dermic infiltration. The naso-lobular and infra-orbital nerves can be directly injected, the landmark for the latter being just below the junction of the infra-orbital process of the malar bone with the maxilla. To anæsthetise the superior maxillary nerve the author adopts the orbital route. The needle is thrust through the conjunctiva just above the floor of the orbit and in close contact with the bone, till the sphenomaxillary fissure is reached; its point is then directed inwards and forwards for 4 cm., so as to encounter the nerve.

Sargnon (Lyons) utilises infiltration combined with regional anæsthesia as often as possible; when operating on cicatricial tissue infiltration is sufficient, though not perfect. The author employs novocaine for the skin, and a weak solution of cocaine for the deeper parts. In laryngectomy, regional anæsthesia of the recurrents must be practised to avoid the pain of detachment. The patient should be fasting in case necessity arises for the administration of chloroform. Local anæsthesia confers constant insensibility throughout the operation. The author has not tried local anæsthesia for operations on the sinuses; he has employed it for aural operations, ligature of the jugular and gastrostomy, and the results have been excellent.

Jacques (Nancy) feared the psychological effect. It is, in fact, difficult for the surgeon to conceal his work. He also wondered, besides, if the systematic employment of infiltration anæsthesia would not lessen the resisting power of the tissues and their defensive power.

Aboulker (Algiers): Six years ago he performed two extensive subhyoid pharyngotomies for epithelioma of the epiglottis, extending to the lateral walls of the pharynx, with local cocaine anæsthesia: 5–6 cgrm. of cocaine sufficed for both operations, which lasted one and three quarters to two and a quarter hours. During the past three months he had performed under local anæsthesia (Luc's method) three radical antral operations, a tracheostomy, resection of one half of the velum, two extensive laryngotomies, with division of the hyoid bone and clearing out of the larynx. Anæsthesia was very good. With Schleich's strong solution of cocaine he had cleared out the submaxillary fossa and carotid triangle with resection of the internal jugular. The operation took two hours.

Abstracts.

NOSE.

Parry, L. A.—A Case of Erysipelas Complicated with Meningitis following an Intra-nasal Operation; Recovery. "Lancet." September 30, 1911, p. 944.

The case was one of a healthy young man, aged twenty-seven, who four days after a submucous resection of the septum became suddenly ill, with a temperature of 105° F. From a slight intra-nasal inflammation he developed erysipelas, which involved the whole face. Maniacal symptoms, convulsions starting in the right hand and becoming general, conjugate deviation of head and eyes to right, strabismus, rigidity, loss of reflexes, and coma followed. Polyvalent anti-streptococcic serum in 10 c.c. doses was injected every six hours. Twenty-four hours later improvement began, and he became convalescent six weeks later. The author makes some severe strictures upon rhinologists who do intra-nasal operations

"for trifling defects," and although it must be admitted that they seem justified in some cases, one would like to hear this particular case discussed from the side of the operator. *Macleod Yearsley.*

Neumayer, Prof.—Treatment of Nasal Asthma by Resection of Nerves "Zeitschr. f. Laryngol.," Bd. iv, Heft 3.

Many cases of asthma show no pathological change in the nasal mucosa, and for this reason Neumayer considers it better to cut across the reflex path. Of the two sensory nerves concerned—the olfactory and the trigeminal—the latter is much the more frequently involved. Neumayer then gives an account of the nerve supply of the nose. He thinks that the anterior ethmoidal nerve is the most important in connection with asthma, as it supplies the anterior end of the middle turbinal and septum. He has therefore confined himself to the resection of this nerve, and only operates upon cases in which cocaine application to the nose proves that the nose is the seat of origin. He reaches the nerve at the anterior ethmoidal foramen through the incision usually made in cases of external operation on the ethmoid. The nerve and vessels are exposed as they emerge through the orbital fat and divided between ligatures. The catgut is passed with the aid of a fine needle and tied by means of forceps. The proximal end of the nerve is sunk in the orbital fat and the distal end pushed into the foramen; the external incision is closed. He gives the history of five cases operated on in this way. Case 1 had had previous turbinal operations: resection of the left anterior ethmoidal nerve did little good; accordingly the right nerve was resected later. After the second operation the patient was much better although he still suffered from bronchitis. Case 2, boy, aged twelve, suffered from bronchitis and emphysema; cocaine experiment positive. Both ethmoidal nerves resected at one time; result, only one attack of asthma in three years. In Case 2 there was considerable hæmorrhage and bleeding occurred into the orbital tissues: the case was not benefited. In Case 4 there was a good result for a short time, but the condition recurred. Case 5 had been operated upon for too short a time to note the result. The cosmetic result of the operation was good in all instances. Neumayer notes that the sensibility of the nasal cavities was diminished, but not destroyed, in the region of the septum and middle turbinal interiorly. *J. S. Fraser.*

