Abstracts.

PHARYNX.

Savage, W. G.—*The Scientific Control of Diphtheria;* paper read at meeting of the Society of Medical Officers of Health. "Lancet," January 23, 1909, p. 242.

The speaker insisted upon the examination of "contacts" of a case of diphtheria and the isolation of "carriers," even if they were not ill. In the subsequent discussion some opposition was expressed to this extreme, though logical, proposal. *Dan McKenzie.*

Jacques and **Lucien** (Nancy).—*Peritonsillar Phlegmon fatal from Thrombo-phlebitis of the Cavernous Sinus.* "Annales des Maladies de l'Oreille, du Larynx, du Nez, et du Pharynx," December, 1908.

On January 20 a man, aged forty, a confirmed alcoholic, was suddenly attacked with pain in the throat and dysphagia. Examination of the buccal cavity revealed a red œdematous swelling on the right side of the throat, having its maximum intensity at the point of junction of the velum with the upper pole of the tonsil. Special resistance was obvious on palpation, but no fluctuation. A peritonsillar phlegmon was diagnosed and punctured with the galvano-cautery, but no pus was present. The next day fœtid purulent matter issued from the puncture, the parts were as swollen as before, and tumefaction appeared just behind the angle of the mandible of the corresponding side. The previous opening was enlarged but little relief followed.

On January 24 the condition of the peritonsillar phlegmon was the same, there was a purulent discharge, the swelling at the angle of the jaw had increased. Rigors and headache set in and the complexion was that of septic infection; the rigors recurred and patient became delirious.

On the twenty-fifth coma set in and all the signs of phlebitis of the left cavernous sinus were present. The cervical swelling, which had much increased, was now freely opened, giving vent to pus. An intra-venous injection of electrargol was administered, also 500 c.c. of artificial serum subcutaneously. The patient expired the next day in a delirious condition.

The autopsy showed that the cavernous sinuses were filled with clot in process of disintegration; all the other sinuses, the jugular veins, and even the latero-pharyngeal veins appeared healthy. There was no disease of the ears, orbital cavity, sphenoidal or ethmoidal sinuses.

The author remarks that though pathological evidence was wanting as to the direct route of infection of the cavernous sinuses, doubtless it took place through the pharyngeal veins.

As to ætiology, the writer ascribes this terrible complication of what at first seemed to be a simple peritonsillitis to special virulence of the septic organisms present. *H. Clayton Fox.*

NOSE.

Crockett, Eugene A. (Boston).—*What Type of Operation is best adapted for the Relief of Disease of the Frontal Sinus?* "Boston Med. and Surg. Journ.," January 28, 1909.

The author begins by saying that experience has taught him to avoid operation in acute conditions, and to reject in practically every case the

"more radical operation popular in the German clinics," and to substitute a simple operation of his own. His conclusions, given after particulars of several cases and a short description of his own method of operating, are as follows: (1) In acute frontal infections, in mild cases, an ice-bag over the sinus and an adrenalin spray is all that is necessary. In severe cases the patient should, in addition, be anæsthetised and the middle turbinal or its anterior portion removed. The nose should not be packed. (2) In chronic disease, and in all cases where the infection involves merely the frontal sinus and anterior ethmoidal region, with perhaps the antrum filled by drainage, the author's simple operation should be performed and the antrum opened and washed out by means of a trocar. In chronic cases, complicated by orbital abscess, the simple operation combined with simple opening of the orbital swelling is best. In all cases with caries of the ethmoid orbital plate, or where the sphenoidal sinus or posterior ethmoidal region are involved, Killian's operation is best, especially in all hospital cases.

As regards complications, Crockett has never seen lepto-meningitis occur. Sepsis has been his only trouble. In about seventy-five cases a secondary operation has only been performed in three instances.

In Crockett's operation an X-ray photograph is first obtained of the sinus, and through a simple brow incision he makes an opening large enough only to admit the little finger. Through this small opening he curettes and breaks down every septum seen in the X-ray photograph.

Macleod Yearsley.

Dahmer (Posen).—*A Method of Making a Wide Permanent Opening of the Maxillary Antrum from the Nose with the Employment of a Muco-periosteal Flap.* "Archiv für Laryngol.," vol. xxi, Part II.

The writer discusses the various methods of treating suppurative disease of the maxillary antrum. He has been very well pleased with the combined oral and nasal method, and would always employ it when he suspected the presence of ulceration or extensive polypus formation in the antrum. He has operated on seventeen cases in this manner, the after-treatment lasting from five days to four weeks; in no case has there been any recurrence of the disease.

In some cases, however, it was found that although the disease had existed and been treated by lavage for long periods the pathological changes disclosed at the operation were comparatively slight. This fact induced the author to practise, in certain cases, the method which is here described.

The application of 10 per cent. cocaine solution to the anterior end of the inferior turbinal and the nasal floor is followed by the injection of a 1 per cent. cocaine-suprarenin solution beneath the periosteum of the outer wall of the inferior meatus. Ten to twenty-five minutes later a vertical incision to the bone is made from the insertion of the anterior end of the inferior turbinal to the middle of the nasal floor. The anterior third of the inferior turbinal is removed close to its insertion, and the muco-periosteum of the outer wall of the inferior meatus is dissected up and turned over towards the septum. The bony outer wall of the inferior meatus is then removed with Stacke's chisel and with cutting forceps. The entire antral cavity is scraped out with a blunt curette, while a sharp curette is used for the inner portion of the floor of the cavity. The separated flap of muco-periosteum is then turned outwards on to the antral floor and fixed there with gauze tampons.

The writer has since 1902 operated on 120 cases by this method. It possesses in his opinion the following advantages: (1) A general anæsthetic is not required; (2) pain and œdema of the cheek are absent; (3) rest in bed is not essential; (4) the patient can carry out the after-treatment without pain by nasal lavage; (5) the opening is permanent, and therefore in event of a recurrent infection lavage can be recommenced without difficulty. *Thomas Guthrie.*

LARYNX.

Glover, Jules.—*Traumatic Laryngitis following Intubation and Stenosis of the Larynx in Children.* ("Annales de Médecine et Chirurgie Infantiles," September 15, 1907.) Review by PH. KUHN in "Arch. f. Kind.," Bd. 49, Heft 1 and 2.

The author supposes that it is not simply a question of the co-existence of spasm and a condition of inflammation, but that the spasm seems to him to be a sequel of this latter state.

He enlarges on the physiology of the larynx under pathological conditions in his exhaustive treatise, and also deals with dyspnœa in cases of infantile laryngismus.

He divides the forms of laryngitis into those dependent on changes due to the decubitus position and faulty intubation and pressure from the tube, and those caused by unskilful removal of the tube.

The lesions resulting from the insertion of the tube are found above the rima glottidis and only rarely within the glottis.

He gives a detailed description of these changes, demonstrating them by illustrations.

He considers it impracticable to attempt a similar description of wounds due to extraction of the tube, as it is impossible to distinguish these from those due to unskilful intubation. *Alex. R. Tweedie.*

EAR.

Halász, Heinrich.—*Fatal Spontaneous Hæmorrhage from the Ear.* "Arch. f. Ohrenheilk.," Bd. 76, Heft. 1 and 2, p. 78.

The patient was an infant, aged two weeks, born at the seventh month, and poorly nourished. Without any antecedent illness blood began to trickle slowly from the right ear, and continued to do so intermittently for five days, when jaundice appeared. Four days after the bleeding started a lump formed in the neck along the sterno-mastoid muscle and about 6 cm. in length. This tumour opened spontaneously by a pin-hole opening and blood trickled from it as well as from the ear. There was no pyrexia. The membrana tympani could not be seen on account of the bleeding and the narrowness of the meatus. Eight days after the onset of the hæmorrhage the child died.

No necropsy was obtained, so that the cause of the bleeding, though fully debated in the paper, remains problematical.

There seems to be only one similar case on record.

Dan McKenzie.

Smith, MacCuen.—*Chronic Recurrent Suppurative Otitis Media and its Relation to Mastoid and Intra-cranial Complications.* "The Therapeutic Gazette," October 15, 1908.

The author points out that intermittent discharge is more dangerous