the middle ear and the endocranium were evident from certain well-defined signs. Did it follow from that circumstance that at the first attack, whether localised or diffuse, we ought to open extensively and to extirpate the greater part of the labyrinth? Apart from the fact that it was possible, while desirous of tackling an affection undoubtedly very serious, to provoke an affection necessarily fatal—meningitis, to wit, he believed that it was advisable to act with prudence and to avoid being too radical, all the more so as the results of bold and hasty operating were far from encouraging. And further, generally speaking, the best surgical measure, and that which was most satisfactory to the clinician, was not that which seeks to extirpate as completely as may be the affected organ to the uttermost limits, and even beyond the uttermost limits, of the disease in the hope of curing it. The surest method, in his opinion, was that which followed the clinical indications. In cases of purulent retention setting up septicæmia and pyrexia, and in cases of the hypertension of the humours whereby pain is provoked, simple opening, relief of tension, and drainage of the infectious focus were called for—only that, and nothing more; while at the same time the general powers of resistance were aided and augmented. And in these conditions it was known to all that in the infected labyrinth, in those cases which were capable of being cured, local reactions were sooner or later set up as a natural process which led to the encysting of the focus of disease and to its isolation from the dangerous neighbourhood of the meninges.

Abstracts.

NOSE.

Dickson, T. A.—*In Situ Antrum Trocar.* "Laryngoscope," May, 1910, p. 562.

A curved cannula fitted on to a trocar on the principle of the Lichtwitz trocar. After the antrum is punctured the cannula is left *in situ*, in order to permit of daily irrigation of the cavity without the necessity of puncturing anew each time. The cannula is provided with a "bump" to prevent its being blown out by the patient. The author recommends it in acute cases only. *Dan McKenzie.*

PHARYNX.

Rolleston, J. D. (London).—*Vincent's Angina.* "The British Journal of Children's Diseases," July, 1910.

The author defines Vincent's angina as a faucial lesion, usually of unilateral distribution, characterised by deep ulceration of the tonsil and adjacent structures, a peculiar fœtor, and enlargement of the corresponding lymph-glands, and ætiologically associated with the symbiosis of two organisms—a fusiform bacillus and a spirillum—described by Vincent in 1896 as present in hospital gangrene, and again in 1898 in the lesion to which his name has been given. He summarises the result of his experiences as follows: Vincent's angina is an uncommon disease, occurring in 0·9 per cent. of all cases of sore throat, and in 4·9 per cent. of cases of non-diphtheritic angina. During a five years' period of observation