

Abstracts.

FAUCES.

Ramon de la Sota y Lastra.—*Foreign Bodies in the Throat.* "Rev. Hebd.," May 6, 1905.

A short report of three cases in which a bone, a leech, and a pin respectively were imbedded in the throat. The chief interest is in the case in which the leech was found in the naso-pharynx. The extreme importance of examining the parts with the finger as well as with the mirror is insisted upon.

Albert A. Gray.

NOSE AND ACCESSORY SINUSES.

Gellé.—*Adenopathies in Affections of the Nasal Fossæ.* "Rev. Hebd.," May 20, 1905.

A very important paper. The writer first describes the anatomical relationships of the lymphatics of the nasal mucous membrane, pointing out particularly the sharp line of definition between those of the olfactory region and those of the respiratory region, and above all the close relationship between the former and the meninges. The glands into which the various sets of lymphatics open are referred to and the importance of this matter is pointed out.

The clinical part of the paper is considerably longer and a very full account of the different affections which may give rise to lymphatic trouble is given. The importance of examining the nose with the utmost care in all cases where there is enlargement of the lymphatic glands in the neck is insisted upon. This refers, not only to such well-recognised conditions as tubercular glands in the neck and other chronic affections, but to cases of tubercular meningitis, retro-pharyngeal abscess, scarlet fever, and diphtheria, in which last case only the nose may be affected. The comparative immunity of the glands of the neck in malignant disease of the nose is remarked upon. The writer points out that in the case of syphilis the lymphatic glands are invariably affected if there be a primary chancre of the nose, whereas they frequently remain undisturbed when the nasal lesion is a secondary or tertiary manifestation.

This paper should be read in the original as it does not well bear abstraction.

Albert A. Gray.

Craig, R. H.—*Empyema of Right Sphenoidal Cavity and Posterior Ethmoidal Cells, associated with Complete Occlusion of Right Posterior Naris.* "Montreal Medical Journal," November, 1904.

History of a case occurring in a female child, aged seven and a half, complicated with enlarged pharyngeal and faucial tonsils, destruction of both drum membranes and all the ossicles, and accompanied by purulent discharges from both ears.

After removing adenoids and tonsils, exploration with the finger demonstrated the right posterior naris to be about one third the size of the left. For three weeks daily irrigation of nasal cavities and ears was practised, with but little improvement in the discharge of pus. Then the

right inferior turbinal was removed to obtain more space, and the lower third of the anterior wall of the sphenoid drilled. A vulcanite tube was inserted, and, as daily washings seemed to improve the condition, the patient was allowed to return home.

Two weeks later, however, she returned with the post-nasal space almost filled with granulations. Anæsthetising the patient again, the posterior ethmoid cells were opened, making the passage free into the post-nasal space. Then, with Asch's forceps, the author fractured the septum as far back as the posterior naris, and inserted a special perforated splint.

One month later, suitable cleansing treatment having been systematically carried out, the nostrils and ears were almost free from pus, and communication between the right nasal passage and the right post-nasal space seemed to have been permanently established.

Owing to the destruction of the ossicles the improvement in hearing had not been very marked.

Price-Brown.

Craig, R. H.—*Combined Empyema of the Left Frontal and Ethmoidal Cavities.* "Montreal Medical Journal," April, 1905.

This is a report of a case of sinus disease occurring in a woman, aged forty-five. For many years she had been subject to left frontal neuralgia, but from medical treatment had experienced little relief.

On examination, pressure over the left frontal bone and inner angle of the left eye caused excruciating pain. Internal examination revealed chronic rhinitis, with pus in middle meatus, dilated ethmoidal bulla, and enlarged left middle turbinal.

Electric illumination gave dark umbra in both left infra-orbital and frontal regions. Both antra were negative. Operations upon the left ethmoidal cells and frontal sinus was decided upon. In each case pus was found. Free drainage was established, and after several weeks' careful treatment the external wound into the frontal sinus was allowed to heal.

One month after the final operation the patient was discharged from the hospital, cured. Pain had disappeared, discharge had ceased, and the general health was much improved.

Price-Brown.

Jacques (Nancy).—*The Pathogenic Rôle of Alveolar Lesions in Prolonged Acute Maxillary Sinusitis.* "Rev. Hebd.," May 6, 1905.

The writer refers to the fact of the importance of carious teeth in the production of this condition, and points out that the affection is not always cured by the extraction of the offending tooth. It is sometimes necessary to puncture the cavity through the alveolus as in chronic cases, but the cure results very rapidly.

Albert A. Gray.

LARYNX.

Malafosse, M. P.—*A Case of Acute Syphilitic Laryngeal Stenosis; Cure by Injection of Biniodide of Mercury.* "Gazette des Hôpitaux," March 28, 1905.

In October, 1904, a child, aged six, came under notice of the author presenting symptoms of acute laryngitis. There was a clear history of syphilis contracted from drinking utensils two years previously, and the patient had undergone a course of specific treatment in the form of Gibert's syrup. A most careful examination failed to reveal any stigmata.