

over-tones was to be got rid of, and if a whole range of tuning-forks could be used in the new instrument.

Dr. W. D. HASLAM asked how air and bone conduction were to be defined and distinguished.

Dr. DUNDAS GRANT thought this a most elegant device, and that it would prove useful especially in recording the progress of an ear case. He had used the stop-watch for many years in his practice. The calculation of percentages of hearing power was most difficult, and neither this nor the elimination of over-tones could be accomplished with this audiometer. He thought the hammer might be improved.

Dr. WOODS said that the new audiometer was very interesting, and asked if it could be used to test bone conduction.

Dr. HAROLD BARWELL considered that the spring would get gradually weaker from constant use.

Dr. WOODS wished to say that unless much over-stretched the spring would not weaken—a watch spring for instance did not do so.

Dr. FREDERICK SPICER said he thought that the audiometer was full of fallacies, as it transmitted a mixture of bone and air conduction.

Dr. ST. GEORGE REID, in reply, said that there was no bone conduction whatever in using his audiometer. The spring had not been found to appreciably lessen in strength. Over-tones were not of any importance as they were constant, being always started with the same force and in the same manner; this was the great feature of the audiometer—constant tone, the force being always the same. It was of great interest and utility to note how a patient improved under treatment by this record.

Abstracts.

NOSE AND NASO-PHARYNX.

Gerassimow (Moscow).—*Primary Nasal Diphtheritic Infection in Children.* "Russki Wratach," November 16, 1903.

This article is based on an observation of ninety cases of the nasal disease in children which has been named fibrinous or croupous (pseudomembranous) rhinitis. In some of the cases the nasal mucous membrane was only swollen and ulcerated. In seventy-eight cases Loeffler's bacillus was found; in the other twelve cases the bacillus was found in the dry

preparations. The treatment was for the most part local; in the few cases in which serum was injected the disease ran a shorter course.

Most of the cases were mild; in eleven, however, the diphtheria extended to other parts (pharynx, eye, wound surface). Most of the children were between four and six years of age. Six of the cases were complicated with measles and all were severe and succumbed. The others recovered. Scarlet fever and nasal diphtheria do not seem to have any relationship.

Gerassimow draws the following conclusions:—

1. There are two types of nasal diphtheria (*a*) catarrhal, (*b*) membranous.
2. The disease is acute or sub-acute and runs a good course when limited to the nasal cavity.
3. Every cold in the head of a hidden character should be examined bacteriologically.
4. All cases should be isolated and treated as cases of ordinary diphtheria.

A. Westerman.

Jürgens.—*A Fatal Case of Ozæna.* "St. Petersburger Medicinische Wochenschrift," February, 1904.

When first seen the patient was unconscious; pulse 120, breathing 30. Temperature 39.5° C. He died the same evening.

Post-mortem there was found a purulent leptomeningitis; acute empyema of frontal sinus; chronic ulcerative ozæna; chronic pharyngitis, etc. The basal meningitis was evidently secondary to the suppuration in the ethmoidal cells which had been infected from the ulcerated nasal mucous membrane.

A. Westerman.

Ziem, C. (Dantzig).—*Iritis and Nasal Disease.* "Archives Internationales de Laryngologie," etc., November—December, 1903.

The author records three cases in which the patient was suffering from iritis, associated with nasal lesions. In spite of the usual treatment there was no amelioration of the eye condition until the nose was attended to. In one case the maxillary sinus was involved and cured by the extraction of a carious tooth, in another the treatment of a deviated septum with hypertrophy of the inferior turbinate was followed by a great improvement in the eye condition.

Anthony McCall.

Thost (Hamburg).—*The Clinical Symptoms of Hay Fever and their Treatment.* "Münc. med. Woch.," June 23, 1903.

He considers the results reported in forty-seven cases with Dunbars antitoxin. There were absolutely favourable results in twenty-seven, partial or temporary benefit in twelve, negative effect in eight. The toxin was of value for diagnostic purposes. The analysis of 400 published cases reveals a probable association with the recent epidemics of influenza. In the way of treatment he recommends first general hygiene and hardening, then local treatment of the nose, which should be finished before the hay-fever season commences. The treatment of the upper segments of the nasal passages is important. To prevent infection the nose may be plugged; handkerchiefs and shirts should be dried in shut-up rooms [not in grass fields—D. G.]. Patients should avoid travelling in districts where they are likely to be re-infected. Autitoxin, to produce

an effect, must be introduced three or four times a day into the eyes and nose, and must be brought into contact with the higher parts of the latter. The powdered form of the remedy has not yielded good results in Thost's hands.

Dundas Grant.

Knosp.—*The Operation for Adenoid Vegetations.* "Medicinisches Correspondenz Blatt," March 5, 1904.

Knosp prefers to do the operation with the help of two experienced assistants, and not to use a general anæsthetic, he also never uses cocaine or cocaine and adrenalin. The best instrument for the beginner is Gottstein's ring knife, and all cases ought to be thoroughly examined before operation so as to be sure of the exact position and extent of the growth. Schütze's compressor of sterile iodoform gauze ought always to be in readiness so as to have some control should the hæmorrhage be exceptionally great.

Continuous bleeding after operation is usually due either to an incomplete removal of the growths or to excessive excitement in nervous children.

A. Westerman.

LARYNX AND TRACHEA.

Botella y Donoso Cortes (Madrid).—*Acute Œdematous Rhino-pharyngo-laryngitis.* "Revista Especialidades Med.," Madrid, February, 1904.

The author refers to the cases of Courtade (*Archiv. Internat. Lar. Ot. y Rin.*, November and December, 1903), and of Griffith (*Brit. Med. Journ.*, June 14, 1902), as showing that the affection is probably due to a hereditary neurosis, and that it is allied to hay asthma. Persons so affected are real examples of *noli me tangere*, as even a slight injury or operation about the mouth or face may be followed by grave œdema or even death. The cases have therefore a medico-legal as well as a clinical interest. The case of a young lady is described. She suffered from intra-nasal hypertrophies and attacks of acute coryza, with facial and palpebral œdema. Her last attack was attended with grave nasal, pharyngeal, and laryngeal œdema, and inspiratory dyspnœa. The symptoms yielded to the application of a solution of cocaine and adrenalin, and the author thinks that the œdema in Courtade's cases must have been very urgent to have required tracheotomy. The nasal hypertrophy was subsequently reduced by the galvano-cautery, without, however, any return of the symptoms, and the patient has remained free from attacks up to the time of writing (a month).

James Donelan.

Grünwald, L. (Munich).—*The Galvano-cautery in the Form of Puncture in the Treatment of Tuberculosis of the Larynx.* "Münch. med. Woch.," June 23, 1903.

With the view of attacking the deep infiltration without at the same time damaging the mucous covering to a serious extent, Grünwald recommends puncturing by means of the galvano-cautery. He states that the operator can tell by the sense of feeling when the point has passed through the pathological infiltration and arrived at the normal tissue. He finds the reaction extremely slight and the shrinking of the infiltration very satisfactory.

Dundas Grant.