

mended by Dr. Yankauer. In cases of antero-inferior deflection he had employed this procedure ever since it was first introduced by Dr. Yankauer.

Abstracts.

PHARYNX.

Professor Giovanni D'Ajutolo (Bologna).—*Concerning a Particular Method of Respiratory Gymnastics for Re-education in Breathing and for General Re-investigation of the System.* "Zip. Gamberini and Barmeggioni," Bologna.

Professor S. D'Ajutolo read this article in one of the public meetings in the Academy of Sciences at Bologna, and it should be taken notice of by all those who have at heart the welfare of the rising generation. In this article respiratory gymnastics were dealt with from the hygienic and curative point of view, but more particularly the author brought forward a simple and practical method of active gymnastics which he had found most useful in treating, after an operation, those who had difficulty in breathing as a result of contraction of the nasal passages or pharynx, or of both combined. This is why we claim for this article the attention not only of those who study hygiene in general, but also of those who take up our line of specialisation. An excellent diagram accompanies the article. *Grazzi.*

NOSE.

Fein, Dr. Johann.—*A Note on a Simplified Method of Performing Sub-mucous Resection of the Nasal Septum.* "Monats. f. Ohrenh.," Year 43, No. 8.

In this article the author describes what he claims to be his modification of the operation for resection of the nasal septum as introduced by Freer and Killian. It consists in mapping out a quadrilateral, triangular, or polygonal area on the exposed surface of cartilage after elevating the mucous membrane of the convex side. This piece of cartilage is then removed before attempting to separate the remainder of the soft tissues on the concave side. The author states that he has found it both more easy to raise the mucous membrane of the opposite side by this means and also that a perforation or tear is more surely avoided, and he strongly urges the adoption of this method by all operators.

Alex. R. Tweedie.

Viollet, Paul (Paris).—*Recurrent Cystic Polypi of the Nose.* "Revue Hebd. de Laryngol., d'Otol. et de Rhinol.," August 7, 1909.

The case presented some unusual features, as the polypoid growths in the hinder part of the left nostril recurred after removal, and at intervals during the progress of the case a viscid yellowish fluid, similar to that contained in the cysts, was freely discharged from the nostril. A microscopic examination of the tissue removed showed that the cysts were lined with columnar ciliated epithelium. The author thought that the

cysts were formed by an extrusion of the mucous membrane lining the maxillary antrum. *Chichele Nourse.*

Knapp, A.—*The Ocular Complications of Nasal Sinus Disease.* "Amer. Journ. of Med. Sci.," July, 1909.

The author describes encroachment upon the orbit by the bulging walls of frontal and ethmoidal sinuses distended by non-inflammatory contents in mucocele, and also inflammatory changes which attack the orbit secondary to inflammation or empyema of these sinuses. He quotes the conclusion of Birch-Hirschfeld that nearly all orbital inflammations are caused by nasal sinus empyema. The optic nerve may be damaged in sphenoidal sinusitis. Ocular paralysis, neuralgia and asthenopia may occur. A relation between sinus disease and irido-choroiditis and glaucoma cannot be accepted as proved.

Macleod Yearsley.

Reinewald, Dr. Th.—*A Case of Serous Meningo-encephalitis of Nasal Origin.* "Monats. f. Ohrenh.," Year 43, No. 8.

A student, aged twenty-six, consulted the writer on account of a chronic disease involving the right frontal sinus. The following is an abstract of the previous history of the case :

Towards the end of July, 1906, the patient was suddenly seized with severe frontal headache. He was obliged to take to his bed, and only obtained temporary relief from various drugs prescribed. On August 2 suppuration of the left frontal sinus was diagnosed, some intra-nasal operation performed and the sinus washed out, no immediate relief, however, ensuing. After four days a profuse discharge of pus into the throat took place, which was followed by an improvement in the headache. A swelling over the left eye then appeared, and four days later a return of the headache, but now over the right eye and accompanied by fever. The patient became apathetic and slept the greater part of the day, and, as no response was obtained to irrigation of the right frontal sinus or medicinal remedies, the right frontal sinus was opened from without on August 9. After this a "throat-constriction" band was worn at varying intervals. The headache decreased in severity, but a pustular eruption occurred all over the body accompanied with so intense formication that morphia had to be given. This was followed by an attack of pneumonia from which, however, the patient was sufficiently recovered to allow of his discharge from the clinic on September 10. About October of the same year he was again taken into a hospital as he still had a purulent discharge from the sinus, and the original external wound was again explored and a piece of bone removed ; but in spite of this the discharge still continued. About December a sequestrum was removed. In January, 1907, he suddenly lost consciousness whilst walking out of a room, and had convulsions of the upper and lower limbs. This attack lasted about one minute, after which he felt perfectly well. The discharge still continued, although unaccompanied now with pain, and at the advice of the doctors who were attending him he was sent to Reinewald for a further treatment, who made the following note on his condition on October 3, 1907 :

"The right upper lid is swollen, slightly inflamed, and cedematous. There is a scar corresponding to the whole right eyebrow, at the outer third of which is a fistula. The right supra-orbital area is soft and yielding, suggesting that the outer table of the skull here might be lacking. With the exception of a small spot, about $4\frac{1}{2}$ cm., immediately above the

nose, which is very tender, the frontal region is not particularly sensitive, nor is the skull elsewhere tender on percussion. To transillumination the right frontal sinus is dark and the left bright. A probe introduced through the fistula towards the middle line detects some roughened loose bone at a distance of 5 cm. No pus is to be seen either in the nose or naso-pharynx. With Valsalva's experiment the patient can blow air and a purulent secretion out of the fistula."

