# Abstracts.

## NOSE.

**Schaeffer, Jacob P.—The Lateral Wall of the Cavum Nasi in Man, with Special Reference to the various Developmental Stages.** "Annals of Otology, Rhinology, and Laryngology," vol. xx, p. 277.

A long and comprehensive paper of eighty-nine pages, illustrated by fifty figures. It leads up to a summary under forty heads. It is a contribution to rhinological anatomy and embryology that requires reading with the closest attention, and no attempt at abstracting could be successful. *Macleod Yearsley.*

**Kolmer and Weston (Philadelphia).—Bacterin Treatment of Septic Rhinitis of Scarlet Fever with Report of 100 Cases.** "Amer. Journ. Med. Sci.," September, 1911.

The report of the Metropolitan Asylums Board of London on "return cases" showed that in 52 per cent. of these there was present a morbid condition of the nose; and this percentage agrees closely with that obtained by the writers from the records of the Philadelphia Hospital for Contagious Diseases. The nasal disease in these cases takes the form of a purulent or non-purulent rhinitis, which was found in a great majority of cases (89 per cent.) to be due to the *Staphylococcus aureus* in pure culture. The only other organisms discovered were the *Staphylococcus albus*, a diphtheria-like bacillus, and the *Streptococcus pyogenes*. Vaccine treatment was undertaken with the object of overcoming this septic infection and not with the idea of combating the causal agent of scarlet fever itself, it being supposed that this scarlet fever agent, whatever it might be, would die if the superadded septic infection were removed. Although many of these cases of rhinitis heal promptly with the usual treatment, the authors found that the time required for such a result was very much decreased with the bacterin treatment. The latter was valueless when adenoids were present. As good results were obtained with stock polyvalent vaccines as with autogenous. The writers conclude that: (1) Nasal discharges are of primary importance in the ætiology of the "return cases" of scarlet fever. (2) The true rhinitis of scarlet fever is septic in character, distinctly infectious in itself, and probably harbours the contagium of scarlet fever. (3) The bacterin treatment of these cases is more satisfactory than the usual treatment. It shortens the time required for cure, and decidedly aids in decreasing the number of "return cases." *Thomas Guthrie.*

**Löwe, Ludwig.—Some Further Contributions on Nasal Surgery.** "Monats. f. Ohren.," Year 45, No. 9.

(*a*) *Exposure of the Hypophysis Cerebri.*—The author first refers to the two methods of approaching this structure as described by him some five years ago, the first by means of removal of the outer wall of the nose, and the second through a supra-hyoid pharygotomy—and then passes on to the detail of a "far more easy" procedure carried out *viâ* the mouth. By means of a median incision and two small ones extended thence to each side, the muco-periosteum of the hard palate is reflected up to the alveolar margin and then the horizontal portions of both maxillary bones together with their palatal processes are removed with hammer and chisel, so that thus the under surface of the mucous membrane of the nasal floor with the vomer in the middle line is exposed.

Next the mucous covering of the nasal septum is stripped off each side, still working in the same direction, and the bony septum itself eventually resected, bringing the anterior and inferior aspects of the body of the sphenoid bone into full view, which structure then can be easily removed and the roof of the sphenoidal sinuses dealt with as required. The whole operation, says the author, is no more than a submucous nasal resection, except that the approach is *viâ* the mouth, and theoretically could be performed under cocaine and adrenalin, but that it is irksome for the patient to hold the mouth open so long, and with a general anæsthetic it can be opened further. Löwe acknowledges that this procedure is based on the methods of Gussenbauer, König and Hirsch. The buccal wound is subsequently closed with sutures.

(*b*) *Exposure of the Naso-pharynx.*—A short allusion to other methods having been given the author describes his procedure as follows: A transverse incision is made dividing the soft from the hard palate. This in itself may be found sufficient, but if more room is still required an incision is carried though the mucous and periosteal covering of the hard palate on each side, a rectangular flap thus elevated from behind forwards, and the underlying bone removed so that the mucous membrane of the nasal floor is exposed. This latter is then divided as may be necessary and the naso-pharynx thus reached. The bone removed is in a short time reformed.

A section devoted to the topographical anatomy of the pharynx concludes the article. *Alex. R. Tweedie.*

**Baril, G.—Anatomical Study on Regional Anæsthesia of the Superior Maxillary Nerve.** "Rev. Hebdom. de Laryngol., d'Otol., et de Rhinol.," September 2, 1911.

Dr. Baril is of opinion that for operations on the maxillary antrum satisfactory regional anæsthesia may be obtained by the injection of a weak anæsthetic solution *viâ* the posterior palatine canal into the region of Meckel's ganglion and the superior maxillary nerve in the pterygo-maxillary fossa. The buccal orifice of this canal is situated at the base of the third molar tooth. Its line of direction continued forward crosses the neck of the second molar tooth; continued backward it passes through the foramen rotundum at a distance of four and a half centimetres from the neck of the second molar tooth. The technique suggested is as follows: The mouth is opened wide. A platinum needle, not more than five centimetres in length, is introduced into the gum on the inner side of the neck of the second molar tooth. The body of the syringe rests on the lower lip. The needle is pushed on for about one centimetre till its point is opposite the base of the third molar tooth. It now engages the mouth of the posterior palatine canal, along which it is carried for a distance of four and a half centimetres from the point of insertion.

Dr. Baril has carried out this procedure frequently on the cadaver, and considers that it would be of practical use. He has tried the method in one case (radical cure), and was successful in obtaining satisfactory anæsthesia. *John M. Darling.*

## PHARYNX.

**Fraser, J. S.—The Faucial Tonsils, with Special Reference to their Removal by Enucleation.** "Edin. Med. Journ.," July, 1911.

In this paper the author gives a clear account, made all the clearer by some excellent illustrations, of the anatomy of the tonsil and its relations