

account of the child's feebleness it was resolved to hold an operation in abeyance. October 2—Pain about the left ear complained of. Temp. 30° C. Urine contained a little albumen.

In the absence of any auricular change to explain the fever, scarlatinal nephritis was held responsible. The fever lasted till October 8. Ear discharge was moderate, slightly foetid. The glands in the neck and axilla, especially on the left side, were swollen. The first sound of the heart was scarcely audible, no bruit. The quantity of albumen in the urine increased. There were irregular exacerbations of temperature, especially at evening, but no shivering. October 14—Albumen had practically disappeared, evening fever continued. The state of the wound and cervical glands remained unchanged. October 15—Temp. 39·7° C. On the left side of the posterior pharyngeal wall a fluctuating swelling the size of a pigeon's egg was observed; when opened a teaspoonful of pus escaped. A radical operation was decided to be done on the next day. October 16—No fever. Patient expectorated a little blood, which seemed to relieve her: she was pale, but felt very well. On examining the pharynx, the posterior wall bulged forward; the abscess cavity had filled afresh. Shortly after the examination a copious hæmorrhage occurred, and despite all hæmostatic endeavours, death ensued.

The autopsy revealed an abscess cavity behind the posterior wall of the pharynx in connection above with the region of the carotid canal. The internal carotid was perforated at this situation. A sequestrum discovered in the pus of the abscess was taken to be the median wall of the carotid canal. Hæmorrhage resulted from erosion of the carotid artery: the blood found its way directly into a pre-formed abscess cavity and escaped through the seat of incision in the pharyngeal abscess made twenty-four hours previously.

Clayton Fox.

NOSE.

Goodale, J. L. (Boston).—*The Ultimate Results of Cauterisation of the Lower Turbinate, with Therapeutic Suggestions based upon Histological Findings.* "Boston Medical and Surgical Journal," December 29, 1904.

The author gives details of six cases, and thus summarises the histological phenomena observed therein:

(1) Caustic applications to the nasal mucous membrane may cause a loss of the columnar, ciliated epithelium, with a replacement of this by cells of a squamous type.

(2) Such applications may cause an obliteration of the canaliculi in the basement membrane.

(3) Immediately below the cauterised mucous membrane new connective tissue may be formed, which extends downwards to a depth dependent upon the intensity of the trauma.

(4) The contraction of the tissues which is observed clinically to follow caustic applications is due to the contraction of this new-formed connective tissue, and the consequent compression both of the lymph-sinuses and of such cavities as the lumina of blood-vessels and glands.

(5) Repeated superficial applications of caustics tend to the formation of connective tissue immediately beneath the epithelium, which, by its contraction, may constrict the lumen of the ducts of the glands, and lead to cystic dilatation of the latter. This may contribute to a subsequent return of the nasal obstruction. Such applications become progressively

of less avail, owing to the relatively impervious barrier presented by the pavement epithelium and compact fibrous tissue immediately beneath. Taking these phenomena as a guide, the author discusses whether benefit or the reverse is likely to accrue from cauterisation. He thinks the former likely in a relaxed condition of the nasal mucous membrane in conditions characterised by excessive secretion of mucus from the posterior nares, in vasomotor rhinitis of moderate severity. He considers its injurious effects to be removal of the ciliated epithelium, obliteration of the canaliculi in the basement membrane, cystic dilatation of gland ducts and diminished blood supply of the mucous membrane.

Macleod Yearsley.

Sondermann (Breslau).—*A New Method for the Diagnosis and Treatment of Nasal Disease.* "Münch. med. Woch.," January 3, 1905.

The treatment consists of a mask, similar to those used for anæsthetics, fitting tightly over the nose, to which is attached a tube with an indiarubber bottle and valve, so arranged as to effect a suction action only. The effect is to extract fluids from the various cavities, and at the same time to induce a hyperæmia, which is supposed to have curative effects. According to the principles laid down by Biers in 1903, it is stated to produce a secondary strong contraction of the elastic muscular tissue in the vascular channels of the turbinated bodies. Cases are described of improvement in chronic purulent rhinitis and ozæna.

Dundas Grant.

LARYNX.

Nikitin.—*The Treatment of Laryngeal Tuberculosis.* "St. Petersburgher Medicinische Wochenschrift," No. 45, November, 1904.

The following observations are based on clinical notes of 1732 cases. Nikitin is of the opinion that all cases of tuberculosis of the larynx are accompanied by pulmonary infection, although objectively such may not be demonstrable. Having diagnosed laryngeal tubercle, one must in every case treat the affection locally; this is vitally important in order to preserve as long as possible the freedom from pain in swallowing food. No perfect cure can be hoped for unless the lung condition is checked and brought to a standstill. Two selected examples will show, however, that any local treatment, no matter how trustworthy, cannot be looked on as radical. One was a case of circumscribed infiltration of the arytenoid region in a patient whose general condition was favourable and the lungs little affected. By means of Gougenheim's forceps the cartilage was removed and lactic acid rubbed into the wound on several occasions. This resulted in cicatrisation of the ulcer, and at the same time the lung condition improved and the cough and dysphonia disappeared. Yet seven months after the patient died of tubercular meningitis.

In the second case after scraping the larynx and subsequent "rubbing in" of lactic acid with the Kumyss cure, the patient, a schoolmaster, improved so much that he was able to follow his profession for two years. At the end of this time he died of pulmonary phthisis without having made any fresh complaint of throat trouble.

Local surgical treatment can only be carried out in certain patients and a slumbering form of tubercle after scraping has been reawakened and has made rapid progress.

The treatment adopted by Nikitin is partly medical and partly surgical.