Bone-conduction on the right side very much shortened; spontaneous rotary nystagmus towards the diseased side. No evidence of a fistula. On the left side a dry perforation.

As the right labyrinth gave no response to stimulation, the spontaneous nystagmus directed towards the diseased side pointed undoubtedly to a cerebral abscess or meningitis involving the posterior cranial fossa. As cerebral abscess was suspected no lumbar puncture was undertaken. Ruttin performed a radical operation and found a very fœtid cholesteatomatous mass in the antrum and fistulæ both in the horizontal and posterior semicircular canals. The posterior wall of the petrous bone was eroded up to the dura. The dura in the posterior fossa was covered with reddish granulations. Neumann's labyrinth operation was carried out. In a few days the right-directed nystagmus gradually disappeared and the headache ceased. The presence of a cerebral abscess was therefore rendered extremely improbable; and, indeed, three weeks later the patient was in excellent health and the wound soundly healed. From these data Ruttin assumes that the nystagmus was dependent on a "serous" meningitis of the posterior fossa, because the direction and intensity of the nystagmus never altered before the operation, but afterwards merely slowly disappeared.

Abstracts.

PHARYNX.

Colyer, J. F.—*Adenoids and the Feeding of Infants in Relation to the Growth of the Jaws.* "Reports Roy. Soc. Med.," vol. ii, No. 2. December, 1908.

The author has taken measurements, casts, and tracings of the alveolar arches in a large number of children (ages not stated). He classifies his material under the following headings: "private cases," "hospital cases," "breast-fed," "hand-fed," "without adenoids," "with adenoids." The results obtained by an analysis of his cases, generally speaking, favour an adherence to the older views on the relationship supposed to subsist between adenoids and the development of the jaws, but one or two of the conclusions reached seem to call for further investigation, as, for example, "the effect of adenoids in narrowing the arch is less felt in hand- than in breast-fed children." Like previous observers, he is able to record cases of imperfect maxillary development occurring in children who have never had adenoids and who have been exclusively reared on the breast.

Dan McKenzie.

Candler, J. P.—*Case of Malignant Jaundice occurring during the Course of Graves' Disease and associated with Gangrenous Tonsils.* "Reports Roy. Soc. Med.," vol. ii, No. 2, December, 1908.

The title sufficiently indicates the nature of the communication.

Dan McKenzie.

Sendziak, J. (Warschau).—*Results of more than* 1000 *Operations on so-called "Adenoids."* "Monatschr. f. Ohren." Jahrg. 42, Heft 1. Review by J. ROTHSCHILD (Frankfurt a Maine), in "Arch. f. Kind.," Bd. 49, Heft 1 and 2.

Amongst 21,000 patients the author found 1995 cases of "adenoids"—about 10 per cent.—principally between the ages of ten and twenty, more rarely between five and ten. The youngest child was only three months old. He considers there is undoubtedly an association between this affection and "scrofula," and that heredity has some relation to the condition in a few cases. He refers to the frequency of these growths in idiots, and calls attention to the fact that many cases of obscure fever in children under eight are attributable to inflammatory conditions in the post-nasal space. Co-existent hypertrophy of the inferior turbinals and tonsils was frequent. The connection between deafness and adenoids is noted. In seven of his cases removal of the growth resulted in the restoration of both hearing and speech. He is sceptical as to the relation between adenoids and enuresis, having seen this condition persist after operation on adenoids; still he thinks it is always right to try this treatment.

He has seen "asthma" completely cured six times, and improved in sixteen cases, while seven cases of epilepsy were also completely cured, and the condition improved eighteen times. The naso-pharynx should always be examined in cases of speech disturbance. Posterior rhinoscopy is preferable to digital examination. For the operation he only uses Beckmann's curette. As regards complications he had no deaths, but he had four severe cases of hæmorrhage, and the operation was followed by scarlet fever once, measles twice, malaria twice, follicular tonsillitis seven times, peri-tonsillar abscess twice, transient paralysis of the palate four times, and in five cases some affection of the ears ensued.

