

DISCUSSION.

Dr. BOTÉY (Barcelona) described his method of operating on the nasal septum. He had intended showing this instrument to the Section, but unfortunately had lost it on the way.

Dr. MADEUF thought that one reason why septa of the negro were less liable to deviations, etc., than those of the white man was that, owing to the shape of their noses, they were less liable to traumatism than were the noses of whites.

Dr. BAS (Nice) spoke of the advantages of nitrous oxide gas as used in London for septal operations.

Dr. CASTEX, in his reply, said that he could not accept Dr. Madeuf's theory as to niggers. He thought that they were probably even more liable to traumatism than whites. Their straight septa were in keeping with their perfect teeth, etc., *i.e.*, lack of devolution.

Prof. STEPANOFF then declared the Section closed.

 ABSTRACTS.

 DIPHTHERIA, &C.

Tavel.—*Preparation, Preservation, and Application of the Diphtheric Heilserum in the Bacteriological Institute in Berne.* "Corr. Blatt für Schweiz. Aerzte," Nos. 20 and 21, 1897.

THE preparation and preservation of the heilserum has only an interest for bacteriology. With relation to the application the author recommends to use it as early as possible, 500 to 1000 A. E. In mixed infection one ought to make injection of 2000 A. E. But considering how insignificant the accessory effects of the serum are, the author thinks every physician ought to treat the diphtheria by the heilserum, instead of taking remedies which don't have any influence over diphtheria. Only in cases where the diphtheria decreases the physician has the right not to use the serum.

R. Sachs.

 MOUTH, &C.

Béault.—*Macroglossia ; Lymphangiectasis of the Floor of the Mouth and Neighbouring Regions, etc.* "Annal. des Mal. de l'Oreille," Nov., 1897.

THE case of an infant who, during the first eruption of teeth, at the age of six months, was noticed to have considerable enlargement of the tongue. Electrolysis was practised by another surgeon during a long period without accident, until at the age of seventeen months the child was brought to the writer with an enormous swelling involving the tongue and the left cervico-facial regions, which had suddenly developed. Respiration and deglutition were obstructed to a dangerous degree, and without delay a large wedge-shaped section of the tongue was removed. The fever present prior to the operation persisted for four days only, and recovery was

uneventful, and in every way satisfactory in view of the symptoms for which it was undertaken. On examination of the mouth a few days after the operation, it was found that the two lateral inferior incisors had come through during the crisis.

At the end of three weeks the child was discharged as cured, but four days later returned with enormous swelling of the left side of the face and neck. Operation was contraindicated by the feeble state of the patient. The fluctuating cervico-facial swelling was punctured, and a large quantity of amber-coloured fluid came away, giving relief to the urgent symptoms. This fluid proved to contain pneumococcus in pure culture, which had presumably gained entrance by the tongue wound. The temperature was high, and bronchitis present. Coincidentally with this crisis the first lower molars erupted. Examination of the portion of tongue removed showed the characteristic appearances of lymphangiectasis, with an admixture of angiectasis. The child is now well, but kept under careful observation in view of the approaching eruption of more teeth. *Ernest Waggett.*

Girard.—*Total Resection of the Superior Maxilla without Opening into the Buccal Cavity.* "Presse Méd.," Oct. 30, 1897.

WHERE the soft tissues of the palate are not involved in a new growth calling for removal of the superior maxilla, that bone may be removed entire without allowing the operative cavity to communicate with the mouth. The teeth must be removed some days before the operation. After making a suitable face incision the soft tissues may be elevated from the bone by carefully working from the facial wound. The palate tissues should be elevated beyond the middle line. The author has employed this method in many cases, and the patients have recovered with an unaltered vocal intonation, and have been saved the necessity of wearing a palate plate. *Ernest Waggett.*

Krebs.—*What is Pharyngitis Sicca?* "Wien. Klin. Rundsch.," No. 48, 1897. THE author concludes:—There is no pharyngitis sicca. It is only a name for different kinds of diseases. Then he mentions different cases which are falsely named pharyngitis sicca. *R. Sachs.*

Röpke.—*Etiology of Acute Osteomyelitis of the Upper Jaw in Infants.* "Munchener Med. Woch.," Jan. 25, 1898.

