the winter. He considered Sutton's apparatus for giving rectal anæsthesia the best. It has a mercurial manometer attached, and so arranged that if the tension goes beyond a certain point a valve lets out the surplus gas, making it impossible to get over-distension. The apparatus is also supplied with a thermometer for regulating the temperature of the ether. The ether should go in at a temperature of 98° or 99° F., and no higher. If water is not available for the suction apparatus the electrical pump may be used, but the speaker preferred the water-pump because it is simple and does not get out of order. Air-suction is preferable to either water or electricity.

(To be continued.)

BRITISH MEDICAL ASSOCIATION.

EIGHTIETH ANNUAL MEETING, LIVERPOOL, JULY 23, 24, 25, AND 26, 1912.

Section of Otology.

The following subjects have been selected for special discussion:

Wednesday, July 24, 10 *a.m.*—"Acute Middle-ear Suppuration, its Neglect and Proper Treatment."

Thursday, July 25, 10 *a.m.* (together with the Section of Laryngology).—"The Education of the Specialist in Laryngology and Otology."

We observe among the Vice-Presidents of this Section the name of Mr. Macleod Yearsley. We regret that in the list of office-bearers of this Section published in our last issue Mr. Macleod Yearsley's name was accidentally omitted.

Section of Laryngology and Rhinology.

The following subjects have been selected for special discussion:

Wednesday, July 24, 10 *a.m.*—"The Differential Diagnosis of Œsophageal Stenoses."

Thursday, July 25, 10 *a.m.* (together with the Section of Otology).—"The Education of the Specialist in Laryngology and Otology."

Friday, July 26, 10 *a.m.*—"The Treatment of Chronic Suppurative Disease of the Ethmoidal Sinuses."

Abstracts.

NOSE.

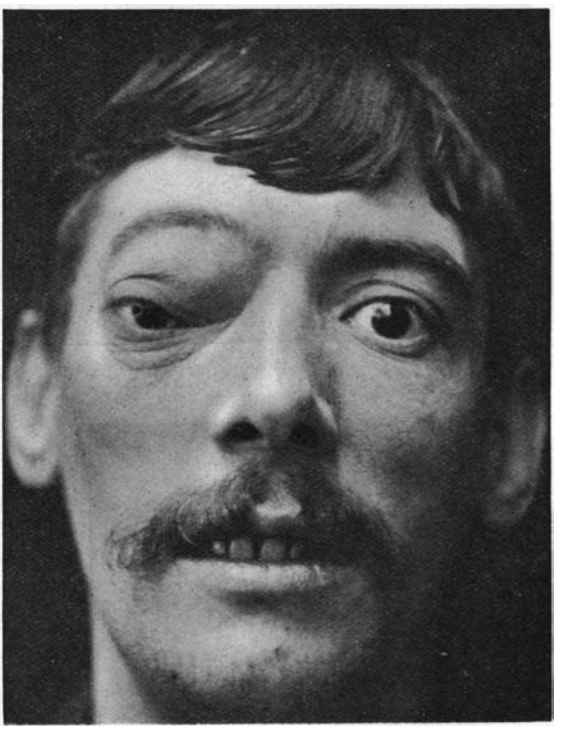
Paunz, M. (Budapest).—The Complications of Empyema of the Maxillary Antrum of Dental Origin. "Archiv. f. Laryngol.," vol. xxv. Part III.

Four cases are reported, in three of which there occurred extensive acute periostitis of the upper jaw and inflammation spreading from the antrum to the other accessory sinuses. The exciting cause in the first two was the extraction of a tooth and in the third the fitting of a crown with a copper peg into a tooth-stump. In the fourth case the disease was chronic, but originated from the root of a carious molar which projected into the antrum. Inflammation spread to the ethmoid and frontal

sinuses, and led to suppuration of the lacrimal sac. A striking feature of all the cases was the extensive destruction of bone. In two of them there occurred necrosis of the whole facial wall of the antrum; in two there was destruction of the whole of the lamina papyracea and of the dividing walls of the ethmoid cells; in one the nasal process of the superior maxilla and a part of the floor of the nose were destroyed. Death occurred in one case from leptomeningitis; the other three recovered. Antral empyemata of dental origin as distinguished from those due to nasal infection are characterised from the beginning by periostitis and involvement of the bone, as well as by a decided tendency for the inflammatory trouble to ascend from the antrum to the other sinuses. *Thomas Guthrie.*

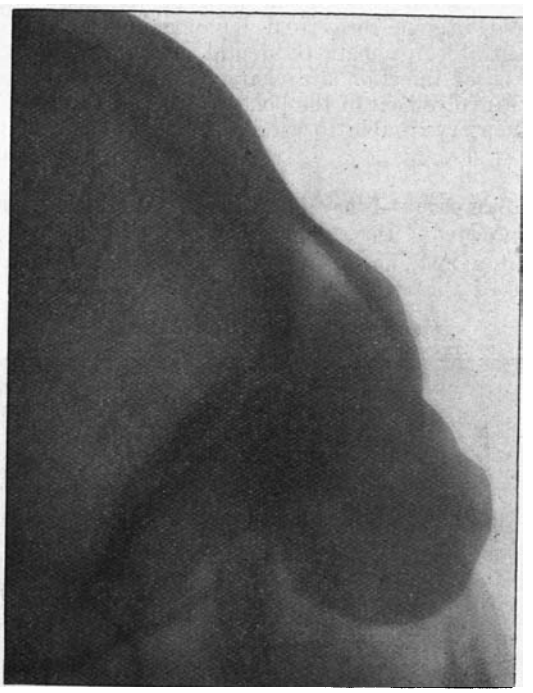
Handley, W. Sampson.—Ivory Exostosis of the Frontal Sinus. "Proc. Roy. Soc. Med.," December, 1911 (Clinical Section).

The patient, a man, aged thirty-five, had noticed a lump growing on the inner side of the right eye for about three years. The patient had



suffered from bilateral nasal polypi for many years, and five years ago had had three "black eyes" on the right side in quick succession; he thought that there had been some swelling ever since. The patient did not complain of pain, but, on account of the deformity present, an incision was made on Killian's plan, exposing the exostosis, which was found to be continuous with the frontal bone at the inner [posterior.—Abs.] wall of the

sinus; the base was divided with a chisel, and, with some difficulty, the growth was removed after being rocked with lion forceps. The bleeding was free, and air bubbled up, showing that the cavity communicated with the nose. The wound was allowed to heal by granulation. From the skiagram



the tumour appears to have grown from the posterior wall of the frontal sinus and to have pierced the floor of this cavity at its inner part, displacing the eyeball downwards and outwards. On section the superficial portion proved to be dense, while towards the base it consisted of softer bone. *J. S. Fraser.*

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Tilley, H.—Acute and Chronic Suppuration of the Nasal Accessory Sinuses. "Lancet," October 28, 1911, p. 1179.

This lecture deals with ætiology, diagnosis, and treatment from the point of view of the general physician and surgeon. In his conclusions, the author considers that 6·8 per cent. represents the average of sinus suppuration in the general mass of the population. No categorical reply can be made to the important question—To what degree does the presence of chronic suppuration in one or more sinuses (*a*) imperil the patient's health, (*b*) constitute a danger to life? He deprecates radical operation before simpler measures have been tried. *Macleod Yearsley.*

PHARYNX AND NASO-PHARYNX.

Sheedy, Bryan D.—Tonsil Removal, with Special Reference to Quinine Anæsthesia. "Med. Record," October 21, 1911.

The writer describes four cases in which, following the injection of cocaine and adrenalin solution into the tonsils for the purpose of inducing local anæsthesia, sudden death occurred from cocaine poisoning. He regards this procedure as too dangerous for use, and has replaced it by injecting a 5 per cent. watery solution of quinine bisulphate. About a half drachm of the solution should be injected at a point between the tonsil and the anterior pillar, and the same amount just in front of the posterior pillar; the enucleation of the tonsil may be begun as soon as the injection is complete, there being no occasion to wait as in cocaine anæsthesia. *Lindley Sewell.*

Sheldon, Stratford.—Sudden Death by Asphyxia after Diphtheria. "Australasian Medical Gazette," August 21, 1911.

A girl, aged fourteen, was in hospital during April with diphtheria. She was convalescent during all May, and discharged to her home on June 1. On June 10 while at a meal she started to cough, became unconscious and died. *Post-mortem*: All organs apparently healthy. The trachea was severed one and a half inches below its commencement. Nearly the whole of the lumen was occupied by a partly adherent greenish-yellow slough about two inches long. A small ulcerated area was present in larynx. A cultivation of diphtheria bacilli was obtained both from the larynx and the slough. It is evident that death resulted from suffocation by plugging of the trachea by the slough. *A. J. Brady.*

Wells, Walter A.—Report of Three Cases of Fibrous Polyp of the Naso-pharynx (Naso-pharyngeal Fibroma). "Laryngoscope," July, 1911.

The author points out that a fibrous polyp must be distinguished both from a myxomatous and a malignant condition. It is a benign growth which seldom recurs after operation and often undergoes spontaneous retrogression. It is found most frequently in the male child at about puberty, and frequently gives rise to recurring hæmorrhages and tends to infiltrate the surrounding structures. Views as to their origin are that they arise either in the fibrous aponeurosis covering the basioccipital, or from the choanal region, or possibly, according to Killian, from the maxillary antrum. Rouvillois, in a case examined *post-mortem*, found the point of attachment to be in the region of the spheno-vomerine articulation.