

paratively simple Ogston-Luc operation in favour of Kuhnt's operation. As for Killian's operation, he has never been able to see the necessity for such extensive destruction of the walls of the sinus.

Arthur J. Hutchison.

Weber, Hans (Breslau).—*The Relation of Tonsillitis to Inflammation of the Vermiform Appendix.* "Münch. Med. Woch.," December 30, 1902.

The development of appendicitis during or after various acute general infectious diseases has been frequently observed. Kelynack ("Pathology of the Vermiform Appendix," London, 1893, p. 98) was the first to observe a case in which gangrenous appendicitis with perforation and death followed an acute diphtheria-like pharyngitis. Several other published cases are referred to, and Weber narrates one under his own observation. The patient had a "streptococcal" pharyngitis with considerable albuminuria. In a few days the throat recovered and the albuminuria disappeared. A week later the symptoms of perityphlitis developed, and gradually disappeared under medical treatment. In the records of the hospital cases of appendicitis he found four in which there was a slight redness of the fauces. In another there was marked catarrh of the nose, pharynx, and larynx, and in a sixth one pronounced swelling of the right tonsil with a dirty yellowish-white exudation.

In several of the recorded cases the same bacteria—streptococci—were found both in the throat and in the appendicitis pus.

Two routes of propagation present themselves—the lymph and blood circulation on the one hand, and the alimentary canal on the other. Adrian's experiments on animals (*Mitteil. a. d. Grenzgeb. d. Mediz. u. Chirurg.*, Band vii., 1891) point to the former, but Kret's (*Wien. klin. Woch.*, 1901, p. 1137) favour the latter, in view of a case of Kundrat's in which the ingestion of material from a tonsil gave rise to phlegmonous gastritis. Various writers have pointed out that the position, the anatomical structure of the appendix, its richness in adenoid tissue, render it specially liable to be infected with pathogenic germs. It is also intelligible that traumatic lesions caused by concretions or foreign bodies may open the door to infective agents.

Dundas Grant.

NOSE AND ACCESSORY SINUSES.

Alexander, Francis.—*The Nasal Treatment of Asthma.* "Lancet," October 18, 1902.

Of the 402 cases recorded, 346 had no apparent nasal lesion, and of these 8 only obtained no relief from nasal treatment, while 6 cases were unrelieved by treatment among 56 which had polypi or other gross nasal lesions. In addition to these failures, in 17 cases the result of treatment could not be ascertained. From treating these cases Dr. Francis had come to the following conclusions: (1) That asthma was due to reflex spasm of the bronchial tubes. (2) That the irritation might originate in the nose; this was inferred from the intimate association between hay fever and asthma, as disclosed in various cases, and was shown more clearly by the immediate onset of asthma after certain injuries to the nose, examples of which were referred to. (3) That asthma was not directly due to any mechanical

obstruction of the nasal passages and was not commonly caused by any gross nasal lesion. The association of asthma and polypi was not so common as generally supposed. When they occurred together he believed they were more probably the result of some common factor than that they had any direct causal relationship. The best results in cases of polypus had been obtained by cauterizing the septum without touching the polypi, whereas in some cases complete eradication of the polypi intensified the asthmatic condition. In other cases, where nasal obstruction from engorged turbinates and asthma occurred together, the difficulty of breathing through the nose and the dyspnoea were unrelieved by rendering the nasal passages mechanically free, but were both instantly removed on applying cocaine to the septum. (4) That some part of the nasal apparatus had a controlling influence upon the respiratory centre, or there was in the nose, as it were, an agency through which the afferent impulses must pass. Numerous cases, some of many years' standing and of great severity, were recorded where cauterization of the septum removed all signs of asthma in patients where the exciting irritation was apparently gastric, cardiac, or bronchial in origin. Full details of the 402 cases were submitted to the Society. The nose was apparently normal in 346 cases, polypus cases numbered 32, and other gross lesions 24 cases. Complete relief had been obtained in 194 cases, complete relief till lost sight of or still under treatment in 30 cases; great improvement in 73 cases, great improvement till lost sight of or still under treatment in 50 cases; temporary relief in 20 cases, slight relief in 4 cases, no record in 17 cases, and no relief in 14 cases. The patients numbered 282 males and 120 females.

StClair Thomson.

Galand.—*Sublabial Rhinotomy.* "Annales des Maladies de l'Oreille du Larynx, du Nez, et du Pharynx," September, 1902.

Dr. Galand believes that this method is superior to all others, and can only be compared in utility to Langenbeck's and Olliers'.

It is easily performed, does not interfere with the facial bones, exposes a large operating field, and leaves no scar. Chloroform, after the preliminary use of 10 to 12 c.c. of ethyl chloride, is used.

The day before the operation the mouth should be cleansed with oxygenated water, and the nose with menthol oil. The incision is made down to the bone immediately above the sublabial furrow from the first molar on one side to the first molar on the other, the soft parts being dissected back quickly, and the cartilage of the nose snipped with scissors. An assistant carries the upper lip and separated parts high up over the face, and in this way a large operating field is exposed. The hæmorrhage is easily controlled with compresses, and finally the edges of the incision are brought together by sutures; the wound usually heals by first intention.

Anthony McCall.

Hamilton, H. D.—*Occlusion of Right Posterior Naris.* "Canadian Practitioner and Review," October, 1902.

The patient, a young man aged seventeen years, complained of constant discharge from the right naris with complete obstruction on the same side. Duration of condition twelve months. On examination a complete bony partition was found at the posterior end of the right passage. Family and personal history negative. The treatment consisted of perforating the bony wall and the subsequent use of graduated bougies.

Price-Brown.