ABSTRACTS

THE EAR

Otalgia resulting from Inflammation of the Maxillary Joint, a frequent and commonly overlooked complaint. FRANZ BRÜCK. (*Münch. Med. Wochenschrift*, No. 40, Jahr 73, S. 1657.)

The writer maintains that arthritis of the maxillary joint is a frequent cause of otalgia. Its existence should be suspected if the usual causes can be excluded. Its presence is elicited by the fact that pressure over the joint when the jaws are separated causes pain, and that upon questioning him, the patient admits that the pain is worse after using the jaws. He thinks that the prevalent habit of chewing gum may to some extent account for the increased number of cases of otalgia which he has encountered.

As treatment he suggests removing the cause, choosing the softer varieties of food, the employment of anti-rheumatic remedies and of very carefully applied massage. J. B. HORGAN.

Acute Middle-Ear Infections in Children. E. A. MATISON. (*Med. Journ. Australia*, 6th Nov. 1926, Vol. ii., 13th year, p. 6157.)

The chief interest of this paper is in the account given of a series of cases of gastro-enteritis in young children, associated with and dependent upon acute suppuration of the tympanic antrum. In some cases there was bulging of the tympanic membrane but these were in the minority. In a considerable number of cases, apart from an injection of the posterior upper quadrant of the membrane, and some sagging of the posterior superior canal wall, all the usual signs of mastoid involvement were absent. However, on opening the mastoid in many cases pus was found. The favourable turn these patients took when the tympanic antra were opened was remarkable. Paracentesis was found inadequate to drain the whole of the middle ear.

The treatment of serous and purulent otitis media is the same, namely, free drainage of the tympanic cavity. A. J. BRADY.

Experiences gained in Chronic Otitis from Radical Operation without Plastic Surgery of the External Acoustic Canal. E. KNUTSON, Gothenburg. (*Acta Oto-Laryngologica*, Vol. viii., fasc. 1-2.)

In November 1921, Bárány read a paper on the favourable experiences he had gained through conservative radical operation without plastic surgery of the external acoustic canal in chronic otitis. The author then commenced to use this method, but later simplified it.

He detaches the posterior part of the membranous meatus from the wall of the bony canal till the medial part of the membranous meatus bursts at its attachment to the posterior circumference of the tympanic membrane. This wall of the soft meatus is then pushed forward out of the way. According to his experience it is then possible to get a sufficiently good view to carry out a radical operation with preservation of the ossicles and remaining parts of the tympanic membrane, and to empty the tympanic cavity and scrape the tubal orifice and recessus hypo-tympanicus. If a lens is used, this can be carried out all the more thoroughly.

He, as a rule, closes the post-aural wound completely and allows drainage through the uncut external meatus.

The author claims:—

(1) More rapid healing.
(2) A more durable skin lining to the cavity which in due time draws back the wall of the soft meatus to form its lining.
(3) Better acoustic results.
(4) A less painful after-treatment, especially in children.

H. V. FORSTER.

Clinical and Pathological Features of Tumour-like Tuberculosis of the Petrous Bone. Professor E. RUTTIN, Vienna. (*Zeitschrift für Hals-, Nasen-, und Ohrenheilk.*, Bd. xiv., Heft 1 und 2, p. 217.)

Among the clinical features in the case were the occurrence of discharge without pain, conservative mastoid operation revealing extensive disease of bone; then, after a month, headache, facial paresis, great lowering of hearing power; while on further exploration there was no intra-dural abscess, but weakness of the elevators of lower jaw (attributed to extension to the Gasserian ganglion), retraction of head without the usual signs of meningitis. Autopsy revealed tuberculous caries of the petrous bone, tuberculous outgrowths from the labyrinth and internal meatus with involvement of the acoustic nerve. The gradual nature of the development of deafness depended on the slow extension into the nerve, the cochlea being little affected.

JAMES DUNDAS-GRANT.

A Research on Uric Acid Metabolism and its relation to Various Diseases of the Ear. J. BERBERICH, Frankfort. (*Archiv. für Ohren-, Nasen-, und Kehlkopfheilkunde*, August 1926, Bd. cxv., Heft 3, S. 115.)

Dr Berberich believes that in middle-aged persons, especially of the male sex, nerve deafness may be practically the only manifestation of the gouty diathesis, and he has obtained gratifying results, in

selected cases, by prescribing atophan and a purin-free dietary. His chemical studies furnish material for other interesting observations, and a bibliography is appended. W. OLIVER LODGE.

