

Abstracts.

LARYNX.

Killian, G. (Berlin).—Suspension Laryngoscopy. "Archiv. für Laryngol.," vol. xxvi, Part II.

Prof. Killian has been engaged for a period of over two years in perfecting this new method of laryngeal examination. He describes in this important paper the process of development through which the instruments employed have passed before reaching their present form. His attention was first directed to the matter in the winter of 1909-10, when he attempted, using a Kirstein spatula, to provide for his artist a good view of the hypopharynx and interior of the larynx of a *post-mortem* room body. It was then found that if, after introduction of the spatula, its handle were slung from a cross-bar fixed by uprights above the table, the head could be suspended free of the table, and a very good direct view of the pharynx and larynx obtained. It appeared to the author that a similar method might be applicable to the living, and he has since then devoted much time and thought to overcoming the numerous minor difficulties which presented themselves. The principal advantages of the method seem to be that in suitable cases a very good direct view of the pharynx, hypopharynx and larynx (excepting as a rule the anterior commissure) is secured, and that, once the instrument is introduced and the patient fixed in position, this view is obtained without any effort on the part of the examiner, who has, in addition, both hands free and is therefore able to carry out with comparative ease the most delicate operative procedures.

Apart from numerous experimental trials the author has employed the method in about fifty cases mainly of laryngeal tuberculosis as well as a few of papilloma of the larynx. By its means he has been able with great ease to very thoroughly curette ulcers and remove infiltrations or treat them with galvano-caustic puncture. He finds it best in a majority of the cases to employ the semi-anæsthesia produced by scopolamine-morphine injection, and this gave rise to no untoward effect even on consumptives in the third stage of the disease. Only occasionally is a light chloroform anæsthesia required in addition.

Thomas Guthrie.

NOSE.

Gore, W. Ringrose.—Caries of Frontal Bone and Intra-Cranial Abscess due to Bacillus Typhosus eleven years after attack of Typhoid Fever. "Proc. Roy. Soc. Med.," December, 1911 (Surgical Section).

The patient contracted typhoid in South Africa in 1900. He had been inoculated on board ship five months previously. The attack of typhoid was a very severe one and patient was unconscious for five weeks. Five years ago he was found to have albuminuria and a year later an abscess formed in the right femur, probably due to the *Bacillus typhosus*. A year ago patient had his appendix removed. Last winter he had three attacks, each of a week's duration, during which there were headaches, rigors, profuse sweating, and a temperature of 105° F. Mr. Gore found a small swelling in the scalp over the frontal bone in the middle line, and on puncture withdrew pus which yielded a pure culture of the typhoid