

MOUTH, Etc.

Walsham, Hugh.—*Latent Tuberculosis of the Tonsil.* "Lancet," June 18, 1898.

Out of the thirty-four consecutive post-mortems, the author found the tonsils to be more or less tuberculous in twenty. Presumably this conclusion was based on the discovery of giant cells, as there is no mention of tubercle bacilli being found. It is also to be concluded that all the post-mortems were on patients who had died of pulmonary tuberculosis. Microscopical examination of tonsils and adenoid vegetations removed from living subjects proved entirely negative. Reference is made to the well-known observations of Lermoyez.

StClair Thomson.

NOSE.

Bereus.—*The Rebuilding of a Nose without the Use of an Artificial Bridge.* "The Laryngoscope," March, 1899.

The author having treated a number of nasal deformities due to injury, almost all recent, has been impressed with the ease and the subsequent slight shock and pain with which the bones are reset. The lack of pain is probably due to lack of muscular contraction.

The author describes and gives photographs of a case due to severe injury in early childhood, treated by himself. The nasal bones were pushed apart and flattened, producing an almost flat and very broad bridge. The alæ were broad and prominent. The columna occluded the right naris, while the body of the septum was deflected to the left, and its upper half was adherent to the wall of the vestibule.

Under ether anæsthesia this adhesion was divided. With a modified Adam's forceps the nasal bones were in turn grasped and broken from their attachment. The right nasal bone not having broken satisfactorily, was rendered pliable by heavy blows with a bull's hide mallet on a rectangular bar of steel guarded by rubber tubing laid upon it. The nasal processes of the superior maxillæ were broken at the same time. The perpendicular plate of the ethmoid and the rest of the septum, when deflected, and the nasal spine of the superior maxilla, were broken. The nose was then quite pliable. One of the author's perforated cork splints was then put in each nostril. A plaster cast of the normal nose was bandaged firmly as an external splint. There was very slight reaction and no complaint of pain after operation. The plaster cast was removed in three days, and a Fox glass clip, with the ends longer and broader than usual, was substituted. This was mounted later with plain glasses, and worn for three weeks.

R. M. Fenn.

Kenny, A. L.—*Golovine's Osteoplastic Operation on the Frontal Sinus.* "The Australian Medical Gazette," January 20, 1899.

This is a description of a successful operation for chronic frontal sinus suppuration. The peculiarities of the operation were the turning down of a hinged flap consisting of the anterior wall of the sinus and the overlying periosteum only, and its subsequent replacement, and the use, instead of a trephine or chisel, of an instrument modified from a circular metal-cutter.