

followed to secure asepsis, the areas whereon it is best to operate, and other useful information. These directions should be useful to those who have never previously administered serum, or only use it at long intervals.

Abstracts.

NOSE, Etc.

Joal.—*Carbonic Acid in Affections of the Nose.* "Revue Hebdom. de Laryng., d'Otol. et de Rhinol.," May 12, 1900.

Carbonic acid acts on mucous membrane as an anæsthetic, vaso-constrictor, and antiseptic, and may be employed with advantage in the treatment of vaso-motor rhinitis and acute and chronic coryzas. The gas can be obtained most simply from syphons (turned upside down) of aerated waters, or from "sparklets" by means of a special apparatus designed by Joal. The stream of gas allowed to enter the nose must be very fine, otherwise painful sensations of pricking and of dryness are experienced, and sneezing and watering of the eyes produced. When properly applied, slight hyperæmia and swelling of the turbinated bodies appear, accompanied by hypersecretion; these rapidly disappear, and are replaced by contraction and decoloration of the turbinals and a certain degree of local anæsthesia. Several cases are related illustrating the use of CO₂ in hyperæsthetic rhinitis, in acute coryza, in chronic rhinitis, and even in adenoids (preventing attacks of adenoiditis).

A. J. Hutchison.

Nélaton.—*A New Method of Rhinoplasty.* (Société de Chirurgie.) "La Presse Méd.," June 23, 1900.

The Italian, Indian and French methods of restoring a nose all fail in forming a presentable nose if there is loss of bone. Metallic supports sooner or later lead to disgusting suppuration. For the metallic, an osseous support must be substituted. A horse-shoe shaped flap is cut, including skin, etc., and the outer layer of the frontal bone, any remains of the nasal bones, and part of the nasal processes of the superior maxillary bones. This flap is slid down till its upper edge fits into the root of the nose, and is fixed there with sutures. M. Nélaton showed a case in which he had carried out this operation with satisfactory results. The operation is not described in detail in the *Presse Médicale*.

A. J. Hutchison.

Thorner.—*Remarks on Asch's Operation for Deflections of the Cartilaginous Septum.* "Revue Hebdom. de Laryngol., d'Otol. et de Rhinol.," May 26, 1900.

After trying various other methods of operating on deflections of the cartilaginous septum, the author finally adopted that described by Asch, which he considers far superior to any other. In this article he gives a very clear description (illustrated) of the operation, of the instruments required, of the after-treatment, etc. Having made his crucial incision, the operator must fracture each segment at its base, and see that the cut edges glide past each other. The fracturing must be done with the finger, not with the straightener. Thorner has never had any trouble from bleeding, though it is always free. It soon ceases

after the tubes are introduced, or may be stopped by the use of an iced spray. The tube is removed from the wide nostril after twenty-four hours, and not replaced, but the tube in the narrow nostril should be worn for about five weeks, being taken out and cleansed daily. This the patient can very soon do for himself. The use of iced sprays at first, then of ordinary weak alkaline douches, is recommended in the after-treatment. Granulations spring up, but are easily kept in check by ordinary means, whilst the thickening due to the overlapping of the four segments gradually disappears without any treatment. According to Thorner, the operation ought to be successful in every case. It is not more dangerous than any other cutting operation on the septum; as a rule, there is no post-operative rise of temperature, and the tubes, though giving rise to a certain amount of discomfort, should never cause pain. A preliminary operation is sometimes needed on polypi, or on enlarged middle or middle and inferior turbinals in the wide nostril. The operation may also be employed in certain cases where the external nose is deflected.

A. J. Hutchison.

LARYNX.

Apert.—*Cancer of Œsophagus spreading to the Trachea.* ("Société Anatomique," June 8, 1900) "La Presse Méd.," June 13, 1900.

A man, forty-three years of age, was admitted to the Hôtel Dieu for a tumour of the neck, which was adherent to the right side of the larynx, and for stridor. The opposite vocal cord was paralyzed. One night he had a sudden attack of suffocation. Tracheotomy gave no relief, till a tube was passed far down the trachea. This had to be left almost constantly *in situ*. The patient lived four months, then died of cachexia.

Post-mortem.—The tumour of the neck was an enlarged gland, secondary to a cancer of the œsophagus. The dyspnœa had not been caused by this gland pressing on the trachea, but by the trachea itself being invaded by the cancer. The tube passed through the midst of cancerous outgrowths in the lumen of the trachea. There was a second cancerous centre lower down the œsophagus, and a third in the chest near the left lobe of the liver.

A. J. Hutchison.

Murray.—*The Treatment of Simple Goitre in Young Adults.* "Edinburgh Med. Journ.," August, 1900.

The author has had very satisfactory results from treating simple parenchymatous goitres in young adults with thyroid extract. His theory is that in these cases the enlargement of the thyroid takes place in response to a demand made by the system for increased thyroid secretion. The enlargement, therefore, is at first physiological, but in some cases, having once started, it goes on beyond physiological limits. If now the demand for increased thyroid secretion is supplied from outside, the hypertrophied gland is able to pass into a resting condition and undergoes a partial atrophy. Thyroid extract should never be given if any symptoms of Graves' disease are present. By this treatment simple parenchymatous goitres may be reduced to two-thirds, one-half, or even one-third, of their former size, but rarely disappear altogether. The dyspnœa is relieved, and enlarged superficial veins are reduced in size. On this account it is wise, before operating on any goitre, to treat the patient for two or three weeks with thyroid extract. The diminution in size of the goitre and of the veins renders