

## Abstracts.

### NOSE AND ACCESSORY SINUSES.

**Delneuvill, E.**—*A Case of Sphenoidal Sinusitis with Ocular Complication.* "La Presse Oto-laryngologique Belge," January, 1906.

A man, aged forty-six, observing that his sight was becoming impaired, applied to the author for suitable glasses. The vision of his left eye was found to be half the normal, while with the right eye fingers could hardly be counted at the distance of one metre. The media and fundus were intact, but there was a central scotoma for colours. A diagnosis of retro-bulbar neuritis was made.

The patient admitted that he had a slight frontal headache and that for some time he had suffered from a chronic nasal catarrh. The nasal cavities, especially the right, were full of pus, the origin of which was traced to the sphenoidal sinuses. Under treatment by nasal irrigations and inhalations of menthol the sinus affection was cured in about two months and the vision was greatly improved. Hypodermic injections of strychnine were then administered daily, and the sight gradually returned to the normal standard.

*Chichele Nourse.*

**Van den Wildenberg.**—*A Contribution to the Anatomy of the Accessory Sinuses of the Nose.* "La Presse Oto-laryngologique Belge," March, 1906.

A communication to the Belgian Society of Oto-rhino-laryngology, being a description of two anatomical specimens.

One preparation showed a large ethmoidal cell, situated behind the frontal sinus, with an opening into the hiatus semilunaris on the inner side of the orifice leading to the frontal sinus.

The other preparation showed a right maxillary antrum completely divided into two chambers by a cartilaginous partition, running downwards and backwards. The upper cavity contained the ostium maxillare as well as an accessory ostium, but in the lower cavity no orifice of communication with the nose could be found.

*Chichele Nourse.*

**Coffin, Rockwell** (Boston).—*A New Gouge for Submucous Operations in the Nose.* "Boston Medical and Surgical Journal," February 22, 1906.

This instrument is five inches long and has a cutting edge overhung by a guard. The author describes his method of operation, and claims for it the following advantages: (1) The rapidity with which the submucous thickenings can be removed; (2) safety; (3) rapid healing with little or no curetting; (4) ease with which broad, flat thickenings can be removed, which could not be engaged with the saw.

*Macleod Yearsley.*

**Spear, Edmund D.** (Boston).—*Photophobia: A Nasal Reflex.* "Boston Medical and Surgical Journal," March 1, 1906.

The author thinks that when a bright light induces sneezing the nose, and not the eye, is at fault. He cites the case of a boy who could not bear bright lights because he had hypertrophied middle turbinals.

*Macleod Yearsley.*