Abstracts.

PHARYNX.

On the Lymphatic Relations between the Nasal Fossæ and the Tonsils. Amédée Pugnat. "Rev. de Laryngol.," July, 1918.

It is no uncommon occurrence for a tonsillitis to develop after operations on the nose, and opinions vary as to whether the infection is conveyed through the lymphatics, through the blood-stream, or merely by passage of septic material over the tonsils.

Schönemann held that the infection was through the lymphatics. He injected a solution containing iodine into the inferior turbinal and removed the tonsil of the same side six hours later. Iodine was demonstrated in the tonsil. Lénart, and also Henke did experiments of the same nature in dogs and came to the same conclusion. Amersbach, later, after similar experiments, could find no trace of the foreign substance in the tonsil.

Pugnat last year, in children who were to have their tonsils removed, injected an emulsion of soot into the turbinates twenty-four, thirty-six, and forty-eight hours beforehand and examined the removed tonsils microscopically. In no single case out of some hundred experiments did he find any soot particles in the tonsils. He concluded from this that there is no direct connection between the lymphatics of the nose and the tonsils, and that the latter should therefore not be regarded as lymphatic glands. He belives that post-operative angina cannot be compared to an adenitis. *J. K. Milne Dickie.*

NOSE.

Atrophic Rhinitis treated with Ichthyol Ointment.—Robert H. Fowler. "The Laryngoscope," December, 1917, p. 904.

Fowler advocates the use of an ointment consisting of ichthyol, 20 gr.; menthol, 2 gr.; and petrolatum, 2 oz. This to be applied three times a day on cotton in each nostril. Application of the ointment abolishes the bad smell so long as the patient continues the treatment. Fowler does not claim that the treatment is more than palliative.

J. S. Fraser.

A Wax Model of the Nasal Cavity and Paranasal Sinuses.—C. M. Jackson and C. E. Connor. "Annals of Otology, etc.," xxvi, p. 585.

This carefully made wax cavity, taken from a well-developed head, was made by sectional method. It includes the nasopharynx. The description requires to be read *in extenso*. It is the intention to have this model reproduced and placed on the market.

Macleod Yearsley.

LARYNX.

Abscess of the Thyro-glosso-epiglottic Space.—Bellin and Vernet. "La Presse Médicale," March 7th, 1918.

The authors report this case as one of few that have been recorded; the first being reported by Brausse and Brault in 1893.

The abscess is evolved entirely in the space comprised between the base of the tongue, the larnyx, and the epiglottis. The patient, a sergeant in the French Army, on leave from the Front, reported on

November 11, suffering from violent dyspnœa and inability to swallow. Saliva mixed with blood and pus, and of a putrid odour, dribbled from the mouth. The tongue was fairly mobile; there was no trismus. On depressing the tongue swelling at the right base could be seen; lingual and faucial tonsils and velum normal.

Laryngoscopic examination revealed a swelling, the size of a walnut, occupying the left side of the glosso-epiglottic space. Epiglottis wine-red and swollen, deviated to right. Œdema of the entire vestibule of the larynx, particularly of the left side. The glottis was obstructed by œdema; view of left vocal cord obstructed by swelling; right cord normal. The tumour did not extend beyond the median glosso-epiglottic fold. There was a history of exposure to cold and wet while fatigued. Operation was done at once. The abscess was opened by "transverse subthyroid pharyngotomy under local anæsthesia, the incision crossing the middle line but chiefly to the left." Foul-smelling pus was evacuated, and the opening examined and enlarged by the finger carried to the anterior face of the epiglottis. A drain was inserted. Difficulty in breathing continuing, a tracheotomy was done under local anæsthesia. Condition of patient was grave for three days; delirium accompanied by temperature of 40° C. Drain removed on second day, and wound packed with iodoform gauze Delirium disappeared on third day and temperature dropped to 39° C. During lavage with Dakin's solution on the fourth day there was a violent and copious hæmorrhage from the mouth, patient stopped breathing, and the cannula of the tracheotomy tube was removed and breathing restored by artificial respiration. After the fourth day patient improved rapidly. The wound was not entirely closed until the fortieth day. For the first few days the patient was fed through a nasal tube.

