

CASE 2.—A child, five and a half years, had had laryngotomy performed for a subglottic total occlusion, and was already able to respire by the mouth and talk in a high voice.

The third case, a boy thirteen years old, was awaiting treatment.

Anthony McCall.

Abstracts.

NOSE AND NASO-PHARYNX.

Boulai, J. (Rennes).—*Naso-pharyngeal Polypi cured by Galvano-cautery Punctures.* "Archives de Laryngologie, d'Otologie, etc." No. 2, March-April, 1902.

Boulai reports a case of a fibrous polypus having its origin above the left Eustachian tube, and which was removed by several punctures of the galvano-cautery heated to a dull red. This method of removal was adopted as the patient objected to the use of the snare.

The inferior turbinate was previously reduced by the cautery in order to render the post-nasal field more accessible.

Anthony McCall.

Capitau.—*Rhino-pharyngeal Albuminuria.* "La Médecine Moderne." No. 31, July, 1902.

Capitau, in a paper read before the Therapeutical Society of Paris, emphasizes the importance of examining the naso-pharynx in the nephritis of children, and points out that treatment yields more satisfactory results than when the nephritis is due to tonsillar lesions.

The author believes that in all cases of nephritis the source of the toxic agent should be sought for and treated.

Anthony McCall.

THROAT.

R. C. Brown.—*Follicular Tonsillitis.* "Med. Record," March 1, 1902.

As an outcome of the study of the etiology and pathology of follicular tonsillitis, the author presents the following conclusions:

1. That follicular tonsillitis is not caused by a single microbe, but that many well-known micro-organisms are capable of causing it.

2. That the symptoms of tonsillitis are partly caused by an exaggeration of its function.

3. That, under the stimulus of infection, the lymph corpuscles in the adenoid structure of the tonsil produce an antitoxin that is antagonistic to invading germs.

4. That the characteristic symptom is an exudate having no texture and non-adherent.

5. That the presence of the Klebs-Loeffler bacillus is not positive evidence that the disease is not a simple follicular tonsillitis.

6. That there seems to be some relation between follicular tonsillitis and the infectious diseases which is not yet properly understood: that, whatever the function of the tonsil may be, it seems in disease to endeavour by its activity to assist Nature in eliminating infection.

W. Milligan.

E A R.

Gradenigo, S. (Turin).—*On Clearing out the Tympanum as a Means of Improving the Hearing.* "Archiv. für Ohrenheilkunde," vols. liv. and lv.

The author divides his cases into four groups: (1) Scleroses; (2) chronic catarrhs; (3) post-suppurative cases showing no destructive changes, but only the objective signs of Group 2; (4) post-suppurative cases showing destructive changes.

The prognosis is best in Group 4. In Groups 2 and 3 the membrana tympani is generally thickened, dull, immovable, often retracted, and there are traces of old catarrhs in nose and throat, or adenoids, etc.

In sclerosis the membrane is thin, smooth, shining, and more movable, and there are often cases of deafness in the same family. The nose and throat are normal, except in mixed cases, which are not infrequent.

The greatest differences exist between the scleroses and the destructive suppurative cases. In both there is interference with air-conduction and defective hearing of low-pitched notes but in scleroses there is also defective hearing of high-pitched notes, the internal ear being affected, which is not generally the case in destructive suppurative cases.

In the catarrhal and suppurative cases without perforation (Groups 2 and 3) much depends upon the stage of the disease. In old catarrhal cases one may find the perception of high-pitched sounds (*i.e.*, the internal ear) more affected than in early sclerosis.

Nine cases in all were operated upon. Two cases of sclerosis were distinctly benefited both as regards hearing-power and tinnitus when examined fourteen months after operation. One of the cases was a very bad one of thirty years' duration.

Of three cases of chronic catarrh, one showed at first enormous improvement, but the ultimate result was negative. The wound suppurated and the membrane was rapidly regenerated. The second case gave a negative result; and the third, after showing some temporary improvement, with great variation in hearing-power, finally relapsed, and was rather worse than before operation.

Of the post-suppurative non-destructive cases (Group 3) one gave a good result, the patient being enabled to resume her employment as a domestic servant. The immediate success in this case was brilliant, and even the ultimate result was good, especially in one ear, from which nearly the whole of the stapes was removed. The membrana tympani was regenerated on both sides.

Conclusions.—(1) The more complete the integrity of the internal ear the better the hope of success.

(2) The best results are obtained in post-suppurative cases with partial destruction of membrane and ossicles. Good results are also obtained in a little-known class of post-suppurative cases which show