

Abstracts.

NOSE AND NASO-PHARYNX.

Hutchison, Robert.—*Some of the Medical Aspects of Adenoid Vegetations as exhibited in Infancy and Childhood.* "The Clinical Journal," January 29, 1902.

The author especially directs attention to those diseases which accompany adenoids and which come more strictly within the cognizance of the physician. He divides his subject into adenoids as occurring in infants and in older children. The symptoms of adenoids in infancy he divides into three groups. The first group have cough as their chief symptom, choking and paroxysmal in character, sometimes mistaken for whooping cough, and accompanied at times by profuse sweating about the head. A second group exhibits stridulous breathing as the chief characteristic, simulating congenital laryngeal stridor. A third group is that in which the child has difficulty in swallowing. This is partly due to the nasal obstruction, but also to the adenoids mechanically interfering with swallowing by preventing the elevation of the soft palate.

In older children the writer holds there are many "remote or medical effects" which seem to stand in causal relationship to the presence of adenoids. Among these he includes bronchitis, asthma, dyspepsia, mental dullness, night terrors, nocturnal incontinence of urine, defects of speech, headache, vomiting, torticollis, ataxy. After discussing at length the association of the above conditions with adenoids, and quoting illustrative cases from his own experience, the author concludes as follows: "I do not say all those cases mentioned were directly caused by adenoids, but they were all associated with adenoids; and in many of them, when you remove the adenoids, the other conditions clear up. It is perfectly true that you can in the majority of cases find a predisposing cause to the bronchitis, or night terrors, or whatever it is, as well, yet in many of them one can fairly regard post-nasal growths as an exciting cause, and if you remove the growths the symptoms largely cease." *Middlemass Hunt.*

Kinsberg.—*Eye Disease in Tubercular Disease of the Nasal Mucous Membrane, and Treatment of the Latter with Lactic Acid.* "Leitschr. für Ohrenheilk.," Bd. 39, Heft 3.

There were five cases out of nine of nasal tubercular disease where the lachrymal duct and eye were affected. The latter was found in every case to be affected secondarily, the primary disease always being in the nose. The author obtained the best results with lactic acid, which is used in tampons; these are applied daily, and allowed to remain for three hours at a time. They act only on the diseased mucous membrane, the healthy tissue showing little change. *Guild.*

Reitter, Carl.—*Empyema of Maxillary Antrum and Acute Peritonitis.* "Monatschrift für Ohrenheilkunde," January, 1902.

A healthy girl of twenty-one had suppuration in the antrum and polypi in the middle meatus. The day after the removal of three polypi with the snare she had a rigor, and the following day her

tonsil. The throat improved, but after some days fever recurred, accompanied by pain and tenderness in the lower abdomen. The genital organs were normal. Acute peritonitis developed rapidly, and the girl died in a few days.

Post-mortem.—Streptococci were found in the contents of the antrum and in the peritoneal exudation; also in pleural exudation on one side. The author regards the slight traumatism of the operation and the consequent hyperæmia as having probably facilitated a streptococcus invasion, first of the tonsil, and afterwards, by metastasis, of the peritoneum. The pleurisy caused no symptoms during life, and was probably secondary to the peritonitis. *W. Lamb.*

Sawyer, James.—*Hay-Fever: Its Etiology and Treatment.* "Charlotte Medical Journal," December, 1901.

Prophylactic treatment consists in use of tonics, especially strychnia, in increasing doses, for two or three months preceding time of expected attack. On the morning of expected attack give $\frac{1}{100}$ th grain of atropine, and again in evening, if indicated, and then once a day as long as necessary.

Remove all abnormalities from the nasal passages, and any unduly sensitive spots on the nasal mucosa, especially on the middle turbinated bone, should be thoroughly cauterized by gently passing over them a probe medicated with glacial acetic acid. This process should be repeated every three days during the few months immediately preceding the expected attack until no sensitive spots remain.

During the attacks apply suprarenal solution (3 per cent. to 10 per cent.) by spray or on cotton-wool, and repeat whenever the symptoms demand, and give internally 5 grains of the desiccated gland every two hours until the full physiological effect is obtained or the symptoms are controlled—at first every three or four hours, then reducing the dose gradually to twice daily throughout the hay-fever season.

Middlemass Hunt.

LARYNX AND TRACHEA.

Basan, Conrad.—*Observations upon Forty Consecutive Cases of Intubation of the Larynx in Diphtheria.* "Lancet," July 13, 1901.

Intubation of the larynx is by no means a difficult operation, and that it is successful in diphtheritic stenosis the table given below sufficiently demonstrates. Since its introduction into the diphtheria wards of the Eastern Hospital it has been given a fairly extensive trial, and, excluding those cases in which it was contra-indicated, intubation was tried before having recourse to tracheotomy. Diphtheria antitoxin was also freely administered, and much of the success in these cases is due to its efficacy. The operation is easy; indeed, the anatomical knowledge possessed by a student, combined with a little manual dexterity that can be acquired by practising upon the *cadaver*, is all that is necessary, albeit there are difficulties in the living that cannot be learned otherwise than by experience. But in spite of the patient's temporary struggles, the obliteration of anatomical landmarks through inflammatory swelling, spasm of the glottis, and so on, it is surprising how easy the operation becomes with a little practice. The instruments used at the Eastern Hospital were supplied by Collin, of Paris. Compared with the ordinary O'Dwyer's, the tubes are lightly made,