AFTER referring to four reported cases Röpke described the clinical history of two cases he had observed.

1. A strong boy, fourteen days old, parents healthy, became feverish, with suppuration from the left nasal fossa. Left half of the face became swollen, with œdema of the eyelid; pus escaped through to the hard palate and the canine fossa; later, an abscess was opened on the under wall of the orbit. The crowns of the canine and one molar escaped through the widened fistula in the canine fossa; necrosis of the anterior wall of the antrum, of the lower orbital wall, and of the processus frontalis. Tampons applied to the wounds. Intestinal catarrh eight days later, followed by broncho-pneumonia and death.

2. Boy, seven months old, otherwise healthy, family history good, became feverish, with discharge of pus from the left nostril, swelling of the left side of face and eye. Escape of pus through canine fossa, which was freely opened under an anæsthetic; necrosis of the anterior wall of the antrum with a large sequestrum from processus jugularis. The wound was dressed and plugged daily; smaller and larger sequestra were separated. After nine months there is still a small fistula in the canine fossa; from time to time separation of sequestra. The left cheek is slightly sunken. Boy looks healthy.

The author inclines to the view that infection takes place from the nose. Treatment after free opening should be expectant.

The prognosis is worse the younger the patient. Infants succumb easily to intestinal complications from swallowing infectious pus. *Guild.*

N O S E, & C.

Albers-Schönberg.—*Lupus and X Rays.* “Münch. Med. Woch.,” Feb. 15, 1898.

THE author showed two cases of lupus successfully treated by Röntgen rays. In the first case the skin over the nose was affected, and had been unsuccessfully treated by other means. The other case was lupus of the cheek, and of the nasal mucous membrane. The former was; cured the latter was hardly favourably influenced. *Guild.*

Bergeat.—*Antrum of Highmore.* “Münch. Med. Woch.,” Feb. 22, 1898.

THE author demonstrated twenty-five preparations of the pathology of the antrum of Highmore from his collection. He considers important the thickness of bone between the teeth and the antrum in the etiology of disease of the antrum. The striking frequency of pus in *post-mortem* examination of the antrum he considers due to disturbance of nutrition in fatal diseases, and should be imputed to weakened constitution. One preparation showed marked decrease in size of the antrum, and a striking asymmetry of the facial bones in consequence of empyema. Spontaneous healing of chronic empyema is proved by the filling up of the antrum with connective tissue; further, by a large perforation through the anterior wall artificially, healing is brought about in an analogous way. Polypi in the antrum are found oftener when the contents are mucous, and not purulent. Mucous cysts are found in thirty per cent. *Guild.*

Burwinkel.—*Inoculation of Syphilis by Lunar Caustic.* “Deutsche Med. Woch.,” Feb. 2, 1898.

THE author refers to a case described by Fournier in 1897, where syphilis was communicated to the forearm of a man who was being tattooed. He describes a case, seen by himself, where a man, twenty-four years of age, with syphilitic ulceration of the nose, had the following history. There was no family history of syphilis or tubercle. Patient was quite healthy till he was twelve years old, when he had difficulty in breathing, owing to a polypus in the right nostril. It was cauterized several times with nitrate of silver; since then a spreading ulceration had developed, and led to destruction of the tip, alae, and side walls of the nose. He had been cauterized and injected with tuberculin without result. Cicatrization followed antisyphilitic remedies. *Guild.*

Hajek.—*Etiology and Diagnosis of the Diseases of the Accessory Cavities of the Nose (the Antrum of Highmore excluded).* “Wien. Klin. Rundschau,” No. 46, 1897.

THE author thinks that, considering the variety of known bacteria—diplococci pneum. (Fraenkel-Weishselbaum); staphylococci pyog. aur.; streptococci pyog.; bacill. mucos. capsul.; bacterium coli, etc.—in the accessory nasal sinuses, one is forced to believe that they only predispose to suppuration, the latter increased by some other bacterium already in the normal nasal cavity. Another question is whether inflammations of the accessory cavities are independent diseases, or whether they are only extensions from the mucous membrane of the nose. The author thinks it is certain that some cases of inflammation of the accessory cavities are