

some considerable time suffered from occipital headache, and that on the day of the operation he could not use his right arm as he ought. Had these symptoms been known sooner the diagnosis might have been expedited. A fistula between the cerebellum and the posterior surface of the petrosal bone persisted for a year, and was continually drained. The fistula closed, but as discharge from the ear continued the labyrinth was operated on on three occasions.

Abstracts.

PHARYNX.

Levy, Max (Charlottenburg).—Complications after Adenoid Operation.
 "Zeitschr. f. Laryngol." Bd. v, Heft 2.

Levy compares the small number of bad results recorded in literature with the large number of mishaps which surgeons acknowledge in private conversation. Further, these cases soon pass out of the specialist's hands, and the child's own doctor may not recognise the connection between the recent operation and the present illness. Of the complications hæmorrhage is the most common. This may only be recognised when the stomach becomes full and the blood is vomited. Levy is strongly against packing the naso-pharynx, and holds that the best practice is to again scrape the naso-pharynx, as the hæmorrhage is usually due to a semi-detached piece. Levy advocates the use of the Schütz-Passow instrument, as the Gottstein curette may remove a piece of the mucous membrane of the posterior pharyngeal wall. Injury to the Eustachian cushions and the soft palate are also referred to—the latter may cause nasal tone of voice. With regard to sepsis, Levy remarks that fever occurs after operation in 40 per cent. of cases. Healing occurs under a blood-crust. Infection of neighbouring lymph-glands is rare. Stiffness of the neck and torticollis are due to myositis of the prevertebral muscles. Acute otitis media occurs as a rule in cases in which the ear was already the seat of chronic inflammation before the operation. Levy says that, if we regard scarlet fever merely as a special form of sepsis, it is not remarkable that it should occur after operation on tonsils and adenoids. It is very difficult to diagnose scarlatina from the septic rash which sometimes follows operation—if there really is any difference!

Levy records a case in which otitis media and fatal meningitis followed the removal of adenoids; the otitis had healed before the meningitis occurred. Pyæmia and septicæmia with exophthalmos may follow the removal of adenoids, the infection passing from the pharyngeal plexus to the lateral nasal, facial, ophthalmic and central vein of the retina. Levy holds that cases which suffer from rheumatism after operation occur in patients who have had an angina a short time before. The surgeon should make sure that there has been no illness in the house for some time before operation.

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NOSE.

Thomson, Sir StClair.—Two Cases to Illustrate the Advantages of Lateral Rhinotomy (Moure's Operation) in dealing with Malignant Growths of the Nose and Accessory Sinuses. "Proc. Roy. Soc. Med.," vol. vi, No. 5, March, 1913, Clinical Sect., p. 156.

One case was operated on two and a half years ago, the other six months; in neither is there any trace of recurrence.