The radical operation was advised and arranged to be performed on October 12, but on the 11th the patient suddenly became comatose. Reinewald was summoned, and on arriving found that this condition alternated with attacks of epileptiform convulsions, which were of so violent a character that it necessitated two people to prevent the patient doing himself harm. Lumbar puncture revealed only clear cerebro-spinal fluid.

The patient was submitted to operation on the next day, at which a carious condition of the inner wall of the sinus was found, and also an opening into the anterior fossa, in which lay a sequestrum imbedded in granulations on the surface of the dura. The usual surgical principles were applied and an opening made into the nose, through which a drainage-tube was inserted and the external wound closed. After an anxious convalescence the patient recovered consciousness on the eighth day, and in another fortnight left the hospital, since when he has remained perfectly well, free from any nasal discharge, and has been able to resume his work. Reinewald concludes with a long discussion on the various points and problems to which the case gives rise.

Alex. R. Tweedie.

Lafite - Duport and Moulinier (Bordeaux).—*Diagnostic Reaction of Tuberculin on the Nasal Mucosa; the Rhino-reaction.* "Annales des Maladies de l'Oreille, et du Larynx," May, 1909.

The authors remark that in 1890 Koch experimented on the diagnosis of human tuberculosis by the subcutaneous injection of tuberculin. In May, 1907, Pirquet, of Vienna, introduced the cuti-reaction, and in June of the same year Wolff-Eissner investigated the effects of tuberculin on the conjunctiva of animals. In June, 1907, Calmette communicated his ophthalmic reaction to the Academy of Sciences. From considerations of these methods the authors were induced to investigate the action of tuberculin on the nasal mucosa, with the result that they obtained in tubercular subjects a reaction of a constant and specific nature.

The technique and description of the procedure is as follows: The solution used contains 1 per cent. of dried tuberculin, prepared according to Calmette's method. Eight tampons of cotton-wool, the size of a small lentil, are soaked in 5 c.c. of the solution and afterwards applied to the nasal mucosa, preferably to that of the septum. Care must be exercised for the next ten minutes to avoid their dislodgment by coughing or sneezing. The reaction shows itself in from eighteen to forty-eight hours by congestion of the mucosa, followed by an exudate at the seat of application of the tuberculin; the exudate undergoes desiccation, and a thin crust, frequently tinged with blood-stain, results, which separates from the fourth to the sixth day, leaving a slightly congested mucosa.

As to the diagnostic value of the test the authors believe it to be as reliable as either the cutaneous or ophthalmic reactions, but possessing the advantage that it can be performed without the patient's knowledge, and that, unlike the ophthalmic reaction, it is absolutely harmless.

H. Clayton Fox.

Richter, C.—*The Recognition of Simple Non-tuberculous Collapse and Induration of the Right Lung Apex in Chronic Obstruction to Nasal Breathing.* "Deutsch. med. Woch.," No. 18, May 6, 1909.

Richter mentions several cases and emphasises the importance of this condition first described by Krönig. The right apex, in cases where there is obstruction to nasal breathing, collapses somewhat, and has a certain amount of induration throughout. This produces dulness and râles and is very suggestive of apical tuberculosis. To rule the latter out the whole picture of the case must be considered. After improving the nasal condition the signs in the lung usually clear up.

Macleod Yearsley.

LARYNX.

Johnston, R. H.—*Stenosis of the Larynx.* "Boston Med. and Surg. Journ.," August 19, 1909.

Three children, all females, are cited, in two of whom the stenosis resulted from diphtheria. Other cases are quoted.

Macleod Yearsley.

ŒSOPHAGUS.

Guisez (Paris).—*Facts of Œsophagoscopy; Observations on our Recent Cases of Extraction of Foreign Bodies of Irregular Form (Dentures) by Œsophagoscopy.* "Revue Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie," November 7, 1908.

A communication to the French Society of Oto-rhino-laryngology. Three successful cases described and commented upon.

Chichele Nourse.

Laval, F. (Toulouse).—*The Unsuspected Duration of Ulceration and Spasm in Burns of the Œsophagus, revealed by the Œsophagoscope.* "Revue Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie," November 7, 1909.

The established opinion that healing quickly takes place after lesions of the œsophagus caused by burns from swallowing caustic or scalding liquids, and that cicatricial stricture often rapidly follows, is now shown by the œsophagoscope to be erroneous. In reality the cicatrization of such injuries proceeds with extreme slowness. The persistent ulceration keeps up a tonic spasm, which was formerly mistaken for cicatricial stenosis and treated as such. This phase of the case is often prolonged for many months.

The most important conclusion concerns the treatment, which should obviously be directed against the ulceration rather than the stenosis. Besides restrictions in diet, the author advises local applications made through the œsophageal tube directly to the surface of the ulcer. For this purpose he recommends a solution of argyrol, 20 per cent. The gentle use of bougies in order to diminish hyperæsthesia is also advised.

Chichele Nourse.

Munch F. (Paris).—*Bronchoscopy and Œsophagoscopy.* "Revue Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie," September 11, 1909.

After a *resumé* of the various modes of illumination which have been devised, the author describes an instrument of his own in which a very