

interior was so swollen and injected that only a small air-way existed posteriorly. Tracheotomy was performed the next day, and on December 28 the larynx was again opened in order to remove both cartilaginous alæ, which appeared necrotic. No evidence of recurrence was to be seen. With a view to avoiding stenosis a rubber tube, 4 cm. long, was fixed in the larynx by means of a silver wire passed through the soft tissues. As so large a suppurating cavity was left after removal of the cartilage, the wound was merely brought together with two stitches and dressed with iodoform gauze. Since the patient could not swallow fluids without coughing, although on inspection the end of the tube did not appear too high, a nasal tube was passed and retained in the œsophagus for eighteen days. However, as this disability then still persisted, the tube was drawn out of the thyrotomy wound and shortened 1 cm., after which she was able to swallow easily and put on weight. On February 17, 1912, after division of the silver wire, the rubber tube was taken out, and as there was then a good laryngeal passage the tracheotomy tube was also removed. The patient was discharged on March 7 with natural use of the larynx.

Alex. R. Tweedie.

NOSE.

Forbes, Duncan, and Newsholme, H. P.—Membranous Rhinitis. "Lancet," February 3, 1912, p. 292.

A paper written to illustrate the relation between membranous rhinitis and diphtheria, and to describe the treatment of three cases by a vaccine. The authors conclude that (1) membranous rhinitis can readily produce similar disease in others; (2) the connection between membranous rhinitis and diphtheria in a school outbreak described was so intimate as to make a causal relation between them almost certain; (3) it is a point of great practical importance that the comparatively frequent occurrence and great infectivity of membranous rhinitis should be recognised widely—missed cases of the disease would readily account for a not inconsiderable proportion of school diphtheria; (4) an autogenous vaccine seems to be of definite value in removing membrane, getting rid of nasal discharge, and hence greatly reducing the infectivity of membranous rhinitis; but the vaccine does not appear capable of completing the work of elimination after the membrane has gone.

Macleod Yearsley.

Caldera and Gaggia (Turin).—The Sero-diagnosis of Ozæna. "Archiv. für Laryngol.," vol. xxvi, Part I.

The results of the Wassermann reaction carried out both by Sobernheim and by Alexander in a number of cases of atrophic rhinitis, lent no support to the view that this disease should be regarded as one of the para-syphilitic affections. Assuming, however, that ozæna is an infective disease due to some specific micro-organism, one might reasonably expect that its presence would be demonstrable by a complement fixation test. If, therefore, such a test were to be found positive in a sufficient number of cases, conclusions might be drawn as the ætiology of the disease. The authors studied in this way ten well-marked cases, but in none of them did complement fixation take place. It is true that in certain undoubtedly infective diseases complement fixation does not occur, yet the authors consider that the negative results which they obtained render it highly improbable that the disease is due to any specific micro-organism.

Thomas Guthrie.

Sobety, Irving.—**Infiltration Anæsthesia in the Submucous Resection of the Nasal Septum.** "Boston Med. and Surg. Journ.," February 1, 1912.

The author advocates the application of a 2-4 per cent. solution of cocaine to the septum, followed by the injection of 10 c.cm. of sterile normal saline with 4 minims of 1:1000 adrenalin. The injections are made (1) just posterior to the junction of the skin and mucous membrane on the septum, (2) at the junction of the septum and nasal floor, (3) opposite the anterior end of the middle turbinate, (4) septum opposite beginning of superior meatus. About 1 c.cm. is injected at each spot, and the needle must be introduced *through* the perichondrium. The case is ready for incision in five minutes. *Macleod Yearsley.*

Ritter, G. (Berlin).—**The Separation of the Mucous Membrane in the Submucous Resection of the Septum.** "Zeitschr. f. Laryngol.," Bd. iv, Heft 5.

The writer recommends a new form of elevator with a curved shaft and a bulbous extremity. The ordinary elevator is used at first to separate the perichondrium anteriorly, and thereafter the new elevator is used to get round the corner of the deviation, and also to fit into the concavity on the concave side of the septum. The instrument is, however, not suited to separate the mucous membrane from sharp prominences. *J. S. Fraser.*

Glogan, Otto (New York).—**Removal of the Bony Septum.** Zeitschr. f. Laryngol., Bd. iv, Heft 5.

Existing instruments may be divided into two groups, (1) biting and (2) breaking. To (1) belongs those of Freer, Middleton, Hajek, Jansen and Struyken. To (2) the forceps of Krause. Glogan considers that the biting instruments are the best, but objects that they only bite off a small piece at a time; further, the maxillary crest cannot be removed with biting instruments. Glogan has therefore invented two bayonet-shaped double saws, the one horizontal and the other vertical. The bony part of the septum is received between the blades and is first sawn through above, then below and finally behind. The bony deviation can then be removed in one piece. The mucous membrane is not injured as it does not come in contact with the edges of the saw. *J. S. Fraser.*

EAR.

Fridenberg, P.—**The Ear and Social Hygiene.** "Annals of Otol., Rhin. and Laryngol.," vol. xx, p. 784.

A short, thoughtful paper, worth reading, which pleads for a better recognition of the importance of the ear and its function. The eye has come in for a full share of attention and its "comfort" by proper illumination, legibility of type, etc., has been provided for. The ear needs similar assistance from the point of view of "ear strain," by noise, etc. It is pointed out that the aim of conservative otology is to preserve and develop normal hearing and speech, and to prevent aural disease, inferiority or abuse. *Macleod Yearsley.*

Lynch, R. C.—**The Role of the Ear as a Complication to General Manifestation of Disease.** "New Orleans Med. and Surg. Journ.," July, 1912.

The article draws attention to many of the aural lesions found in the course of general disorders. Otitis media of mild degree, which fre-