

assuming in these cases that the drug got into the circulation and caused immediate contraction of all the blood-vessels, sending the blood directly and forcibly back upon the heart.

Dr. J. O. ROE would hesitate to ascribe all the effect in this case of Dr. Harris's to the adrenalin. Many patients had, however, a peculiar sensitiveness to cocaine.

Dr. HARRIS could not believe that the cocaine had had any deleterious effect in his case.

(To be continued.)

## Abstracts.

### NOSE.

**Price-Brown** (Toronto).—*Case of Septal Abscess.* "Canadian Journ. of Med. and Surg.," October, 1909.

This was the history of a boy, aged ten, who while playing was struck on the nose by the head of another boy. At first there was external swelling and pain. These both subsided, while internal stenosis increased. Nearly four weeks after the accident the patient was referred for treatment. The septum was found to be very much distended. On pressure both sides of the bridge fluctuated. Still, there was neither pain nor fever, the physical condition being one of anæmia.

On opening the right side freely there was a copious discharge of pus, the cavity extending as far back as the vomeric union. On the following day, as the operation was not attended by any relief of the left side, this also was opened, followed by discharge of dark blood without pus, indicating that no perforation had taken place. The recovery was uneventful.

P. B.

**De Champeaux** (Lorient).—*A Study of Sneezing.* "Rev. Hebd. de Laryngol., d'Otol., et de Rhinol.," February 27, 1909.

The author recalls the statement of Katzenstein that irritation of a certain spot in the frontal lobe of the brain will provoke sneezing. In paroxysmal sneezing due to spasmodic rhinitis, he finds that light massage of the frontal region by drawing the fingers from the temples towards the middle line of the forehead several times in succession will relieve the sensation of irritation leading to the impulse to sneeze.

Chichele Nourse.

**Scheppegrell, W.** (New Orleans).—*The Immunisation Treatment of Hay-fever.* "Rev. Hebd. de Laryngol., d'Otol., et de Rhinol.," February 19, 1910.

The result of observations in a suburb of New Orleans showed that 80 per cent. of cases of hay-fever in that neighbourhood were caused by the irritating effects of the pollen of a kind of rag-weed (*Ambrosia artemisiifolia*), which grows on the waste land and fallows in very large quantities. Towards the end of August the air becomes heavily charged with the pollen, and it is possible to predict within a day or two the date at which susceptible people will begin to suffer from their usual attack.

The author finds that an artificial tolerance to the pollen may be established, and the object of his mode of treatment is to establish this

tolerance before the attack is developed. For a period of from two to six weeks beforehand the patient should inhale the pollen from the stamens three or four times a day at first, and later at more frequent intervals. Each inhalation will be followed by slight sneezing, lachrymation, and rhinorrhœa, which pass off in the course of an hour. Gradually less and less reaction is produced, until finally it disappears. Then the patient is temporarily immune to hay-fever, but the treatment must be kept up until the hay-fever season arrives. A little bag of sterile gauze containing some of the male flowers is the most convenient means of applying the treatment.

*Chichele Nourse.*

**Wendling** (Chartres).—*Empyema of the Maxillary Sinus of Dental Origin in Children.* "Rev. Hebd. de Laryngol., d'Otol., et de Rhinol.," February 27, 1909.

A child, aged eight, complained suddenly of acute pain on the left side of the face; at the same time the left cheek began to swell. These symptoms increased, and continued for some days without relief, when suddenly muco-pus in considerable quantity began to be discharged from the left nostril; this was found to be coming from the middle meatus. On transillumination that side was less translucent than the other. A minute point of caries was discovered on the left upper canine tooth. It was extracted, and an abscess was found at the apex of the root, which had burst into the sinus. The sinus was washed out with sterilised water several times and a cure followed.

The occasional occurrence of empyema of the antrum in children had already been observed by Moure ("Rev. Hebd. de Laryngol.," 1906). At birth there is no close relationship between the sinus and the canine tooth, but little by little they approach one another, and at about the age of seven and a half years the maxillary sinus rapidly increases in size, until the thickness of bone between the floor of the antrum and the root of the canine is not more than half a millimetre. The information furnished by transillumination is not of the same value in the child as in the adult.

