

only occurred in the first ear operated upon. In doing the second ear no accident happened, although chromic acid had been applied to the granulations in that ear also.

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## Abstracts.

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### PHARYNX.

**Dupuy, Homer.**—*Acute Affections of the Pharyngeal Tonsil in Early Life.* "New Orleans Medical and Surgical Journal," March, 1906.

The conclusions to which this author comes are that head-colds in early life are generally characterised by an acute inflammation of the pharyngeal tonsil, the nasal phenomena being purely secondary; that profound systemic disturbances may follow acute adenoiditis; that the post-nasal tonsil acts as an avenue of infection for the cervical lymphatic glands; that treatment should be early and active; and that the child's nose and naso-pharynx should receive nearly the same attention bestowed upon its teeth.

*Macleod Yearsley.*

### NOSE AND ACCESSORY SINUSES.

**Forstelles, Arthur** (Helsingfors).—*On the Resection of the Inferior Turbinal Bone.* "Monats. für Ohrenheilkunde," June, 1905.

The author considers that resection is by far the best method of dealing with hypertrophies of the inferior turbinal. The galvano-cautery, although it has its votaries, is open to many objections, and is by no means so satisfactory.

Various methods of removal by means of snares, cutting forceps, scissors, etc., are described. To overcome the difficulties and unsatisfactory results of these operations, the author has invented a special forceps which he claims will remove the entire turbinal with the soft parts covering it with a single grasp and turn of the hand. The forceps (made by Beus, 54, Alexanderstrasse, Helsingfors) are 18 cm. long, with straight blades  $5\frac{1}{2}$  cm. from the lock to the tips. The points of the blades are slightly hollowed out so as to grasp a hypertrophy of the posterior end of the turbinal more securely. After cocainising the nostril, the blades are passed along the inferior and middle meatuses as near the base of the turbinal bone as possible. When the bone is thoroughly grasped with a single twist from left to right and one pull the entire turbinal is removed. Through the crushing of the vessels by the forceps, the bleeding is only nominal in amount. No adrenalin is used; a small piece of sterilised gauze is placed in the nostril for a few hours. After the first day the nostril is gently syringed daily, the patient being kept under observation for a week. The author has operated on 210 cases in the last four years and has had no evil after-effects.

*Knowles Renshaw.*

**Pegler, L. Hemington.**—*The Pathology, Affinities, and Treatment of so-called Bleeding Polypus (Discrete Angioma) of the Septum.* "Lancet," November 18 and 25, 1905.

*Author's abstract.*

Almost every form of nasal tumour, malignant or benign, is liable to