

sudden exposure of a protected mucous membrane to cold air accounts for each of these accidents as well as the asthma.

Remembering these three points, which will be conceded by many observers, this generalisation may be formulated :

Any treatment that allays the irritability of the Schneiderian membrane, whether by operation and the ventilating of abnormally protected areas of mucous membrane, or by hardening the hyperæsthetic areas with the electric cautery, or by the exhibition of such local remedies as cocaine, or the very useful but pernicious nostrum known as "Tucker's cure," any such treatment of the nose may modify or arrest the onset of catarrhal attacks, whether they manifest themselves in symptoms of sneezing, laryngitis, bronchitis, and asthma.

Members are invited to contribute any preparations, specimens or drawings, or any instruments or apparatus pertaining to the work of the Section, which have been designed by themselves, in order that the Committee of the Section may make arrangements to form a special exhibit of such objects.

The offer of a paper will not be accepted on its title alone. Offers of papers will not be accepted in excess of the number likely to be read. As the ratio between the number of papers sent in and the time available for reading them at the Annual Meeting will probably be very disproportionate, preference will be given in the case of communications of equal importance to those which are first received.

Communications relating to the exhibition of preparations, instruments, etc., may be addressed to Dr. E. C. Bevers, 117, Woodstock Road, Oxford; and all others relating to papers and discussions to Dr. Jobson Horne, 27, New Cavendish Street, W., and marked "Section of Laryngology and Otology."

## Abstracts.

### FAUCES.

**Raoult** (Nancy).—*On the Employment of Adrenalin in Malignant Affections of the Throat.* "Archives de Laryngologie, etc.," July-August, 1904.

Raoult has used 1 in 1000 solutions of adrenalin in many cases. In one case after the local application in small doses for a month the removal of the diseased tonsil was followed by a violent reaction.

*Anthony McCall.*

**Vacher** (d'Orléans).—*A Practical Way of Removing Tonsils.* "Archives Internationales Laryngologie, etc.," July-August, 1904.

The author advises the use of a probe to free the tonsil from its

pillars. A snare is then applied, the tonsil seized and drawn out by a pair of forceps, and the tightening of the snare completes the operation. If the cold snare is used, the tightening must be done slowly to avoid hæmorrhage, especially in elderly subjects, but the use of the hot snare allows of the operation being more quickly done. *Anthony McCall.*

**Morse, J. Lovett.**—*Tonsillitis a Cause of Acute Nephritis.* "Archives of Pediatrics," May, 1904.

The author points out the neglect which this matter has received. When tonsillitis is considered from a bacteriological point of view the possibility of it leading to acute nephritis is not surprising, especially when it is remembered how largely streptococci figure in tonsillar inflammations. Four cases have been met with by Morse in the past eight months in which tonsillitis was followed by acute nephritis, two being adults and two children. In each case it was possible to absolutely exclude scarlet fever or previous renal disease. The importance of careful examination of both heart and urine in tonsillitis is insisted upon.

*Macleod Yearsley.*

## NOSE.

**James H. McKee.**—*The Importance of Epistaxis in the Diagnosis of Nasal Diphtheria.* "The Therapeutic Gazette," March 15, 1904.

The author gives an outline of the history of diphtheria from the time of Galen to the present day. After giving details of seven cases of nasal diphtheria, he gives the following as his views of the cause of epistaxis in the disease: (1) Severity of the local disease process; (2) The depth of the inflammatory process; (3) Toxæmia; (4) Alarming or fatal hæmorrhage is always dependent upon profound toxæmia. He summarises as follows:—(1) Staining of nasal discharge with blood is common in nasal diphtheria, and moderate epistaxis not infrequent; (2) Epistaxis is of much diagnostic value; (3) In malignant, mixed, or streptodiphtheria of the nose, epistaxis may be most alarming or even fatal.

*Macleod Yearsley.*

**I. Valentine Levi.**—*The Curative Effect of Erysipelas upon Atrophic Rhinitis.* "The Therapeutic Gazette," March 15, 1904.

This paper is based upon one case in which the patient, a male, aged thirty-seven years, was cured of his atrophic rhinitis by two attacks of erysipelas, ending by showing hypertrophy of the turbinates. The author suggests that the results are due to: (1) The diametrically opposite nature of the pathology of the two diseases; (2) The action of the bacterial products of erysipelas on certain other diseases.

*Macleod Yearsley.*

**E. Denegre Martin.**—*A Suggestion in Operations for Hypospadias and a Method to prevent the Closure of the Nares in Rhinoplasty.* "New Orleans Medical and Surgical Journal," April, 1904.

In the second part of this paper the author suggests that the flap taken from the forehead should have its base cut broader and longer than is usually done. After removing the flap, it is thinned on either side of