You will notice that the curve of the small rasp is reduced in the middle size, and still further reduced in the larger-sized rasp, as with the reduction of the crest the entrance to the frontal sinus becomes more and more straightened.

These rasps are also found to be of the utmost service in peforming the per-nasal maxillary sinus operation by the method described and illustrated by the exhibitor in the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY in May, 1914.

Growth removed from Right Tonsillar Region.—J. W. Bond (President).—I removed this growth to-day from a woman, aged forty-nine, from the right tonsillar region. She was shown at the last meeting. The tumour came away by the mouth, piecemeal, without splitting the the cheek, interfering with the jaw, or tying the carotids. The weight of the growth is $3\frac{7}{8}$ oz.; it extended backwards to the internal surface of the mastoid.

Abstracts.

PHARYNX.

King, James Joseph.—Preliminary Report on the Connellan-King Diplococcus Infections of the Throat. "Laryngoscope," 1915, p. 229.

CASE 1.—Physician; had suffered from sore throat and general pain. Temperature, 105·6° F. Delirium. Examination showed follicular tonsillitis; urine contained albumin, hyaline and granular casts. Film preparations from the tonsil crypts showed a diplococcus (Connellan-King). Nephritis, fever, and toxæmia persisted until the patient received three injections of an autogenous vaccine. CASE 2.—Also a physician; had a mild tonsillitis in April, 1914, which apparently was well in a few days. In June the patient had arthritis of ankle and knee, and later endocarditis and nephritis. In December the above diplococcus was found in pure culture in the tonsil crypts. Three injections of an autogenous vaccine cleared up all infection. CASE 4 is even more remarkable. A lady complained of severe asthma following a very mild tonsillitis. The same diplococcus was isolated in pure culture from the crypts of each tonsil. Three injections of autogenous vaccine cleared up all asthmatic symptoms. There had been no recurrence to the time of writing.

Fourteen other patients, with various symptoms, were reported. All of the fourteen, who had been treated with autogenous vaccines, were very gratified. *J. S. Fraser.*

Smith, Harmon.—Naso-pharyngeal Sarcoma and Naso-pharnyngeal Fibroma. "Laryngoscope," 1915, p. 224.

CASE 1.—Male, aged forty-three, complained of nasal obstruction of five months' duration. Before admission he had also had pain in the left temporal region, and left ear. This had been relieved on one or two occasions by severe attacks of epistaxis. Anterior rhinoscopy showed nothing abnormal anteriorly, but examination showed that the palate on the left side was lower than on the right, and on posterior rhinoscopy

a bluish-red growth was seen to involve the left pharyngeal wall and soft palate. Microscopic examination showed that the growth was a sarcoma.

Case 2.—Male, aged twenty-one, had nasal obstruction on the left side for one year. Later the right side became affected. There was, however, no spontaneous bleeding and no pain. Examination showed a bluish-red tumour of irregular shape projecting into the naso-pharynx. A finger-like process projected into the right nasal fossa. Microscopic examination showed the tumour to be an angio-fibroma. Fearing hæmorrhage, Harmon Smith injected monochloracetic acid on four occasions, and remarkably reduced the size of the tumour.

Case 3.—Male, aged seventeen, complained of nasal obstruction dating from February, 1914. In May he had a severe epistaxis, which necessitated plugging, and two months later he had another. X-ray treatment was tried for seven weeks, but did no good. On examination, H. Smith found a large bluish-white tumour attached to the lateral wall of the naso-pharynx and projecting into the right nasal cavity. In October Smith removed the greater part of the growth by means of a heavy wire snare. Considerable hæmorrhage followed, necessitating a post-nasal plug. Some days after removal of the plug the patient developed otitis media, which went on to mastoiditis. Other ear complications also followed, which came near proving fatal to the patient. By the time the patient had recovered from his ear troubles the tumour had almost entirely returned. Accordingly H. Smith injected 5 minims of saturated solution of monochloracetic acid, and repeated it at intervals of ten days. The growth has shown material diminution. *J. S. Fraser.*

Fletcher, J. R.—The Standard Tonsillectomy. "Annals of Otology," xxiv, p. 591.

The author advocates dissection and wire snare, and emphasised the following points: (1) Save all the membrane possible. (2) Make the incision entirely around the tonsil. (3) Employ sharp dissection rather than force. (4) Beware of the posterior pillar. (5) Remember that the snare is not an innocent instrument that cuts where it should. (6) Most important, see all that is done. *Macleod Yearsley.*

NOSE.

Cocks, Gerhard H.—An Improved Glatzel Mirror. "Laryngoscope," 1915, p. 135.

Cocks illustrates his paper with diagrams showing the method of use of his mirror and the figures obtained in certain conditions of the nose, such as deflection of the septum, etc. The patient is instructed to keep his mouth tightly closed and to breathe quietly through the nose. The plate is taken from the water bath, dried with a towel, and held below the nose. After thirty seconds the examiner traces the outlines of the moisture deposited on the metal plate, using a pencil made of tailors' bees-wax. The tracing must be made exactly at the end of inspiration. The form and size of the deposit are influenced by the temperature and humidity of the expired air, changes in the air-passages, the temperature of the room, the position in which the plate is held, and, lastly, the temperature of the plate. The air capacity of the lungs also influences

the amount of expired air, differences being noted in the patterns produced by children, females, and males. *J. S. Fraser.*

Sermani, B. P.—Prophylactic Vaccination against Hay Fever. "Lancet," February 12, 1916.

The author gives results of vaccination or active immunisation with extract of pollen in 48 cases. These results are as follows: (1) Of 14 patients treated prophylactically, 6 were completely cured, 6 felt very little of their former sufferings, and 2 received but little benefit. (2) Of 12 patients treated only phylactically, 4 were completely cured, 3 felt more or less relief, 5 felt no relief at all. (3) Of 19 patients treated prophylactically by other physicians, all found much relief, whilst of 3 treated therapeutically all found relief. The writer advises a slow increase of dosage. *Macleod Yearsley.*

Cavanaugh, J. A.—The Inferior Turbinate. "Annals of Otology," xxiv, 621.

The author does not think the inferior turbinates have received the recognition they deserve. He considers that there are only three types of turbinates which require attention (excluding tumours). They are the intumescent, hypertrophic mucous, and hypertrophic osseous. He pleads for treatment which shall be *conservative of function*, and insists that the septum should always be our point of attack, if by so doing a turbinate can be preserved and our purpose accomplished. The galvano-cautery is evidently viewed by him with suspicion (and rightly so).

Macleod Yearsley.

LARYNX.

New, Gordon B.—Prolapse of the Ventricle of the Larynx. "Laryngoscope," 1915, p. 145.

New records two cases of prolapse of the laryngeal ventricle which have recently been examined in the Mayo clinique.

Case 1.—Male, aged seventy-one, had suffered from cough for three years with gradual onset of hoarseness, which had been much worse for six months. There was no pain or dyspnœa. Examination showed chronic bronchitis, and a radiogram revealed considerable bronchial thickening. Laryngoscopy showed a smooth globular tumour, with a broad base, which emerged from under the anterior two-thirds of the right false cord and hung down into the glottis. There was no paralysis of the vocal cords, but the tumour prevented their approximation. The larynx was otherwise normal. The tumour was easily indented with a probe, and could be readily tucked back into the ventricle. The patient refused operation.

Case 2.—Male, aged fifty-nine, had complained of hoarseness and cough for six months. He was unable to speak above a whisper and suffered from dyspnœa. On examination a smooth, greyish-pink, rounded tumour was seen emerging from the anterior half of the right false cord, lying on the true cord and hanging into the glottis. On replacing the tumour the voice at once became clear, but on coughing it came down again. Operation: The tumour was gripped by Bruening's forceps and a wire snare was slipped over it. The tumour was removed close to

its base and the patient's voice immediately restored to normal. Microscopic examination showed normal mucous membrane. New remarks that in these cases a history of much coughing is usually elicited. Koschier says that these tumours are solid or cystic, and that they are due to œdema, chronic inflammation, or to the formation of retention cysts in the mucous glands of the region. They are usually found in the anterior third of the larynx, but may extend the whole length of the ventricle. They may even be bilateral. *J. S. Fraser.*

REVIEW.

Diseases of the Nose and Throat. By StClair Thomson. Second edition. Pp. xvi + 858. Illustrated. Cassell & Co., Ltd, 1916. 25*s.* net.

Only four years have elapsed since the first edition of this text-book was published, nevertheless much revision of the text has been required by the progress of the specialty, and the description of suspension laryngoscopy forms an entirely fresh portion. Other sections which have newly-introduced matter are those dealing with intra-nasal dacryocystotomy and the nasal route in operating on pituitary tumours.

The chapter on the removal of the tonsils has been entirely rewritten; richly illustrated, it is one of the best sections in the volume, and deserving of very high praise. The author still prefers tonsillotomy "if the symptoms are only those of obstruction to respiration, and is the preferable method for professional singers." We confess that we find the first of these conditions somewhat vague, and as regards the second, no reasons are advanced to support the statement, though to us it seems a question of skill in removing tonsils completely without injuring the palatal pillars. The illustrations of the technique in removing the tonsils are particularly excellent, but would have been more complete if mention had been made of the tonsillectomes of the Ballenger patterns as a substitute for the older patterns. The method of arresting hæmorrhage after tonsil operations by sewing a gauze pledget between the pillars is well shown and described, and reference is made to the simpler and quicker method of using the tonsillar hemostat forceps, which are illustrated, though without the inventor's name.

Not the least valuable portion of the work is the chapter on "Some Operations," comprising Rouge's operation, lateral rhinotomy, nasal route to pituitary tumours, intra-nasal dacryocystotomy, intubation, etc.

We can cordially reiterate the warm commendations with which we welcomed the appearance of the first edition of this work by a distinguished British laryngologist. *P. Watson-Williams.*

OBITUARY.

Dr. H. M. Fitzgerald Powell.

We regret to report the death, in April last, of H. M. Fitzgerald Powell, M.D.St. Andrews, and F.R.C.S.Ed., one of the senior laryngologists of London, and a frequent speaker at the meetings of the Laryngological and Otological Sections of the Royal Society of Medicine.