by ether given by the drop method, a metal mouthpiece being used. The operation passed off as usual, but about five hours later the colour became rather poor and the pulse and respiration rapid. Two hours after this slight retching occurred and respiration ceased. Tracheotomy was performed, but the trachea contained no blood or vomitus, and death took place. No autopsy was obtainable, but the author regards it as practically certain that the fatal result was due to status lymphaticus.

Thomas Guthrie.

Massei, F. (Naples).—*Syphilis and Malignant Tumours of the Throat.* "Archiv. Ital. di Laring.," Naples, October, 1909.

The author reviews the history of the relation of cancer to syphilis, and of the advances made in our pathological knowledge of this subject. The paper is illustrated by full notes of a number of cases in which syphilitic lesions became the site of cancerous growths. The author justly lays stress on the value of a careful search for the *Treponema pallidum* in accessible regions, as being less difficult to carry out and more certain in its results than the serum diagnosis of Wassermann. *James Donelan.*

Hurd, Lee M., and **Wright, J.**—*The Clinical Diagnosis of Tuberculosis of the Tonsils.* "New York Med. Record," June 26, 1909.

Tuberculous tonsils are usually pale; their crypts contain cheesy detritus; the edge of the anterior palatal fold is reddened and the neighbouring lymphatic glands are hard and swollen. The authors plead that we should not be satisfied in tuberculosis of the lymphatic glands with the removal of the glands alone, but that we should also extirpate the tonsils.

In the cases of tuberculosis of the cervical lymphatic glands reported in the paper nine out of twelve tonsils proved to be tuberculous.

Dan McKenzie.

De Colo, Dr. F. (Pisa).—*Epithelial Pearls of the Vault of the Palate in Relation to the Ætiology of Tumours of that Region (Illustrated).* "Archiv Ital. di Laring.," October, 1909, p. 151.

The author contributes a useful summary of the modern literature of the development of tumours from isolated epithelial tissue which has become included especially in the vault of the palate. The article is too long and detailed for a useful abstract. The author studies chiefly the epithelial pearls formed in the centre of the palate beneath the septum, and the lateral ones in relation to the intermaxillary lamina. These are, he claims, worthy of much greater consideration, since they may persist and form a starting-point for neoplasms. *James Donelan.*

NOSE.

Scheier, Max (Berlin).—*On the Occurrence of Teeth in the Nasal Cavities.* "Archiv. für Laryngol.," vol. xxiii, Part III.

The author records a case of a man, aged forty, who came under treatment for nasal obstruction due to polypus in right nostril, and in whom the lower meatus was seen to be narrowed by a smooth, hard body projecting from the floor, which was evidently the crown of a tooth. An

X-ray photograph confirmed this view, and showed it to be most probably an inverted median incisor.

He also describes three anatomical preparations, and gives X-ray photographs showing—(1) an inverted right median incisor projecting into left nasal passage; (2) alveolus of right median incisor empty, inverted tooth in alveolar process just under nasal spine; (3) left canine not projecting from alveolus, while its root fills entrance to lower meatus on same side.

The developmental causes of this condition are: (1) Inversion of tooth-germ causing tooth to grow upwards into nose instead of downwards; (2) supernumerary teeth which grow into the nasal passages either through misplacement of the tooth-germ or because there is no room for them to grow downwards; (3) misplacement of the premaxillary bone as in hare-lip and cleft palate. Other causes are persistence of milk teeth, hereditary syphilis, and injury to upper jaw. Hansemann has recorded the absence of the upper right lateral incisor through five generations. In the three generations known to him X rays showed the missing tooth to be embedded in the upper jaw.

As a rule there are no symptoms in these cases, and the misplaced tooth is discovered accidentally, but in some, pain and ill-smelling discharge, severe headache, and even epileptiform convulsions have resulted. *Middlemass Hunt.*

Oliver, A. Lothrop.—*The Nasal Septum; Important Points in Anatomy and Submucous Resection.* "Boston Med. and Surg. Journ.," July 28, 1910.

