blood can dispose of large numbers of bacteria so rapidly that a number of cultures must be made before the bacteria can be discovered. If, for example, the diagnosis of sinus thrombosis has been made, the mastoid operation has been performed, and free flow has been established, and yet a positive blood-culture is found twenty-four hours after operation, repeated tests giving the same finding or increasing bacteræmia, it is proof positive that the source of infection has not been removed. The blood-culture is particularly important as an aid to diagnosis in children. It is a better guide to diagnosis and prognosis than clinical symptoms alone, especially as the temperature in infants and children is, as is known, a very unreliable guide.

Dr. SONDERN, replying to Dr. Dench's remarks with reference to the frequency of streptococcus infection following chloroform anæsthesia, said that any debilitating influence favours an infection of this kind. Chloroform anæsthesia is particularly liable to produce a disturbance of hepatic function with consequent acidosis, and an actual necrosis of the liver may result. It seems natural that such more or less profound intoxications would favour streptococcus infections. The speaker again emphasised the value of the resistance line in the diagnosis and prognosis of inflammatory processes. The leucocytosis or the relative polynucleosis may not show high figures, particularly in cases of mastoid disease, but when considered together, and particularly if the resistance line has been followed from day to day, a clue of diagnostic value is obtained. It should be borne in mind that evidences in the blood of an inflammatory process do not necessarily mean that a middle-ear inflammation has extended to the mastoid. A pneumonia or an abscess in some other part of the body may produce the same change. He cited an illustrative case of appendicitis with leucocytosis of 30,000 and a polynuclear percentage of 90. It soon developed that the blood changes were due to an abscess of the toe and not to the mild attack of catarrhal appendicitis. In reply to the query concerning the *Streptococcus mucosus*, the speaker said the positive diagnosis of this organism is attended with difficulty. Unless the method of Buerger or the more simple one recently described by Rulison, of Roosevelt Hospital, is employed, errors in diagnosis are not uncommon. Blood-cultures offer much valuable information, but while well beyond the experimental stage, there are still a number of points that require further observation and confirmation. Concerning examination of the cerebro-spinal fluid, there is no doubt but what much help is obtained not only in reference to the degree of inflammation, but also by learning which organism is present. Confirmatory cultures should always be made, as in the case of aural discharges.

Abstracts.

NOSE.

Scarlett, Rufus B. (Philadelphia).—*A True Papilloma of the Nasal Septum.* "Laryngoscope," August, 1910, p. 833.

Report of two cases with illustrations and *resumé* of literature.

Dan McKenzie.

Culbert, Wm. Ledlie (New York).—*Report of a Case of Chronic Suppuration of the Antrum of Highmore; Puncture followed by Septic Pemphigus and Death.* "Laryngoscope," August, 1910, p. 824.

The patient was a woman, aged fifty-seven. Right antrum suppuration, for which the cavity was punctured and washed out four times in ten days. At the last puncture the solution returned clear. While under this treatment pemphigus set in, and gradually spread to involve the entire cutaneous and mucous surfaces, ending in death in about five weeks. *Dan McKenzie.*

Meyer, A. (Berlin).—*On the Nasal Offshoots of Hypertrophic Naso-Pharyngeal Tonsils.* "Zeitschr. f. Laryngol.," vol. iii, Part III.

While in the great majority of cases adenoid vegetations do not extend to the margin of the choana, and are therefore accessible for removal with the Beckmann curette, the author, two or three times a year, meets with a case in which, after the operation has been carefully carried out, posterior rhinoscopy discloses small remains of adenoid tissue hanging down from the upper edge of each choana. The patients are always either older children or adults with a considerable amount of adenoid tissue in the naso-pharynx. The most pronounced example of the condition was that of a man, aged thirty-five, who had recently undergone an operation for removal of adenoids, but still complained much of nasal obstruction. On posterior rhinoscopy the naso-pharynx was found to be free from adenoid, but masses of the latter were seen filling up most of the space between the septum and middle turbinal. On anterior rhinoscopy, after the application of cocaine and adrenalin, the upper choanal margin and the anterior surface of the body of the sphenoid on both sides were seen to be covered with an irregular swelling, evidently of the nature of adenoid tissue. These masses were easily removed on each side by means of a snare passed through the nose, after which nasal respiration was free. Microscopic examination confirmed the diagnosis of intra-nasal adenoid. *Thomas Guthrie.*

Thompson, John A. (Cincinnati).—*A Safe Intra-nasal Method of Opening the Frontal Sinus.* "Laryngoscope," August, 1910, p. 810.

A curved probe is inserted into the frontal sinus, and over it a pointed "rasp" is passed, having a groove upon its back to enable it to slide along the probe. The rasp is pushed up into the sinus in successive jerks so as to bore its way through the bone. After the sinus is opened diseased bone in the anterior ethmoidal region is removed with curettes, forceps, etc. As the probe, etc., remain in position during these proceedings, the mucous membrane of the posterior wall remains uninjured, and there is no danger of damage to the cribriform plate.

Dan McKenzie.

PHARYNX.

Somers, L. S.—*Significance of Œdema of the Soft Palate.* "Journ. Amer. Med. Assoc.," September 10, 1910.

The author states that œdema of the uvula may occur as a traumatic lesion from over or improper use of the voice. It is often a prodromal symptom of acute articular rheumatism. In chronic specific infections, as tuberculosis and syphilis, it may occur late, and is significant of grave