

gingivo-labial fold. The right anterior antral wall was as thin as paper, and dimpled on pressure; on the left the lower part of this wall had been quite absorbed, and the tumour lay under the mucous membrane. A solid tumour about the size of a Tangerine orange, filling the whole antrum with a few adhesions, was removed on each side; on the right there was a bony pedicle external to the pyriform orifice necessitating cutting with strong forceps; floor of orbit was opened on this side. No fistula remains.

Pathologist reports tumours to be fibromata with osseous changes. Sections shown.

Drs. W. G. PORTER and A. LOGAN TURNER showed skiagrams illustrating the mastoid region of the skull.

Dr. H. H. BOLTON showed a series of cultures of the *Bacillus proteus vulgaris*.

Drs. A. LOGAN TURNER and W. T. GARDINER showed pathological specimens illustrating tubercular ulceration of the trachea, syphilitic necrosis of the larynx, stenosis of the larynx after diphtheria and tracheotomy, meningitis secondary to sphenoidal sinus suppuration, frontal lobe abscess and meningitis secondary to accessory sinus suppuration and orbital abscess.

Dr. J. D. LITHGOW showed:

(a) An improved form of guillotine for extra-capsular enucleation of the tonsils by the Whillis-Pybus method.

(b) A pair of mirrors, right and left, for lateral intra-nasal rhinoscopy (in connection with intra-nasal maxillary antrum operations).

(c) Some tonsils enucleated with the above guillotine.

Abstracts.

LARYNX AND TRACHEA.

Kellock, Thomas H.—Pneumonotomy for Foreign Body. "Proc. of Roy. Soc. Med.," vol. vi, No. 3, January, 1913, Clinical Section, p. 64.

A boy, aged four and a half, swallowed a shawl-pin one and a half inches long, and was admitted four days later, on June 3, to hospital. A skiagram showed the pin at the level of the third rib, pointing upwards, apparently in the right bronchus. Attempts were made on four occasions, at first through the larynx, and latterly through a low tracheotomy wound, to remove the pin with the bronchoscope, but although the pin was grasped more than once, the attempts failed. On June 22 a skiagram showed the pin lying near the diaphragm. On June 24 another attempt was made with the help of a gum-elastic catheter, with the bent-over end of the stylet projecting, controlled by the fluorescent screen. No success.

On July 3, operation. The child had a slight cough, offensive breath, no expectoration, was slightly anæmic, otherwise fairly well. The patient was placed on the left side. The marks made during localisation formed a guide where to open the chest-wall. The chest was opened by two flaps reflected backwards. The first consisted of skin and muscles—the second of parts of four ribs, intercostal muscles and pleura, making a window three inches square. The finger located a hard spot about the centre of the diaphragmatic surface. The lung was pushed up and an

incision made here three quarters of an inch deep. With the help of the fingers of the left hand in the sulcus between the middle and lower lobes, a finger in the incision felt the pin, which was easily extracted by sinus forceps. A little foul pus followed it out of the wound in the lung. There was very little hæmorrhage. A small drainage-tube was inserted down to the incision in the lung. Morphia gr. $\frac{1}{6}$ was administered. The pin was one and a half inches long, with a glass head one eighth of an inch in diameter. The child was very restless for a few days (temp. 101° - 102° , pulse 150-160, respirations 44-50), and began to improve on the seventh. Now the chest moves well, there is no scoliosis, and air enters the greater part of the lung.

Raymond Verel.

NOSE.

Whale, Harold—**Spasmodic Rhinorrhœa cured by Irrigation of the Maxillary Antra, which were infected by B. Coli.** "Lancet," October 12, 1912, p. 1012.

A healthy athlete of twenty-five "Hay fever" four years. Both antra dark to transillumination. Both were tapped, and pus found, yielding a pure culture of *B. coli*. An autogenous vaccine was made. Cure was remarkably rapid.

Macleod Yearsley.

Sluder, G.—**Vacuum Nasal Headaches with Ocular Symptoms only.** "Annals of Otol., Rhinol., and Laryngol.," xxi, p. 160.

Refers to a class of nasal headache due to closing of the frontal sinuses or of the anterior ethmoidal labyrinth. The eye disturbance is of the nature of asthenopia. Headache is usually frontal, growing worse on using the eyes. Nasal symptoms are usually absent, but the nasal origin is revealed by tenderness of the upper inner angle of the orbit at the point of attachment of the pulley of the superior oblique and internal and posterior to it. Sluder details six ways in which the frontal sinus may become closed: (1) Enlargement of the tubercle of the septum; (2) flapping down of the middle turbinate; (3) hypertrophy of the middle turbinate; (4) œdema of soft tissues of vault of middle meatus; (5) in normal noses by bony narrowing, the uncinatè process and bulla being in contact; (6) empyemas or coryzas which have got well but left some swelling. As regards treatment, applications of such astringents as 2 per cent. silver nitrate are often sufficient, but operation, according to the condition found, is sometimes required.

Macleod Yearsley.

Wishart, D. J. Gibb.—**The Relation of Accessory Sinus Disease to General Medicine.** "The Canadian Practitioner," March, 1912.

This paper, which indicates much care in preparation, and contains a *résumé* of the author's personal experience in observation of diseases of the sinuses, covers a wide field. Mention is made of the facts that Ziem, only a quarter of a century ago, opened up the subject of the sinuses for observation; that Morell Mackenzie, in his work of 1882, does not mention the subject at all; that Hyrtl the same year stated that the sphenoidal sinus was outside the field of observation; and that in 1885 Schöffler was the first surgeon to operate on the sphenoidal sinus upon the living subject.

In dealing with the minute anatomy of the sinuses the writer dwells particularly upon the importance of the venous and lymphatic drainage as indicating the possible direction of absorption processes. He also