The Treatment of Sea-sickness by Oxygen Inhalations. Dr WEISS. (*Münch. Med. Wochenschrift*, Nr. 40, Jahr 73, S. 1658.)

The writer, who is a ship's surgeon, has experimented with the use of oxygen inhalations to overcome sea-sickness. He has used specially constructed appliances for its administration and finds that it is of definite use in severe cases in that it controls the ceaseless vomiting and thereby allows of the oral administration of suitable remedies. He conjectures that the increased oxygen-content of the blood going to the vaso-constrictor centres diminishes their relative anæmia.

J. B. HORGAN.

The Pointing Reaction in Normal Individuals after Simple Antrotomy, after Chronic Suppurative Otitis Media and after the Radical Operation. Dr ERNEST URBANTSCHITSCH. (*Monatschr. f. Ohren.*, September 1926.)

With a view to determining if possible the true value of this test, the author, in the first place, examined 50 normal patients in all of whom he found typical reaction after rotation, and therefore came to the conclusion that this reaction must be accepted as being constantly present in normal people.

As regards the second group in whom simple antrotomy had been performed (on one or both sides) 33 patients were examined. Of these, 28 showed a typical reaction on rotation in either direction, but as he considers for various reasons the remaining 5 should be really excluded from this group, he is inclined to the opinion that one should expect under these circumstances also a typical reaction.

In the third group—chronic suppurative otitis media (52 cases)—40 showed an approximately normal pointing reaction; whilst of the fourth group—cases after radical operation on one or both sides (115 cases)—a typical reaction was only obtained in 28 per cent.

A detailed note is given in connection with each of the pathological cases, and after further discussion of the matter Urbantschitsch urges that, although it is far from his wish to question the importance of this method of diagnosis (which he regards in many cases of supreme value) we should be rather on our guard against the possible variations which may be found, and the correct interpretation thereof.

ALEX. R. TWEEDIE.

Abstracts

On Sensory Aphasia in Childhood. O. PÖTZL, Prague. (*Zeitschrift für Hals-, Nasen-, und Ohrenheilk.*, Bd. xiv., Heft 1 und 2, p. 190.)

This occurred without any disturbance of the general condition in a child of seven years of age. No cause could be ascertained. The condition lasted for half a year, at the end of which time, under skilled instruction, recovery was well advanced. The picture of the condition wavered between that of the pure subcortical and that of the ordinary cortical sensory aphasia of Wernicke. The patient's hearing was good for the whole series of tuning-forks. JAMES DUNDAS-GRANT.

Contribution to the Study of Otogenic Temporo-Sphenoidal Abscesses. LOTAR HOFFMANN (Vienna). (*Zeitschrift für Hals-, Nasen-, und Ohrenheilk.*, Bd. xiv., Heft 1 und 2, p. 93.)

From a study of twelve brains which had been removed and hardened and then submitted to serial section, Hoffmann concludes that the abscesses always extend towards the inferior horn of the lateral ventricle. Typically the point of origin can be found in the tegmen tympani, but occasionally in the squama. In each case the extension is towards the inferior cornu. The other peculiarities in regard to the solidity of the walls, the shape, size, relation to the surrounding tissues, nature of the pus, etc., depend upon such factors as the age of the process, the nature and virulence of the bacteria, and, not least, on the condition and constitution of the patient.

JAMES DUNDAS-GRANT.

A Contribution to the Pathology of Otogenic Cerebellar Abscess. H. BRUNNER (Vienna). (*Zeitschrift für Hals-, Nasen-, und Ohrenheilk.*, Bd. xiv., Heft 1 und 2, p. 34.)

In a case of cerebellar abscess with thrombophlebitis of the sigmoid sinus and labyrinthitis following old-standing suppurative otitis and cholesteatoma, the writer attributes the cerebellar abscess to the sinus disease and not to the labyrinthitis in view of the post-mortem anatomical findings. There were otosclerotic changes which appear to have been coincidental. JAMES DUNDAS-GRANT.

On the Morphology and Growth of Cerebellar Abscesses. F. FREMEL (Vienna). (*Zeitschrift für Hals-, Nasen-, und Ohrenheilk.*, Bd. xiv., Heft 1 und 2, p. 68.)

