

Abstracts.

NOSE.

Walter, W.—*A Study of the Bacterial Flora of the Nasal Mucosa in the Presence of Rhinitis.* "Journ. Amer. Med. Assoc.," September 24, 1910.

The author concludes that the diphtheroids, especially the *Bacillus segmentosus*, are concerned in producing common colds. *Micrococcus catarrhalis* is more common in its manifestation, and it seems likely that a mixed infection of these two types increases the virulence. Friedländer's pneumo-bacillus is more concerned in chronic conditions, and is probably identical with the ozæna bacillus. As regards locality, Fränkel's pneumococcus flourishes in any part of the upper respiratory tract; *B. segmentosus* in the nose, seldom in the trachea, and may cause otitis media. *M. catarrhalis* is most apt of all to invade the larynx and trachea. Pneumo-bacillus is mostly confined to the nose and sinuses. Influenza bacilli are conspicuous by their absence, and pyogenic cocci are non-pathogenic locally, except as secondary invaders. *Macleod Yearsley.*

Chamberlain, W. B.—*Non-Suppurative Ethmoiditis.* "Interstate Med. Journ.," November, 1910, p. 880.

In a review of the recent literature on this subject the author comes to the following conclusions: (1) Hyperplastic ethmoiditis can exist without pus; (2) there may be no physical signs except the thickened mucous membrane on the outer wall of the middle turbinal; (3) when this condition, together with the subjective symptoms, exists it is an indication for opening the ethmoid; (4) unless diseased, the middle turbinal should not be sacrificed but fractured at its base; (5) removal of the contents of the ethmoid labyrinth should only be practised under full vision and controlled by the nasal sound. *Macleod Yearsley.*

Clark, J. Payson.—*Two Unusual Cases of Disease of the Maxillary Antrum.* "Boston Med. and Surg. Journ.," September 8, 1910.

Both women, one aged thirty and one thirty-two. The former had frequent attacks of what she called "cold in the head" and nasal obstruction. She showed left deviation of the septum, with turbinal swelling and polypoid tissue in the left middle turbinal region. This was removed and a Watson-Gleason operation done on the septum. Improvement. One year later fresh symptoms drew attention to the maxillary antrum on the left. Washing out brought away oyster-like masses of mucus from both antra, which recurred. The case seems to have succumbed to repeated antral washings.

The second case was somewhat similar. *Macleod Yearsley.*

Stuart-Low, W.—*Malignant Disease of the Nasal Passages, its Diagnosis, Pathology, and Treatment.* "Lancet," October 1, 1910.

The author considers that (1) Pain is not to be relied on as an indication of nasal malignant disease. (2) Persistent and increasing stuffiness, especially unilateral, is important in diagnosis. (3) Recurrent and increasingly severe hæmorrhage, specially unilateral, is suspicious. (4) A combination of hæmorrhage and increasing stuffiness is often a serious indication of new growth. (5) Early diagnosis is important. (6) It is imperative to make a thorough and systematic examination in all

obscure cases of nasal disease and to pathologically examine a removed portion of any obstruction. (7) Operation should be done as soon as a diagnosis has been made. (8) The canine fossa route is best to adopt in operating. (9) Innocent and malignant polypi are likely to co-exist.

Macleod Yearsley.

PHARYNX.

Symington, J.—*The Pharyngeal Tonsil.* "Brit. Med. Journ.," October 15, 1910.

A useful contribution to the anatomy of the naso-pharynx based mainly upon the examination of specimens in which this organ was exposed either by making medium sections of the head or by means of a special dissection of the naso-pharynx from below. The author considers that the hypertrophied tonsil might conceivably cause obstruction to the Eustachian tubes by—(1) projecting downwards sufficiently far to cover over their orifices; (2) extending outwards into the fossæ of Rosenmüller and pressing against the postero-internal wall of the tube; or (3) an extension of the lymphoid growth into the lateral wall of the naso-pharynx and into the lining membrane of the tube.

Macleod Yearsley.

Yearsley, Macleod.—*An Investigation into the Occurrence of Adenoids in Three of the London County Council Elementary Schools.* "British Journal of Children's Diseases," February and March, 1910.

This investigation deals with three schools, containing 2315 children, and endeavours to ascertain the number suffering from enlarged tonsils, adenoids, or both, their relation to age, ear complications, conditions of teeth, palate shape, and aprosexia.

Results fall into two groups: Investigation A, in which only those children sent up by the teacher for colds, mouth-breathing, ear disease, or inattention were examined, and Investigation B, in which every child was examined. The latter is, of course, the more important, and in it the number examined was 1246 (667 boys and 579 girls). Of these, 56·9 per cent. were normal, 5·2 per cent. had enlarged tonsils, 10·5 per cent. had adenoids only, and 27·2 per cent. had tonsils and adenoids. One hundred and seventy-four children (13·9 per cent.) were complete or partial *mouth-breathers*, and of these, 27 (15·5 per cent.) were normal, 52 (29·3 per cent.) had adenoids, and 95 (57·5 per cent.) had adenoids and tonsils. The "normal" breathers showed various conditions of nasal obstruction due to other causes, the remaining 147 having marked adenoids. The *age-incidence* is worked out and displayed in tables and curves, which show that adenoids appear to be more common about the age of eight years, and are next most frequent at about twelve years. This is in accord with the observations of other investigators. A considerable portion is devoted to the question of *aprosexia*, and the conclusions which the author draws therefrom is that true aprosexia is often confused with apparent dulness due to defective hearing, that true aprosexia only occurs in about 4·7 per cent. of adenoid cases, is more frequent in girls, and, when present, is associated with a marked degree of adenoids. Mouth-breathing is in relative excess among the aprosexic. The *relation of palate shape* is discussed, both in regard to the presence of adenoids and to mouth-breathing, and the author concludes that the association of an abnormally high palate with adenoids is rather due to peculiarities of cranial formation than to extra-uterine influences of nasal stenosis, and