

Abstracts.

NOSE.

Theoris, A. (Sampigny).—*A Fatality subsequent to Cauterisation of the Inferior Turbinal Bodies.* "Revue Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie," January 11, 1908.

A man, aged thirty-five, apparently in robust health, suffered from intermittent nasal obstruction, caused by turbinal hypertrophy. Eighteen days after galvano-cauterisation of the left inferior turbinal body severe hæmorrhage took place from the left nostril, chiefly into the pharynx. It was not controlled until the whole choana was methodically plugged. Several attacks of syncope followed, and, although bleeding did not recur, the patient died about thirty hours after the cessation of the hæmorrhage. In the absence of an autopsy it was thought that, besides the great loss of blood, fatty degeneration of the heart was the cause of the fatal syncope.

Chichele Nourse.

ŒSOPHAGUS.

Tilmann.—*Œsophageal Diverticulum.* "Münch. med. Woch.," May 19, 1908.

The case of a man, aged forty-five, with difficulty in swallowing of five years' duration is described. He had lost 20 lb. in weight, and an œsophageal bougie was stopped at 10 in. beyond the teeth (it is not stated whether unchanged food was brought up at long intervals after its being swallowed). A Röntgen-ray examination was made while an emulsion of bismuth was swallowed, and a black shadow was seen to form at the height of the supra-sternal notch. When it had attained the size of a small apple it ceased to enlarge. An incision was made along the inner border of the sterno-mastoid from the level of the thyroid cartilage to the supra-sternal notch; the deep cervical fascia was then split, the tonsils were turned outwards and the thyroid gland inwards. The sac then appeared in the depth of the wound and was found to have a pedicle of about 1½ in. in length arising from the œsophagus at the level of the cricoid cartilage; the overlying muscles were dissected off and then the pedicle was seized and ligatured; the pouting mucous membrane was cleaned and then the muscular and other soft parts united by stitches. For two days nothing was given by the mouth, and nutrition was kept up by means of subcutaneous injections of salt solution. On the third day water, and on the fourth milk were given, and on the seventh normal food was taken. In regard to the ætiology, the author considers that the diverticulum began with a softening of the alimentary tube on the left side at the level of the cricoid cartilage, and that this yielded on account of mechanical obstruction to swallowing caused by the hard cricoid cartilage.

Dundas Grant.

EAR.

Connal, J. G. (Glasgow).—*Note on a Case of Purulent Otitis Media with Involvement of the Sigmoid Sinus; Operation; Ligature of the Internal Jugular Vein; Septic Abscess of the Lung; Recovery.* "Glasgow Med. Journ." April, 1908.

The patient was a girl, aged fifteen, who had suffered with a discharge from the right ear from infancy, which was gradually turning

worse. She consulted the author on May 4, 1907, on account of very severe pain and foul-smelling discharge from the right ear, with "shiverings." On May 5 there was another shivering, and on May 6 a very prolonged one with the temperature 105.6° F., pulse 140; granulations were present in the external meatus, and foul-smelling discharge. There was no swelling over the mastoid, but considerable pain on pressure. There was no sickness or vomiting. On May 7 the antrum and mastoid cells were freely opened; the sinus was first exposed and a considerable amount of pus was found over it and between it and the bone. The sinus was now opened and there was free hæmorrhage which was controlled by packing. Next morning, May 8, the temperature was 98° F., but a few hours later it rose to 102.4° F. with another rigor. On May 9, the temperature being 104.2° F., the right internal jugular was ligatured and the lateral sinus exposed more fully. On May 10 and 11 there were slight rigors, then for a week the patient was considerably better, but on May 20 the temperature rose again to 104.6° F., and crepitant râles were detected in the left lung, where there soon developed a cavity with an offensive breath and expectoration. By June 1 the temperature was normal; the patient gradually improved in every way. She is now well, and the author states that the ear is dry; the wounds healed and there is no sign of any lesion in the lung.

Andrew Wylie.

REVIEW.

Diseases of the Nose. By E. B. WAGGETT. Oxford Medical Publications, 1907; Henry Frowde, Oxford University Press; Hodder & Stoughton, London.

In this short epitome of "Diseases of the Nose," the author places before the reader in clear and succinct phraseology an account of the more common nasal lesions, their diagnosis and their treatment. The book is eminently practical, and bears the impress of having been compiled by one thoroughly conversant with rhinological technique. Many practical points are discussed in a clear and comprehensive style. The author's teaching in regard to after-treatment in cases of nasal operations is well worth studying in detail. With regard to his advice, that in performing Killian's submucous resection operation the incision should be carried straight away through the cartilage, we are not quite in agreement, as in the hands of one not accustomed to perform the operation the risk of making a "buttonhole" would be very considerable. The book will doubtless be found useful to the junior student of rhinology.

FIRE AT GORDON COLLEGE, KHARTOUM.

AN alarming fire broke out in the Wellcome Research Laboratories, Gordon Memorial College, Khartoum, on May 11. Before it was got under control considerable damage was done.