Haas.—Connection between Nasal Disease and Dacryocystitis. Recueil oto-rhino-laryngologie, No. 2, 1910.

The lachrymal sac and canal lie in an osseous canal, the internal surface of which corresponds to the anterior part of the middle meatus of the nose and to the anterior ethmoidal cells, hence the difficulty of distinguishing between the ethmoiditis and the dacryocystitis; and often the suppurative ethmoiditis may infect the lachrymal sac. There is a close connection between the venous network of the canal and sac and that of the turbinates and the ophthalmic vein, while there is a similar intimate connection between the lymphatic system of the lachrymal and nasal mucosa; thus half the cases of lachrymation have a nasal origin, traceable to deviations of the septum, chronic rhinitis, mucous polypi or similar conditions obstructing or infecting the lachrymo-nasal duct in some part of its course. While this is the case, it is exceptional that the infection passes from the sac to the surrounding ethmoidal labyrinth. Lachrymal suppuration from a maxillary antrum is very frequent, and frequently results from tumours of this and of the ethmoidal region,

Ozæna and syphilitic lesions of the nose frequently affect the lachrymal apparatus, while tuberculosis of the lachrymal passages is almost entirely secondary to an ascending tuberculosis from the nasal mucosa.

J. D. Lithgow.

Schlemmer, Fritz.—Partial Bilateral Occlusion of the Choanæ by a Congenital Retro-nasal Transverse Fold. "Monats. f. Ohrenheilk.," Year 46, No. 9.

The case occurred in a woman, aged forty-four, who had had four normal pregnancies and no miscarriages. She could not state when her troubles definitely commenced, but for the last four years or so she had suffered with chronic "colds," frequent attacks of "influenza," and some severe headache chiefly on the left side, with rheumatic pains in her limbs. During this period the nose had been "stopped up," but she had only now considered this of sufficient importance to seek advice.

Examination showed a condition of atrophic rhinitis with ozæna and muco-purulent secretion, more pronounced on the left side, on which the antrum was also implicated. An easy view was obtainable of the naso-pharynx from the front, where an uneven, irregular band could be seen stretching across from one Eustachian cushion to the other. Posteriorly the choanæ were symmetrical and unobscured, except where the band crossed about their middle.

The origin of the condition was either congenital, the result of scleroma, or syphilitic. Against syphilis was the history and a negative Wassermann, and no support could be found to the view that it might be due to scleroma.

A Caldwell-Luc operation was performed on the left antrum, and the "band" removed with a conchotome and cold snare.

Histological examination revealed a tissue resembling adenoids, thickly beset with lymph-follicles, which thus very strongly suggested its probable congenital origin, since, as Chiari had pointed out, glandular tissue was never found in scar-formation.

The patient regained complete nasal respiration, and under treatment the crusting, etc., ceased. The author has been able to find only one report of a similar case.

Alex. R. Tweedie.

EAR.

Beck, J. C.—Contribution to the Pathology and Treatment of Otosclerosis. "Annals of Otol., Rhinol., and Laryngol.," xxi, p. 203.

Being much impressed by the similarity in the bony changes of osteomalacia and otosclerosis, the author has been using hyperdermic injections of adrenalin. The technique used is described. Eleven cases were experimented upon. In no advanced case was there any result as to hearing, but in one tinnitus ceased. Three cases, less advanced in type, improved in hearing. *Macleod Yearsley.*

Braun, A.—Deep Temporal Abscess. "Annals of Otol., Rhinol., and Laryngol.," xxi, p. 170.

Describes three cases of deep temporal abscess (under the temporal muscle), and discusses pathology and treatment. A good exposition of a little-described condition. *Macleod Yearsley.*