There are two typical forms: (1) The flat extensive split which is generally found under the upper cortical layer, or between two of its lamellæ, though sometimes under the lower layer, extending into the white substance; (2) the central abscess in the middle of the white medullary substance extending in all directions. The localisation and

form of the abscess depend on the position of the entrance of the inflammatory elements from the temporal bone and the distribution of the vessels in the cerebellar hemisphere. A case is described in which the inflammation appeared to follow the branch of the anterior inferior cerebellar artery to the corpus dentatum. (There is no reference to the veins.—J. D.-G.) JAMES DUNDAS-GRANT.

On the Diagnosis of Tumours of the Frontal Lobe and of the Posterior Cranial Fossa. F. PICK (Prague). (*Zeitschrift für Hals-, Nasen-, und Ohrenheilkunde,* Bd. xiv., Heft 1 und 2, p. 182.)

Cases are described in which these conditions were mistaken for one another. Among confusing symptoms the presence of psychical disturbance gave support to a diagnosis of left-sided frontal tumour, when in reality the tumour was in the right lobe of the cerebellum. Pick quotes di Gasperro's statistics showing that such disturbance is most frequent in callosal tumours, then in descending proportion in tumours of the fore-brain, hind-brain, temporal and parietal lobes, and lastly of the cerebellum (as in the case narrated). A tumour in the frontal lobe may, by pressure backwards, produce a cross-paralysis suggesting pontine tumour. The diagnostic value of nystagmus, optic neuritis and abdominal and knee reflexes are discussed among other factors.

The writer expresses great hopes as to the help to be derived in the future from X-ray examination and encephalography.

JAMES DUNDAS-GRANT.

A New Sign for determining the Existence of Lateral Sinus Thrombosis by means of the Pressure of the Cerebro-Spinal Fluid. KINDLER-WERNER. (*Münch. Med. Wochenschrift,* Nr. 29, S. 1190, Jahr 73.)

The manometric reading of the pressure of the normal cerebro-spinal fluid is raised about 100 mm. when the circulation in the internal jugular vein is obliterated by compression in the neck. In the presence of a complete occlusion of the transverse or sigmoid sinus, the manometric reading will remain stationary or almost so when the ipso-lateral jugular vein is compressed, while it will register the normal rise in pressure upon compressing the opposite vein.

It is important that the test should be carried out while the patient is in the prone position and that he should be relaxed and tranquil. Other possible causes of increased intradural pressure should be excluded. It is also necessary to acquire a certain amount of practice in compressing the vein. The head and neck should be extended while this is being done. If possible the compression should be applied above the entry of the common facial vein so as to exclude the minor influence of the collateral circulation. J. B. HORGAN.

Abstracts

Three Cases of Septicæmia of Otitic Origin cured by Blood Transfusion. R. MADURÓ. (*Archives Internationales de Laryngologie*, July-August, 1926.)

Other observers have stated that transfusion of blood is contra-indicated in acute infections. Three cases with full notes are quoted in which transfusion of blood was attended with the happiest results.

Of these cases, one was a pure septicæmia, and the other two were complicated by thrombosis of the lateral sinus. In all three streptococci were cultured from the blood.

In spite of the usual medical and surgical treatment, the patients were all going rapidly down hill, in fact their condition was desperate. In none of the cases were more than 150 c.c. of blood injected, and yet a cure resulted. MICHAEL VLASTO.

THE NOSE AND ACCESSORY SINUSES.

Hay Fever. F. G. CHANDLER. (*Lancet*, 1926, Vol. ii., p. 489.)

The author remarks that although many hay fever subjects may react strongly to the pollen of Timothy grass, their hay fever will begin many weeks before it comes into flower. Further, it is very rare in many parts of the country. He asks; as Timothy grass is not responsible, what is the exciting cause of hay fever? Probably the anemophilous plants. The most common early flowering grass is *Anthoxanthum.* From experiments with the pollen of this grass Chandler has obtained intense reactions. He suggests that Anthoxanthum pollen should be added to the usual group-test pollens, and should form a constituent of all stock hay fever vaccines. He also suggests that a method of scientific standardisation of the solutions of the pollen would be to count the grains, as leucocytes are counted, and subsequently to dilute and treat as may be needed.

MACLEOD YEARSLEY.

New Points of View in the Bacteriology and Etiology of Atrophic Rhinitis. C. SONNENSCHEIN. (*Zeitschrift für Laryngologie, Rhinologie, etc.*, September 1926, pp. 450-63.)

In all his cases (75) the author has been able to isolate from the crusts and secretions two kinds of organisms:—

(1) A bacillus closely resembling the Klebs-Löffler organism, but non-toxic; he is careful to emphasise, however, that it does not belong to the diphtheroids. Whether it is identical with the true diphtheria organism cannot be decided yet.

(2) Certain organisms belonging to the capsulated mucous-forming group (Schleimbacterien): These do not represent

a very definite class; when they are cultured and sub-cultured they change in character and we ultimately obtain organisms, generally of the *B. coli* group. Here are also found those organisms described as specific by Perez and Shiga.

The transformation into the capsulated organisms is said to be due to the agency of d'Herelle's Bacteriophages, which can often be demonstrated in ozæna. This is perhaps the one really new suggestion in the complicated bacteriology of this disease. The presence of these ultraminute living particles can only be inferred by their action on other organisms; they cannot be demonstrated under the microscope.

There are many points here, probably of great interest to the expert bacteriologist, but rather difficult for the ordinary reader to follow. Treatment is built up on the immunity lines by sera and specific autovaccines, but the author admits that "cure" seldom results. The only hope is to discover the disease at an early stage, before crusting occurs, when it might be called "diphtheritic atrophic rhinitis"; cure may then be possible.

Surgical measures aiming at narrowing the nasal cavities have their place, but can never be regarded as truly attacking the disease.

J. KEEN.

Casual Communication on a New Treatment for Ozæna. Dr LUDWIG SOYKA (Prague). (*Zeitschrift für Hals-, Nasen-, und Ohrenheilk.*, Vol. xiv., Parts 1 and 2, p. 256.)

Having observed a cure following septum resection with implantation of a mass of fat which was completely absorbed in a few weeks leaving the nasal passages as patent as before, the writer attributed the cure to the accompanying reaction and hyperæmia. He decided, therefore, to try the effect of an irritating application calculated to keep up a hyperæmic condition for a long time. He selected powdered quillaia bark which was insufflated daily with a powder blower. This occasioned a hydrorrhœa which lasted for one or two hours, after which the nose remained normally moist for the rest of the day. On each occasion the crusts were removed before the insufflation. He narrates several cases of cure after a few weeks of this treatment.

JAMES DUNDAS-GRANT.

On the Operative Treatment of Ozæna. TH. BORRIES, Copenhagen. (*Archiv für Ohren-, Nasen-, und Kehlkopfheilkunde*, August 1926, Bd. cxv., Heft 3.)

Borries modifies Lautenschläger's operation as follows. After mobilising the lateral nasal wall and displacing it inwards, he retains it in position by employing a piece of bone removed at the first

incision into the antrum. This fragment is wedged into the cleft made through the frontal process of the superior maxilla. The troublesome packing otherwise necessary to retain the lateral nasal wall in its new position is thus obviated. WM. OLIVER LODGE.

PERORAL ENDOSCOPY.

The Treatment of Cancer of the Œsophagus. A. LAWRENCE ABEL, London. (*Brit. Journ. of Surg.*, July 1926.)

The purpose of the paper is to prove that cancer of the œsophagus can be diagnosed early, that it is relatively benign and that X-rays, radium, and diathermy are of little use in treatment, and that the operations planned, suggested, and put forward in the paper are feasible. Symptoms, physical examination, œsophagoscopy, and pathology are dealt with at length.

Symptoms.—Attention is drawn to the early symptoms usually unattended to by the patient and unrecognised by the medical public as significant, namely, a sense of oppression or weight beneath the sternum going on for weeks or months. Pain is conspicuous by its absence. The patient has to take considerable draughts of water in order to wash food into the stomach.

Physical Examination.—Radioscopy is first undertaken and the progress of the barium meal observed. A radiogram is taken later. There is sometimes retention of a small portion of the opaque substance at the site of an early lesion.

Œsophagoscopy.—Bensaude's and Souttar's instruments are recommended. Plates are given of the appearances of the proliferative, ulcerative, and scirrhous types of cancer of the œsophagus. The presence of slightly projecting immobile mucosa with no obstruction to the passage of the tube must be searched for carefully. As the tube is withdrawn the canal is normally seen to close, therefore any local rigidity or non-closure is characteristic of early malignant lesion.

Pathology.—The middle portion is the commonest site, then the lower end, and lastly the upper part in the ratio roughly of 3 : 2 : 1. Spread takes place by direct extension or by lymphatics. It is agreed that metastases do not tend to occur early. From pathological findings at post-mortem it would appear that one case in four is operable to radical methods even up to the time of death.

Palliative Treatment consists in gastrostomy and masterly inactivity. Dilatation is not ideal nor devoid of risks but is recommended when more modern methods are not available. Intubation may be done with more lasting benefit to the patient. The author prefers gum-elastic tubes such as Symond's. Of six cases where he used Souttar's tube,

in three it passed into the stomach, and in three death resulted from œsophago-tracheal fistula within fourteen days.

Radium is the most active palliative treatment. Diathermy should have an effect equal to if not better than radium.

Radical treatment is then fully described under the headings of: Operation in the cervical region, posterior mediastinotomy, abdominal laparotomy, combined operations. Every detail of the operations is described and numerous excellent illustrations are given.

NICOL RANKIN.

MISCELLANEOUS.

Discussion on The Treatment of Malignant Disease of the Upper Air and Food Passages. (*Brit. Med. Assoc.*, Nottingham, 1926; *Brit. Med. Journ.* 6th November 1926.)

I. SURGICAL TREATMENT.

F. J. STEWARD, M.B., M.S.Lond., F.R.C.S.

From the surgeon's point of view cases may be catalogued as favourable, doubtful, and hopeless, and not more than 10 per cent. fall into the first category. In this class the primary growth involves only a small area, no enlarged glands can be felt and the general condition is good. But even in these cases it is easy to be too optimistic. Doubtful cases constitute the majority, or at any rate 50 per cent. of the total.

Here it is usually a question of giving the patient a chance of cure, a probability of a considerable respite and almost a certainty of alleviation. In the hopeless cases, hopeless on account of the extent of the growth or of the glandular involvement, operation may still sometimes be indicated, as, for instance, the removal by diathermy of a tongue which has become converted into a fœtid bleeding ulcer. Perhaps the most difficult decision relates to that section of doubtful cases which more nearly approaches the hopeless class. Every factor having a bearing on the question must be carefully weighed.

As regards preparation for operation, Mr Steward is not a whole-hearted advocate of making every patient edentulous. Time may thus be wasted, and the dental operation may itself be a severe strain on the patient. Septic teeth should be removed, septic tonsils cleaned up by means of some appropriate paint, and antiseptic mouth washes should be used for general cleansing of the mouth. Intratracheal administration of ether is the anæsthetic of choice, the only objection to its use being that bleeding is more free than where chloroform is given through a tracheotomy or laryngotomy tube.

In a small group of cases the operation can be done through the

mouth, the cheek being split if necessary to facilitate approach. In all other cases an operation of approach, carefully planned according to the site of the growth, will be required. Instructions are given for the arrangement of incisions for this preliminary operation and the method of dealing with the structures intervening. The author has an open mind as to the use of the scalpel or diathermy for the removal of the growth, preferring the former if the base of the growth is small. Diathermy seals-off the tissues by coagulation but is more apt to be followed by pulmonary complications. He lays great stress on adequate shutting-off of the pharynx by mattress sutures, and leaving part of the external wound open for drainage. A plastic operation may later be necessary to close the wound. To avoid the excessive salivation caused by a feeding-tube in the mouth or nose, he passes a soft rubber catheter obliquely through the wound in the neck into the pharynx. Both pharyngeal wall and skin are fixed tightly round the catheter.

II. TREATMENT BY X-RAYS.

ROBERT KNOX, M.D., Ed., M.R.C.P. Lond., D.M.R.E. Camb.

X-ray treatment of cancer in the region under discussion has not so far been very satisfactory. The chief difficulty is one of dosage; in such a limited available depth of tissue it is not easy to administer anything like a satisfactory dose without running the risk of damage. Recently, however, important advances have been made by increasing the power of the apparatus. Large quantities of radium, heavily filtered, and high voltages of rays worked at a greater tube distance can be used with safety. The exact directions will be found in the paper. The conservative use of X-rays in combination with surgical measures is recommended, *e.g.* the reduction of glandular enlargement prior to operation for their removal and subsequent X-ray treatment of the area after removal has been effected.

In inoperable cases X-rays are also extensively employed, often with no hope of cure but to alleviate symptoms, and a great measure of success is claimed for such treatment.

III. TREATMENT BY RADIUM.

Sir WM. MILLIGAN, M.D.

The speaker explained that his remarks were limited to cases surgically inoperable because few surgeons at the present time would have recourse to radium treatment if surgical removal of the growth offered a reasonable hope of cure. He looked forward to the time, however, when the technique of radium therapy would be so much improved that even operable cases would be treated in this way. There are two schools of thought among radiologists—(1) Those who believe

in large doses and short exposures; (2) those who believe in small doses and long exposures. The speaker ranges himself among those who support the latter view. He advocates burying tubes, needles or seeds, screened or unscreened, in the base of the growth. Sarcomata and endotheliomata, however, are extremely sensitive to small doses of radium applied even for such a short time as 24 hours. In malignant growths in the nasopharynx radium is particularly useful. It may be used previous to surgical measures, its devascularising effect making operation easier; it may also be used after surgical removal, if the completeness of the removal is doubted; again, in peritubal malignant growths radium treatment alone may be all that is possible. Sir William now prefers to operate first on the growth and to operate for removal of glands later, but he advocates also the use of buried radium tubes in the lymphatic field for periods varying with the histological structure of the primary growth. In his opinion the main artery to the growth should invariably be ligated. He deals in detail with malignant disease in the nose, nasal accessory sinuses, palate, pharynx, larynx and œsophagus, assigning to radium its proper place in the treatment of each region. In malignant disease of the œsophagus radium is more important than surgical removal, although the latter may be possible in the upper part. He advocates early gastrostomy in all cases, and the accurate placing of radium in the growth.

IV. TREATMENT BY DIATHERMY.

W. S. Syme, M.D. Ed., F.R.F.P.S. Glasgow.

The aim of surgical diathermy is coagulation by heat and not cauterisation. Coagulation is obtained for a radius of a quarter of an inch or more from the acting terminal. Too strong a voltage will result in cauterisation; too weak a current will waste much time in raising the tissues to a sufficient degree of heat. There are two methods of dealing with the growth. The aim may be to remove it or it may be to coagulate it and allow the coagulated part to slough away. The speaker aims at removing the growth when this seems possible. He plunges the diathermy knife into the tissues beyond the growth before turning on the current. When coagulation at this point is effected he repeats the process at another point and so on till the growth is encircled, and deeply, without regard to structures. After coagulation has been produced all round the tumour he uses the diathermy knife for cutting through the tissues to remove the mass. He always ties the main vessel to the growth; sometimes it is necessary to tie both linguals and both carotids. If enlarged glands are present these may be removed when tying the vessels and the exposed area may also be treated by the diathermy needle. Where the glandular involvement is great he prefers to remove the primary

tumour before dealing with the glands. For growths in the lower pharynx he prefers suspension; the surface of the growth may be so treated by diathermy to reduce sepsis, before an external operation is undertaken. One must be careful not to attempt too much at one operation. There is considerable over-stimulation of the heart, and although the patient is usually very well next day he may be very much the reverse two or three days later. Two tables are given analysing the 122 cases treated by Dr Syme in the past four years.

T. RITCHIE RODGER.

Angioneurotic Œdema. Report of a Case with Necropsy Findings. ISABEL M. WATSON, M.D., New Haven, Conn. (*Journ. Amer. Med. Assoc.*, Vol. lxxxvi., No. 18, 1st May 1926, p. 1332.)

Girl, aged 14 months, was perfectly well the night before the attack, but woke up rather suddenly; she was given a cup of milk, and a few minutes later began to cry and appeared to be choking. She was sent to the hospital, but died before admission. The family history showed there were five children, three boys and two girls. One sister died under similar circumstances. A brother had an attack in which swelling began about the eyes and spread until the nose and throat were involved; swallowing was painful and difficult, but he recovered.

On post-mortem, the posterior and lateral pharyngeal walls and uvula were markedly swollen, pale, and translucent; the arytenoids and ventricular bands approximated; the tonsils and tongue were not œdematous. Microscopic examination of the lungs and pharynx adjacent to the larynx showed a mild, general œdema. The condition is described as an extreme œdema of the respiratory tract, with a mild and variable type of cellular reaction. In sections of the lungs and pharynx the picture is like that seen following protein sensitisation—namely, a predominance of mononuclear cells.

ANGUS A. CAMPBELL.

Solæsthesin in Oto-Rhino-Laryngology. K. NEUMARK (Mähr.-Ostrau). (*Zeitschrift für Hals-, Nasen-, und Ohrenheilk.*, Band xiv., Hefts 1 and 2, p. 167.)

Neumark recommends this in preference to local anæsthesia and to general anæsthesia with chloroform, bromide of ethyl, chloride of ethyl or ether. Solæsthesin (Meister, Lucius and Brünnings) is chemically dibromide of methane (chloroform being trichloride of methane). It is stated to have less injurious effect on the heart and respiratory centre than chloroform and is not liable to freeze like ethyl chloride. Neumark has used it in 200 cases without any disagreeable interlude, but it seems to require special precaution.

JAMES DUNDAS-GRANT.