

like very much to know how Dr. Milligan got his Eustachian tubes closed.

Dr. MILLIGAN admitted it was a difficult thing, but essential.

Dr. LOGAN TURNER agreed that it was, with or without scarlet-red.

## Abstracts.

### PHARYNX.

**Place, E. H.**—**The Bacteriologic Diagnosis, Intubation, and Antitoxin Treatment of Diphtheria.** "Boston Med. and Surg. Journ.," September, 1912.

When diphtheria-like organisms are found in false membranes the case is almost invariably one of true diphtheria. In aural or nasal discharges, however, the chance of error is much greater. Hoffman's bacillus, the xerosis bacillus, and *B. pyocyaneus* are all frequently confounded with *B. diphtherie*, the relationship of the various diphtheroid bacilli being still a matter of doubt. Strictly speaking, therefore, the virulence test remains the only way of proving the diphtheria bacillus.

Like most Americans the author is a strong believer in intubation, and only resorts to tracheotomy when respiration has absolutely failed. Plugging of the tube is found to be a rare accident; out of 414 cases of death referred to laryngeal obstruction in which intubation had been performed, 76 per cent. died from pneumonia, 20 per cent. from the extension of the membrane into the lung, and only 1 per cent. from plugging of the tube.

The frequency of pneumonia in cases of severe obstruction makes it evident that it is of the greatest importance that early relief should be given: stridor, marked retraction, or use of the accessory muscles are considered indications for intubation even in absence of cyanosis.

The early administration of antitoxin is strongly urged, and large, even heroic doses are recommended. "The first dose should be as large as the physician can decide is necessary, and intervals of twenty-four hours should not be allowed to elapse before the next if there is any doubt of its sufficiency."

The author finds it occasionally necessary to give as much as from 400,000 to 500,000 units. Anaphylaxis is extremely rare, but whenever there is the slightest fear that serum will prove dangerous, an infinitesimal dose should first be injected. If no ill-effects appear after a short time the regular dose may be given. *Knowles Renshaw.*

### LARYNX.

**Horn, Henry.**—**Palliative Treatment of Terminal Laryngeal Tuberculosis.** "Journ. Amer. Med. Assoc.," September 7, 1912.

The marked benefit resulting from injecting alcohol (3 to 5 c.c. of 85 per cent. solution) into the superior laryngeal nerve in tuberculosis of the larynx is the subject of a paper in which the results were reported in ten terminal cases, all but three of which showed extensive ulceration. The results in seven of the cases was ideal, the pain and dysphagia being completely relieved. The failure in the other three was attributed to either faulty technique, or the fact that the epiglottis was involved, in which case, owing to its different nerve supply, no improvement was to be expected. *Birkett (Rogers).*

**Fetterolf, G.**—**The Relief of Pain in Advanced Tuberculosis of the Larynx by means of Injections of Alcohol into the Internal Laryngeal Nerve.** "Annals of Otol., Rhinol., and Laryngol.," vol. xxi, p. 129.

Gives the history, surgical anatomy, technique, dangers, and a table of twenty-five cases. The author concludes that this method has a distinct place in the treatment of inoperable cases. It is a procedure requiring no special apparatus or training, is not hazardous or dangerous, is not seriously painful, can be repeated, and any untoward effects which can be produced are but temporary. In the large majority of cases pain is relieved instantaneously, deglutition becomes easier, and a greater amount of rest and sleep is secured. *Macleod Yearsley.*

**Abrahams, A.**—**Septicæmia following Septic Laryngitis.** "Lancet," August 24, 1912, p. 512.

Man, aged forty-five, stout, plethoric, and over eighteen stone, suddenly attacked with stridor and dyspnoea. Larynx markedly inflamed and œdematous, œdema of hands and feet; epithelial casts and 0.1 per cent. of albumen in urine. Culture yielded *B. pneumococci*. Improved in urgent symptoms after admission, and prepared to leave hospital on fifth day. On the sixth day, however, temperature rose to 102° F., and twenty-four hours later to 104.6°, with marked rigor. Rigors occurred irregularly for five days, and an abscess formed in the right subacromial bursa, which was opened and drained. The pus showed short-chain streptococci. A vaccine was administered, but death ensued thirty-four days after the first onset of dyspnoea. *Post-mortem* examination showed œdema laryngis, large vegetations on tricuspid valve, septic infarcts in both upper lobes of the lungs. The heart's blood contained streptococci. *Macleod Yearsley.*

## NOSE.

**Richter, Ed.**—**A Forceps for widening the Olfactory Fissure.** "Zeitschr. f. Ohrenheilk.," Bd. lxiv, No. 4.

In order to avoid, if possible, the resection of the middle turbinate in order to reach the sphenoidal sinus in cases of sphenoidal sinus suppuration, the writer has designed a pair of forceps. The two nasal ends of the forceps consist of two flat parallel plates which can be separated from one another when introduced. Some amount of force may be used, and the ethmoidal cells are felt to break and flatten out. If the ethmoidal cells are very large these are broken first with crushing forceps; in this way the ostium of the sphenoidal sinus is able to be seen or probed. In order to open the sinus the writer employs Hajek's hook, as he has found that most of the forceps or punches made are too large for the purpose. *Lindley Sewell.*

**Onodi, A. (Budapest).**—**The Relationship of the Tear-Sac and Duct to the Accessory Sinuses and Nares.** "Monats. f. Ohrenheilk.," Year 46, No. 4.

A most elaborate and embracive article in two parts—the first dealing with the subject from its anatomical, and the second from its clinical aspect—illustrated with 43 excellent plates.

The first part, as its description implies, consists in a detailed review of the lachrymal fossa and tear-duct largely by means of figures taken from actual sections at varying levels and in different positions. Although