

pillars. A snare is then applied, the tonsil seized and drawn out by a pair of forceps, and the tightening of the snare completes the operation. If the cold snare is used, the tightening must be done slowly to avoid hæmorrhage, especially in elderly subjects, but the use of the hot snare allows of the operation being more quickly done. *Anthony McCall.*

**Morse, J. Lovett.**—*Tonsillitis a Cause of Acute Nephritis.* "Archives of Pediatrics," May, 1904.

The author points out the neglect which this matter has received. When tonsillitis is considered from a bacteriological point of view the possibility of it leading to acute nephritis is not surprising, especially when it is remembered how largely streptococci figure in tonsillar inflammations. Four cases have been met with by Morse in the past eight months in which tonsillitis was followed by acute nephritis, two being adults and two children. In each case it was possible to absolutely exclude scarlet fever or previous renal disease. The importance of careful examination of both heart and urine in tonsillitis is insisted upon.

*Macleod Yearsley.*

## NOSE.

**James H. McKee.**—*The Importance of Epistaxis in the Diagnosis of Nasal Diphtheria.* "The Therapeutic Gazette," March 15, 1904.

The author gives an outline of the history of diphtheria from the time of Galen to the present day. After giving details of seven cases of nasal diphtheria, he gives the following as his views of the cause of epistaxis in the disease: (1) Severity of the local disease process; (2) The depth of the inflammatory process; (3) Toxæmia; (4) Alarming or fatal hæmorrhage is always dependent upon profound toxæmia. He summarises as follows:—(1) Staining of nasal discharge with blood is common in nasal diphtheria, and moderate epistaxis not infrequent; (2) Epistaxis is of much diagnostic value; (3) In malignant, mixed, or streptodiphtheria of the nose, epistaxis may be most alarming or even fatal.

*Macleod Yearsley.*

**I. Valentine Levi.**—*The Curative Effect of Erysipelas upon Atrophic Rhinitis.* "The Therapeutic Gazette," March 15, 1904.

This paper is based upon one case in which the patient, a male, aged thirty-seven years, was cured of his atrophic rhinitis by two attacks of erysipelas, ending by showing hypertrophy of the turbinates. The author suggests that the results are due to: (1) The diametrically opposite nature of the pathology of the two diseases; (2) The action of the bacterial products of erysipelas on certain other diseases.

*Macleod Yearsley.*

**E. Denegre Martin.**—*A Suggestion in Operations for Hypospadias and a Method to prevent the Closure of the Nares in Rhinoplasty.* "New Orleans Medical and Surgical Journal," April, 1904.

In the second part of this paper the author suggests that the flap taken from the forehead should have its base cut broader and longer than is usually done. After removing the flap, it is thinned on either side of

the columella and inverted, thus forming the new columella, and at the same time grafting the orifices of the nares with normal skin flaps, which will overcome the danger of contraction and the obliteration of the nasal orifices.

*Macleod Yearsley.*

**Gordon King.**—*The Treatment of Hay Fever by Dunbar's Antitoxin.*

**H. J. Dupuy.**—*Dunbar's Serum in the Treatment of Hay Fever.*

**Joachim.**—*Personal Observation in Dr. Dunbar's Laboratory.* "The New Orleans Medical and Surgical Journal," April, 1904.

These three papers are given in abstract. King reported good results in five cases of the autumnal type, and one of the hyperæsthetic or irregular type.

Dupuy considers Dunbar's experiments have made a distinct advance. His discovery does not disturb the triad of etiological factors:—(1) A neurotic predisposition; (2) A local anomaly in the upper air passages; (3) An external exciting cause.

Joachim says that he has repeated the experiments upon which Dunbar built his conclusions. He emphasises the prophylactic use of the antitoxin.

*Macleod Yearsley.*

### ACCESSORY SINUSES.

**Vernieuwe** (Ghent).—*A Case of Malignant Disease of the Accessory Sinuses.* "La Presse Otolaryngologique Belge," April, 1903.

A man aged sixty-seven complained of obstinate neuralgia of the right trigeminal, which had lasted three months, and of a discharge of pus from the right nostril. The middle meatus on that side was occupied by a growth of a pinkish grey colour bleeding readily when touched; it was removed with a snare, and proved on microscopic examination to be malignant.

A month later the growth had recurred, and was again removed. From this time the development of the tumour became very rapid, and it was soon necessary to take the patient into the hospital on account of hæmorrhages, attacks of bronchopneumonia, and symptoms of myocarditis. The seat of the tumour was found to be the maxillary antrum. Pain became more intense, and was located chiefly in the second division of the fifth. The anterior wall of the sinus began to bulge, and there was fugitive œdema of the right cheek. Then exophthalmos came on from yielding of the floor and inner wall of the orbit. There was papillary stasis followed by optic neuritis, loss of sensation, ulceration of the cornea, and finally destruction of the eyeball. The floor of the sinus was the last to yield, but eventually it was rapidly destroyed. The patient complained of difficulty of swallowing, also of violent pains in the right occipital region, but there were no motor or other phenomena suggestive of a cerebral lesion. He died, profoundly cachectic, between six and seven months after first coming under observation. *Post mortem*, the point of origin of the tumour could not be ascertained; it was found to have invaded the whole of the right ethmoid labyrinth and both sphenoidal sinuses, as well as the right antrum. It had entered the cranium through the posterior wall of the sphenoidal sinus, and also through the foramen ovale, producing purulent leptomeningitis at both these points. A focus of leptomeningitis existed at the chiasma, and the