

Tilley, H.—Acute and Chronic Suppuration of the Nasal Accessory Sinuses. "Lancet," October 28, 1911, p. 1179.

This lecture deals with aetiology, diagnosis, and treatment from the point of view of the general physician and surgeon. In his conclusions, the author considers that 6·8 per cent. represents the average of sinus suppuration in the general mass of the population. No categorical reply can be made to the important question—To what degree does the presence of chronic suppuration in one or more sinuses (*a*) imperil the patient's health, (*b*) constitute a danger to life? He deprecates radical operation before simpler measures have been tried.

Macleod Yearsley.

PHARYNX AND NASO-PHARYNX.

Sheedy, Bryan D.—Tonsil Removal, with Special Reference to Quinine Anæsthesia. "Med. Record," October 21, 1911.

The writer describes four cases in which, following the injection of cocaine and adrenalin solution into the tonsils for the purpose of inducing local anæsthesia, sudden death occurred from cocaine poisoning. He regards this procedure as too dangerous for use, and has replaced it by injecting a 5 per cent. watery solution of quinine bisulphate. About a half drachm of the solution should be injected at a point between the tonsil and the anterior pillar, and the same amount just in front of the posterior pillar; the enucleation of the tonsil may be begun as soon as the injection is complete, there being no occasion to wait as in cocaine anæsthesia.

Lindley Sewell.

Sheldon, Stratford.—Sudden Death by Asphyxia after Diphtheria. "Australasian Medical Gazette," August 21, 1911.

A girl, aged fourteen, was in hospital during April with diphtheria. She was convalescent during all May, and discharged to her home on June 1. On June 10 while at a meal she started to cough, became unconscious and died. *Post-mortem*: All organs apparently healthy. The trachea was severed one and a half inches below its commencement. Nearly the whole of the lumen was occupied by a partly adherent greenish-yellow slough about two inches long. A small ulcerated area was present in larynx. A cultivation of diphtheria bacilli was obtained both from the larynx and the slough. It is evident that death resulted from suffocation by plugging of the trachea by the slough.

A. J. Brady.

Wells, Walter A.—Report of Three Cases of Fibrous Polyp of the Nasopharynx (Naso-pharyngeal Fibroma). "Laryngoscope," July, 1911.

The author points out that a fibrous polyp must be distinguished both from a myxomatous and a malignant condition. It is a benign growth which seldom recurs after operation and often undergoes spontaneous retrogression. It is found most frequently in the male child at about puberty, and frequently gives rise to recurring hæmorrhages and tends to infiltrate the surrounding structures. Views as to their origin are that they arise either in the fibrous aponeurosis covering the basioccipital, or from the choanal region, or possibly, according to Killian, from the maxillary antrum. Rouvillois, in a case examined *post-mortem*, found the point of attachment to be in the region of the sphenovomerine articulation.

The author considers that although retrogression may take place when adult life is reached, operation is indicated owing to the risk of hæmorrhage, deformity, and interference with articulation, deglutition, and respiration.

The possible methods of operation are by means of snare, cautery, or scissors through the natural passages, or access is obtained to the tumour by an artificial route created by a preliminary operation.

The author strongly favours removal by means of a powerful snare introduced through the nose, stating that, according to Delavan, not only is there less risk, but recurrences are not more frequent after operations by this method than through an artificial route. The author has operated upon three cases by this method without shock or severe hæmorrhage, and there has been no recurrence in either case—now nine, six, and one year after operation respectively. In each case the growth was pedunculated.

John Wright.

EAR.

McDonald, C. L. (Cleveland, Ohio).—Results of the Treatment of Otitis Media by Vaccine Therapy. "Journ. Amer. Med. Assoc.," June 3, 1911, p. 1647.

The cases selected for treatment were arranged in two classes—subacute and chronic. In thirteen subacute cases the *Staphylococcus albus* was found to be the causative organism twelve times and the pneumococcus once. The ear disease followed measles, pneumonia, scarlet fever, or influenza. All were treated by an autogenous vaccine, and all got well, and the author concludes that "no class of cases respond more readily to bacterial therapy than do cases of subacute otitis media."

Seventeen chronic cases, classifying as such those cases in which the discharge had lasted for three months or longer, were submitted to the treatment. Benefit was obtained when the discharge was slight and without much odour. Infections of staphylococcus, streptococcus, and pneumococcus, either alone or combined, were markedly improved or entirely cured, cases with mixed staphylococcus and *Bacillus pyocyaneus* proving the most obstinate. In nine cases a short motile bacillus, Gram-negative, was found, and vaccination with this organism produced little or no improvement. One case, giving pneumococcus at one time and staphylococcus at another, was temporarily cured by vaccination, but the discharge always recurred a few weeks after the treatment was stopped. In some cases, again, the treatment was followed by a lessening in the quantity of discharge, but at no time did it entirely disappear. Of the seventeen chronic cases three recovered completely, five were improved, and nine showed no change. The author advises vaccine therapy, therefore, in subacute cases, but thinks it of no special value in chronic cases. It may be tried, however, when other measures fail. Dan McKenzie.

Luigi, Umberto (Torrini).—Otalgia. "Rev. Hebd. de Laryngol., d'Otol. et de Rhinol.," April 29, May 6, and May 13, 1911.

This paper contains a full account of the conditions which give rise to otalgia, that is, pain in the ear of a neuralgic nature as distinguished from pain in the ear due to a lesion in the ear itself (otodynia).

The author classifies these conditions according to the nerve in whose field of innervation they are situated, and he traces in each class the nervous connection between the site of the lesion and the ear: