

*Honorary Librarian* : Dr. Herbert Tilley ; *Honorary Editor of the Transactions* : Dr. Jobson Horne ; *Members of Council* : Mr. Arthur Cheatle, Professor Urban Pritchard, Mr. Ernest Waggett, Mr. Richard Lake, Dr. Logan Turner, Mr. Arthur Whitehead ; *Honorary Secretaries* : Mr. Hugh E. Jones, Mr. Macleod Yearsley.

The Annual Dinner of the Society was held in the evening at the Trocadero Restaurant, London, the President, Dr. Thomas Barr, being in the chair. Amongst the guests were Sir R. Douglas Powell, Sir Thomas Barlow, Sir Felix Semon, Dr. Frederick Roberts, Dr. Nestor Tirard, Dr. Dawson Williams, and Mr. G. R. Sims.

After the toast of "The King" had been given by the Chairman and duly honoured, Sir Douglas Powell proposed "The Otolological Society" ; he laid stress on the importance of making the work of the Society as clinical and practical as possible ; the labyrinthine character of the organ of hearing rendered it essential that the diagnosis and treatment of aural diseases should be the speciality of men devoting their whole time to them. The Chairman responded to the toast, and referred to the useful work done by the Society during the five years of its existence. He looked forward to organised and systematic research in connection with the Society being instituted. Mr. C. A. Ballance proposed the toast of "The Guests," to which Dr. Tirard and Mr. Sims replied. Dr. Pritchard proposed the toast of "The President," to which Dr. Barr replied, and gave that of the "Honorary Secretaries," Dr. Tilley and Mr. Jones.

## Abstracts.

### FAUCES.

**White, F. H.** (Boston) and **H. H. Smith** (Boston).—*Heart Complications in Diphtheria; A Clinical Study of 946 Cases.* "Boston Medical and Surgical Journal," October 20, 1904.

This is a clinical study of nearly 1000 cases of diphtheria treated at the Boston City Hospital during one year. Dealing with age, sex, severity, pulse rate, cardiac murmurs, and treatment, the points especially worthy of emphasis are as follows: (1) The great frequency of heart murmur and of irregularity of the pulse. The prognosis does not depend on the mere presence of these signs, but upon the severity of the infection, the length of time without treatment, the rate and degree of pulse irregularity, and the presence of the graver signs of cardiac disturbance: (2) moderate disturbance of the heart is very common; severe complications are infrequent; (3) frequent examinations of the heart are necessary to really determine its condition, because of the marked changes in rhythm from one hour to the next; (4) gallop rhythm, late vomiting, and

epigastric pain and tenderness are important as danger signals of severe heart complications. The association of late vomiting with gallop rhythm renders the outlook almost hopeless; (5) antitoxin does not affect the heart unfavourably, but on the other hand, its early use prevents the appearance of grave heart complications; (6) frequent examination of the heart and pulse in the second and third week of the illness is necessary, that being the time when severe heart complications most frequently occur; (7) broncho-pneumonia is a more frequent fatal complication of diphtheria than heart disease: sudden death from heart disease is very rare when patients are kept in bed for a proper period; (8) prolonged rest in bed is necessary in all severe cases; it is not necessary to keep all patients in bed who have cardiac murmurs and a pulse which is somewhat irregular and increased in rate. One should be governed by the stage of the illness and the patient's general condition. If no serious heart trouble has developed within four weeks, the patients are usually safe from this complication; (9) the heart murmurs and irregularity are of long duration in many cases, and make it necessary to watch the condition of the heart long after convalescence in all severe cases.

*Macleod Yearsley.*

### NOSE, NASO-PHARYNX, AND ACCESSORY SINUSES.

**Massei, F.** (Naples).—*Nasal Diphtheria.* "Archiv. Ital. di Laringologia," Naples, April, 1904.

An important contribution to the literature of this disease in which the author describes the history, symptoms, diagnosis, and treatment exhaustively. Amongst many other practical points he thinks it would be prudent to regard most cases of *rhinitis fibrosa* as nasal diphtheria, though, of course, the possibility of the occurrence of *coccus* forms cannot be excluded. He prefers a serum of which 5 c.c. = 1500 units before one which contains only the same dose of antitoxin in a double or triple quantity of vehicle. For this reason he sets aside Behrings No. I and uses No. II (1000), III (1500), and VI (3000). As he considers the disease can under favourable conditions be aborted in twelve hours, the dose should be such as to render its repetition unnecessary. In children under six years No. II will suffice, but for greater security No. III is always used in Massei's clinic. Of course much depends on the earliest possible injection.

*James Donelan.*

**Carbone, A.** (Turin).—*A Contribution to the Study of Ocular Affections of Nasal Origin.* "Archiv. Ital. di Otologia," Turin, June, 1904.

The author has collected a large number of cases of eye affections arising from nasal disease in the polyclinic of Turin under his charge. Amongst the more noteworthy are the association of clonic blepharospasm and bleorrhœa with atrophic rhinitis; ciliary blepharitis, both pustulous and ulcerous, and palpebral phimosi with simple chronic rhinitis. Acute rhinitis is often accompanied or followed by catarrhal conjunctivitis, while in children with impetiginous rhinitis there is often pustulous conjunctivitis and phlyctænular kerato-conjunctivitis. In these cases the presence of the *Staphylococcus pyogenes aureus* has been demonstrated. Nasal diseases can determine the occurrence of two classes of ocular affections: (1) Reflex affections: blepharospasm, photophobia, lacry-