative procedure employed in the case herewith reported, it may be justly claimed that it furnishes the operator with the means of gaining ready access to the parts without sacrificing or

endangering, when carefully performed, any of the important neighboring nerves or vessels, and that, too, with the infliction of the minimum amount of traumatism. The employment of the thermo-cautery facilitated the final extirpation of the growth from its pharyngeal site without further loss of blood, or the entrance of the latter into the pharynx and larynx. —*Brooklyn Medical Journal*.

### A NEW METHOD OF TREATING INDOLENT ULCERS.

Attention is called to the fact that the principal reason why indolent ulceration shows so little tendency to heal, as well as the readiness with which the resultant cicatrix, in cases in which the reparative process is apparently complete, breaks down into new ulceration, lies in the incomplete nourishment of the tissues through insufficient blood supply. The calloused edges of the ulcers consist of condensed connective fibres, but with few vessels. The base of the ulcer, likewise, consists of altered connective tissue structure, of a tendinous or sinewy character, which naturally offers resistance to cell proliferation and regeneration. These thickened conditions of the connective tissue have either arisen secondarily in consequence of chronic irritation, especially in the case of varicose leg ulcers, or the base of the ulcer represents, after necrotic changes in the skin have occurred, stretched fasciæ, which, through poverty of blood supply, do not allow of sufficient granulation formation, and refuse to respond to the usual means of stimulation. The method advanced by S., and which he claims originated with Dr. Harbardt, chief of the Frankfort clinic, is as follows: The entire ulcer is split lengthwise far into the healthy underlying tissue, and in addition, numerous cross cuts are made, which should also penetrate into the healthy tissues, at distances of about two cm. An important point insisted upon, is the necessity of carrying the incision sufficiently deep to penetrate the underlying fascia. They should gape widely. After arresting the hæmorrhage, the parts are dressed with iodoform gauze. In from eight to