It is claimed that the extent of the swelling and the grave condition of the patient indicated evacuation of the pus by an external operation rather than by an entrance in the buccal cavity. Entrance to the thyro-glosso-epiglottic space is easy. The anterior wall of the space is formed by the thyrohyoid and hyoglossal membranes; the posterior wall by the anterior face of the epiglottis. The glosso-epiglottic ligament divides the space into two distinct compartments.

The patient of Brausse and Brault, at first operated on by a lateral cervical pharyngotomy, was not relieved, and was again operated on by a subhyoid transverse incision.

Bacteriological examination of the pus demonstrated the presence of a club-shaped bacillus, Gram positive, analogous to *B. perfringens*; also a monococcus, Gram negative, arranged in short chains, analogous to diplococcus reniformis.

The article, which is very interesting and should be read in the original, concludes with differential diagnoses of:

(*a*) Abscess of the base of the tongue.
(*b*) Abscess of the floor of the mouth.
(*c*) Pharyngo-laryngeal abscesses.

J. A. M. Hemmeon.

EAR.

The Static Labyrinth in Syphilis.—J. W. Downey. "Annals of Otology," xxvi, p. 693.

Gives details of seventeen cases, made during eighteen months. The auditory function was disturbed in most of the cases; the tests of the

static apparatus, made by rotation and cold douching, were of far greater value in absolutely confirming the presence of a lesion in the nervous structures of the ear than were the tests of audition.

Macleod Yearsley.

Complete Unilateral Deafness, resulting from Acute Parotitis.—George H. Willcutt. "The Laryngoscope," November, 1917, p. 811.

Of thirty-four (collected) cases of deafness following mumps the affection was bilateral in seventeen. In many there was tinnitus and vertigo, the latter lasting from a few hours to some days. Four patients suffered from vomiting. The deafness usually comes on about the fourth or fifth day, sometimes as late as the tenth or fifteenth. Willcutt reports the case of a female, aged twenty-nine, with previously normal hearing. The patient developed parotitis with bilateral swelling, but no temperature. Six days later there was nausea, vomiting, and vertigo, and the patient was unable to lift her head from the pillow. Two days later the vomiting had ceased, and the nausea was slight, but the vertigo persisted, and for a week the patient could not walk without staggering. In three weeks Willcutt examined the patient, and found complete deafness in the left ear with a normal right ear. Both drumheads were healthy. Injections of 2 per cent. pilocarpine (5 minims) were begun, and the patient showed a good reaction. In all, seven injections were given, but there was no improvement in the condition of the left ear. Examination after three months showed complete unilateral deafness. Attacks of vertigo were still present, most marked when turning to the right.

J. S. Fraser.

REVIEW.

Operative Surgery of the Nose, Throat and Ear, for Laryngologists, Rhinologists, Otologists, and Surgeons. By Hanau W. Loeb, A.M., M.D., in collaboration with Joseph C. Beck, M.D., George W. Crile, M.D., William H. Haskin, M.D., Robert Levy, M.D., Harris P. Mosher, M.D., George L. Richards, M.D., George E. Shambaugh, M.D., and George B. Wood, M.D. In two volumes. Vol. II. Pp. 427. 476 illustrations. London: Henry Kimpton. 1917. Price of the two volumes complete, £3.

The publication of the second volume of this extensive work has been delayed for a considerable time, but the time has not been lost, as the collaborators have obviously been at great pains to bring their information well up to date. Whether recent or not they have learnt one lesson, and they convey it with proper insistence—that operations, especially in the nasal cavities, should not be lightly undertaken. Dr. Hanau Loeb points out the great desirability of carrying them out under hospital conditions.

The article begins with the surgery of the septum, which, in accordance with modern ideas, centres itself mainly on the submucous operation as worked out by Killian, Freer, and Hajek. Of the non-submucous operations Moure's seems the most acceptable. Among operations on the turbinate bodies the use of the snare for the posterior extremity of the inferior one is recommended, and to facilitate it Beck's ingenious clip with thread attached is described. There is no reference to the forceps of Prince, of Springfield, which is certainly most effective and speedy in action when used to complete an "adenoid" operation. Among the