The author insists upon the necessity of an accurate knowledge of the finer points of the anatomy of the septum to simplify the technique of the submucous resection. The thickened suture between the quadrilateral cartilage and the vomer should always be resected. A useful, practical paper. *Macleod Yearsley.*

Glas, Emil.—*On the Indications and Operation for Deflection of the Nasal Septum.* "Monats. f. Ohrenh.," Year 44, No. 5.

Based on the experience of 870 operations performed during the last six years on the nasal septum. The author commences by discussing the main conditions which give rise to the main reason for interference in these cases and the manner in which they should be approached, the chief reason, of course, being some form and degree of nasal stenosis. Hypertrophy of the turbinals he would recommend should be dealt with first, and after awaiting the result so obtained for some weeks, attention should then be directed towards the septum, if required. This advice he would apply in respect of elderly and weak patients, but in the case of young, strong adults the septum and turbinals may be treated at the same sitting. He would warn, however, against the consequences of post-operative rhinitis in dealing with nasal stenosis by stages which sometimes lead to adhesions or scars in connection with the septal mucous membrane, making any subsequent operation very difficult, and sometimes giving rise to an irritable condition which every manipulative interference only aggravates, all of which possibilities should be taken into consideration with the two methods of procedure above mentioned.

Apart from stenosis, the indications for resection he divides into three groups: (1) Cases of asthma; (2) Cases of ozæna; (3) cases of frontal or ethmoidal sinusitis. As regards the first group, unfortunately

no definite conditions exist by which the patient can be assured that the cause of his disability is actually situated in his nose and that treatment of the same will certainly afford relief, but the author would recommend that structural irregularities should be corrected with this end in view, and would apparently suggest that the septum should be resected even in cases where no deformity exists on the off-chance of some relief being obtained—advice which lends itself to obvious criticism.

Any good result which may be looked for in cases of ozæna will probably occur where the condition is in part, at all events, due to a very marked deviation, and where the operation may be expected to bring about cessation of the chronic catarrh on the contracted side, and enable the other side to be more readily cleansed by reason of its calibre being reduced, for which explanation Glas quotes the paper read by Mermod at the International Laryngological Congress of 1909.

With reference to cases of frontal or ethmoidal sinusitis in this respect, the author has been able to relieve the symptoms to which this condition gives rise, in some instances, by a resection operation, when a large deviation was found in the neighbourhood of the anterior end of the middle turbinals, and thus a free exit to the secretion was afforded.

As regards the operation itself, he uses some of various surgeons' patterns of instruments, but seems to lay especial stress on Shurly's speculum.

The initial incision in the mucous membrane he considers should always be made down to the floor of the nose. That this is not practised by some is the cause of difficulties later on in the operation. Rents in the mucous membrane which may lead to perforations are attributable to various causes. They may be due to the failure in introducing the elevator beneath the perichondrium, and instead, endeavouring to effect a separation between this structure and the mucous membrane, either associated or not with a rent in the mucous membrane of the concave side. This adverse result practice and care alone will prevent, but considerable help will be gained by a thorough digital examination of both nostrils by way of estimating the thickness of the septum previous to commencing the operation. Rents in the mucous membrane in the subsequent course of the operation are not necessarily followed by a perforation if the mucous membrane of the opposite side is intact. With these and other more or less well-recognised principles, Glas concludes by stating that he has never seen any dangerous complications ensue, and lays great stress on a final thorough toilet of the area of operation under the effect of a further application of adrenalin, and lays down as a general principle the exercise of greater care and delicacy the further in and higher up one has to operate. *Alex. R. Tweedie.*

EAR.

Neumann, H., and **Ruttin, E.** (Vienna).—*The Ætiology of Acute Otitis.* "Arch. f. Ohrenheilk.," Bd. lxxix, Heft 1 and 2, p. 1.

This interesting article deals principally with the action of the different infective bacteria in respect to the complications of acute middle-ear suppuration. The findings obtained are briefly as follows: The encapsuled cocci, including the *Streptococcus mucosus*, were frequently found to lead to mastoid abscess and intra-cranial disease. On the other