

20, Hanover Square, London, W.,

May 6, 1904.

To the President. SIR,—We are directed by the Council of the Laryngological Society of London to invite the attention of your Society to the fact that Senor Manuel Garcia—the inventor of the laryngoscope—will attain (D.V.) his hundredth birthday on March 17, 1905.

The Council also beg to point out that 1905 will be the jubilee year of the laryngoscope, Senor Garcia's paper on the subject, read before the Royal Society, having been published in 1855. It is proposed to celebrate the Centenary, first by presenting Senor Garcia with his portrait, to be painted by Mr. John Sargent, R.A., and secondly by a festival dinner. The Laryngological Society of London will also present Senor Garcia with an illuminated address, and have no doubt that other Laryngological Societies will do the same.

It will give the Laryngological Society of London much pleasure if the members of your Society will join them in the celebration, by giving subscriptions towards the presentation and by gracing the occasion and dinner by their presence. It is the hope of the Laryngological Society of London that many foreign Laryngological Societies will be represented by deputies, and, in the event of this hope being realised, it is their intention to hold a special meeting on that occasion.

We shall, therefore, esteem it a favour if you will be good enough to make known the proposal to your Society, and shall be glad if you will kindly submit to us at an early date the names of such members as may signify their intention to be present, in order that the necessary arrangements may be made. It will perhaps be most practical if your Society will take in hand the collection of subscriptions within your radius of activity, and will send the amount, after completion, to our treasurer, Mr. W. R. H. Stewart, 42, Devonshire Street, Portland Place, London, W.

It has been decided not to limit the individual subscriptions. The names of the subscribers—not the amount of the subscription—will be stated in the list which is to accompany the presentation portrait, as it is felt that it will be desirable that practically every laryngologist in the world should contribute by a subscription, however limited, towards a testimonial to be presented to the venerable inventor of the laryngoscope on this truly unique occasion.

Hoping to hear from you at an early date that our proposal has been favourably received by your Society,

We have the honour to be, sir,

Your obedient servants,

E. FURNISS POTTER, M.D.

PHILIP DE SANTI, F.R.C.S.

Honorary Secretaries.

Abstracts.

FAUCES.

Trétröp (Anvers).—*The Role of the Tonsils in Infective Conditions.* "La Presse Otolaryngologique Belge." April, 1904.

The tonsils form a common portal of entry into the system for a variety of pathogenic germs. The local lesions are often inconsiderable

and transient, and may be disappearing when lesions at a distance are in full pathologic activity.

In the case of tubercle bacilli the primary lesion may be scarcely noticeable, while the secondary glandular infection is accompanied by marked symptoms. A girl aged fourteen of the tuberculous type, but in whom no sign of tubercle had previously appeared, had an attack of tonsillitis which followed the usual course and soon subsided. The lymphatic glands on one side of the neck then gradually swelled and threatened to break down, and were removed by operation. Under the microscope tuberculous lesions were found in the extirpated glands, and guinea-pigs inoculated with the pulp were infected with tuberculosis. The tonsil may be the starting point also of various other infections. The author quotes a rare case recorded by Heubner ("Deutsch. Med. Woch.," August 13 and 20, 1903) of fatal general infection with *oidium albicans* of tonsillar origin in a child aged sixteen months.

In view of the possibility of serious infections through the tonsils, the author advocates the immediate use of antiseptic methods for the mouth on the least sign of sore throat in delicate persons, also local applications of iodine to the tonsils; and he advises removal of the tonsils when affected with recurrent acute attacks or with chronic enlargement.

Chichele Nourse.

NOSE, NASO-PHARYNX, AND ACCESSORY SINUSES.

Foucher.—*Interstitial Injections of Paraffin for correcting certain Deformities.* "Montreal Medical Journal," January, 1904.

Foucher reports two cases recently operated upon by him, both being cases of nasal deformity. Photographs being taken before and after treatment, and enlarged by magic lantern, show the details of the deformity, and the perfect correction through paraffin injections.

Price Brown.

Leon E. White.—*Resection of the Nasal Septum with Report of Fifteen Cases.* "Boston Medical and Surgical Journal," April 21, 1904.

This article is the result of two years' work by a new method of operation, described originally by Otto Freer. The advantages given by the author are: (1) Accuracy; (2) Splints are not needed; (3) Rapid recovery; (4) Lack of pain; (5) Short after-treatment; (6) Freedom from sepsis; (7) Free respiration in forty-eight hours; (8) Applicability to both bony and cartilaginous deflections; (9) Creation of utmost possible space; (10) Lumen of concave side is never lessened. The objections are: (1) Adaptability to a limited number of cases; (2) Long and tedious operation; (3) Difficult operation; (4) Hæmorrhage.

The operation and the special instruments needed are fully described. It consists essentially in making a vertical incision anterior to the deflection with, in extensive deflections, a second parallel to the nasal floor and meeting the base of the former cut. The muco-perichondrium is then dissected up and rolled upwards. The cartilage is incised and the mucosa on the concave side separated, and the denuded cartilage removed by cutting forceps. As much of the septal bone and cartilage as is necessary having been removed, the flap is replaced and adjusted with sutures.