

## Abstracts.

### NOSE.

**Theoris, A.** (Sampigny).—*A Fatality subsequent to Cauterisation of the Inferior Turbinal Bodies.* "Revue Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie," January 11, 1908.

A man, aged thirty-five, apparently in robust health, suffered from intermittent nasal obstruction, caused by turbinal hypertrophy. Eighteen days after galvano-cauterisation of the left inferior turbinal body severe hæmorrhage took place from the left nostril, chiefly into the pharynx. It was not controlled until the whole choana was methodically plugged. Several attacks of syncope followed, and, although bleeding did not recur, the patient died about thirty hours after the cessation of the hæmorrhage. In the absence of an autopsy it was thought that, besides the great loss of blood, fatty degeneration of the heart was the cause of the fatal syncope.

*Chichele Nourse.*

### ŒSOPHAGUS.

**Tilmann.**—*Œsophageal Diverticulum.* "Münch. med. Woch.," May 19, 1908.

The case of a man, aged forty-five, with difficulty in swallowing of five years' duration is described. He had lost 20 lb. in weight, and an œsophageal bougie was stopped at 10 in. beyond the teeth (it is not stated whether unchanged food was brought up at long intervals after its being swallowed). A Röntgen-ray examination was made while an emulsion of bismuth was swallowed, and a black shadow was seen to form at the height of the supra-sternal notch. When it had attained the size of a small apple it ceased to enlarge. An incision was made along the inner border of the sterno-mastoid from the level of the thyroid cartilage to the supra-sternal notch; the deep cervical fascia was then split, the tonsils were turned outwards and the thyroid gland inwards. The sac then appeared in the depth of the wound and was found to have a pedicle of about  $1\frac{1}{2}$  in. in length arising from the œsophagus at the level of the cricoid cartilage; the overlying muscles were dissected off and then the pedicle was seized and ligatured; the pouting mucous membrane was cleaned and then the muscular and other soft parts united by stitches. For two days nothing was given by the mouth, and nutrition was kept up by means of subcutaneous injections of salt solution. On the third day water, and on the fourth milk were given, and on the seventh normal food was taken. In regard to the ætiology, the author considers that the diverticulum began with a softening of the alimentary tube on the left side at the level of the cricoid cartilage, and that this yielded on account of mechanical obstruction to swallowing caused by the hard cricoid cartilage.

*Dundas Grant.*

### E.A.R.

**Connal, J. G.** (Glasgow).—*Note on a Case of Purulent Otitis Media with Involvement of the Sigmoid Sinus; Operation; Ligature of the Internal Jugular Vein; Septic Abscess of the Lung; Recovery.* "Glasgow Med. Journ." April, 1908.

The patient was a girl, aged fifteen, who had suffered with a discharge from the right ear from infancy, which was gradually turning