Alex. R. Tweedie.

Stumpf.—*The Kaolin Treatment of Diphtheria.* "Zentralblatt für Kinderheilk.," November, 1908.

This consists in the administration of the "kaolin" in a spoon every five minutes, or oftener, by the mouth. Subsidence of fever, pulse-rate, and disappearance of the other manifestations of the attack commence in two to three hours, and within forty-eight hours complete recovery has taken place. Fifteen cases are said to have been successfully treated by this method, of ages varying from eighteen months to eleven years.

Alex. R. Tweedie.

Kronig, G.—*Present-day Treatment.* "Zentralblatt für Kinderheilk.," July, 1908.

The author maintains that local relief by incision is necessary in cases of diphtheria of the fauces in order to allow the antitoxin to reach the infected areas, as otherwise, owing to the impaired circulation, a meeting of toxin and antitoxin is prevented. *Alex. R. Tweedie.*

Vohsen, K. (Frankfurt).—*An Operation for Malignant Tumours of the Tonsil.* "Zeitschr. f. Laryngol.," vol. i, Part II.

The operation advocated in this paper is to be regarded as an improvement on those of Langenbeck and Mickulicz. The incision of Mickulicz, extending from the mastoid process to the great cornu of the hyoid bone, is employed, and the lower jaw is divided obliquely in front of the masseter. The essential feature of the author's method is that the pharynx is reached, not by drawing apart the two fragments of the lower jaw, but by pushing the posterior fragment forward outside of and over the anterior. By forcible retraction a wide space can then be opened up between the ascending ramus of the lower jaw on the one hand and the anterior edge of the sterno-mastoid, together with the digastric and the stylohyoid on the other. This allows complete access to the region of the tonsil, the lateral wall of the pharynx, and the entrance to the larynx. The operation also admits of the removal of affected glands, while no muscle, nerve, or great vessel is injured, and no preliminary tracheotomy is required. *Thomas Guthrie.*

Richardson, M. H.—*Total Extirpation of the Lower Pharynx for Epithelioma, with Permanent Œsophagostoma; Remarks upon the Surgical Treatment of Cancer.* "Boston Med. and Surg. Journ.," November 5, 1908.

This case, a woman, aged forty-seven, was operated upon on November 15, 1902. In spite of the fact that she has lived entirely upon liquid food introduced through an artificial opening in the neck by means of a tube, the patient is alive and in good health at the present date. The paper should be read in the original. *Macleod Yearsley.*

Hall, F. J. Vincent.—*Adhesion of Soft Palate to Naso-Pharynx.* "Brit. Med. Journ.," January 2, 1909.

Two cases, aged six and eleven, came under Dr. Hall as cases of "adenoids." Under anæsthesia complete adhesion of the soft palate and naso-pharynx was found, with no adenoids. The adhesions were broken down by the finger with satisfactory results. *Macleod Yearsley.*

Bloch, Friedrich.—*Hypertrophy of the Pharyngeal Tonsil and its Sequelæ.* "Prag. med. Wochens," xxxiii, 26, 344.

This paper consists of a *resumé* of well-known facts. *W. G. Porter.*

NOSE.

Allen, H. R. (Indianapolis).—*New Process for making New Noses.* "Boston Med. and Surg. Journ.," November 26, 1908.

It is suggested that this method permits the patient "to select his own features because he could have a nose of any shape or size desired." The process is divided by the author into heads: (1) make a plaster-of-Paris mask of the noseless space; (2) model half-a-dozen different noses appropriate to the face; (3) if desirable, model other features of the face needing improvement; (4) make a hollow metallic frame to reproduce nose under the skin; (5) operation: pull forward upper lip and make an incision 1 cm. below the gingivo-labial fold about one third the thickness of the lip and running parallel with the gum margins of the upper teeth, terminating opposite the first molar. Dissect the soft tissues of nose and face free from the skull, avoiding the tear-ducts and nerves coming from