*Chichele Nourse.*

**Taptas, N.** (Constantinople).—*Contribution to the Study of Maxillary Sinusitis.* "Archives Internationales de Laryngologie, d'Otologie, et de Rhinologie," November–December, 1909.

The author, after considering in detail the various methods of treatment, concludes as follows:

(1) The Caldwell-Luc operation when properly performed cures the worst cases, as it allows of a thorough cleansing of the diseased cavity. The importance of a large opening into the nose is emphasised.

(2) Recent cases can usually be cured by puncturing through the inferior meatus and washing out the cavity a few times.

(3) If the last procedure fails an opening may be made into the sinus through the inferior meatus, after injecting the following local anæsthetic: Cocaine hydrochlor., 1·0; tinct. iodi (decolourised), 0·3; acidi carbolici, 0·3; glycerini, 10·0; aquæ destillatæ, 100·0; sol. adrenalin (1 in 1000), 2 drops to each gramme.

(4) Before any treatment is undertaken the teeth should be carefully examined, and if any disease suspected, removed. *Anthony McCall.*

**Syme, W. S.**—*Chronic Sphenoidal Sinus Disease.* "Lancet," February 12, 1910.

Based on a total of seventeen patients operated upon during the past

eighteen months. In nine the disease was unilateral. The cases are narrated in detail. The chief complaint was of nasal and post-nasal discharge and chronic head cold. Headache was common. Rhinological appearances were fairly constant, atrophic changes being observed in most. None of the signs and symptoms could be considered as pathognomonic of sphenoidal disease, but were, rather, suggestive of disease in the posterior accessory cavities, and examination of the sinus was necessary to complete the diagnosis. This examination is discussed. Treatment is fully considered; in the majority of cases milder measures than operation should be tried, as nasal douching following by drying and insufflation of powdered boric acid; or the sinus may be regularly washed out and similarly dried and insufflated. When operation is necessary the middle turbinal usually requires to be removed. Indeed, this is sometimes sufficient, by giving freer drainage, to cure the condition. For opening the sinus, Syme prefers a Hajek's punch, followed by curetting and swabbing with zinc chloride, etc., drying and dusting with powdered boric acid. The anterior wall should be removed as completely as possible.

A portion of the paper is devoted to the ocular conditions of the patients reported upon.

*Macleod Yearsley.*

## PHARYNX.

**Coues, W. P.**—*The Results of the Clinical Throat Examination of 212 School Children.* "Boston Med. and Surg. Journ.," February 17, 1910.

The children ranged from six to fifteen years: 153 (over 72 per cent.) showed chronic tonsillar hypertrophy; 103 (50 per cent.) showed marked dental caries. Discussing causation, the author considers three factors as predisposing: (1) Poor home surroundings; lack of fresh air and sunlight; (2) improper and insufficient food and neglect of the teeth; (3) unhygienic school conditions.

*Macleod Yearsley.*

**Flatau (Berlin).**—*The Treatment of Peritonsillar Abscess.* "Archives Internationales de Laryngologie, d'Otologie, et de Rhinologie," November-December, 1909.

The author warns against the use of poultices and fomentations, which may produce erosion of the arterioles and lead to fatal hæmorrhage when an incision is made, quoting cases in his own experience.

He recommends dry cupping externally over the insertion of the sternocleidomuscle two or three times daily, the cup or cups remaining *in situ* for an hour at a time.

By this means he claims that swallowing is made easier and the course of the disease in many cases checked.

Should pus be suspected he advises exploratory puncture with a trocar and cannula, followed by aspiration or incision when necessary, though this is more painful.

*Anthony McCall.*

**Roe, J. O.**—*Palato-pharyngeal Adhesions: Methods adopted for their Relief, with Report of a New Operation.* "Journ. Amer. Med. Assoc.," January 15, 1910.

The author describes an interesting and rather rare condition—that of palato-pharyngeal adhesions. They may be (1) congenital; (2) simple