

its application. There was no particular anxiety, and if there had been he would simply have cut the wires and pulled the stem of the instrument away. Where there was a pedunculated growth which the snare could be got round, it was the instrument to use. As he had said in his description, the fact of getting the snare round it enabled him to decide as to its origin, and as to the possibility of getting it away. He was more or less probing with the snare.

Abstracts.

FAUCES.

Wright, Jonathan.—*Actinomycosis of the Tonsil.* "American Journal of the Medical Sciences," July, 1904.

The patient was a boy, aged twelve, whose tonsils were removed on account of chronic enlargement. In the routine of the clinic the tonsils were put in formalin and later cut in sections and stained in hæmatoxylin eosin. A single abscess cavity, which occupied a comparatively large area of one tonsil, was found to contain masses of actinomyces. The boy "went on his way rejoicing, was well a month later, and still remained so, no metastasis having as yet shown itself."

Middlemass Hunt.

Sheard, Charles (Toronto).—*Relative Importance of the Clinical and Bacteriological Evidences in Diphtheria.* "Canadian Practitioner and Review," August, 1904.

Basing his conclusions upon many years' experience, the writer is convinced that we cannot depend exclusively on the findings of bacteriological examinations in these cases. Many instances occur, in which the Klebs-Loeffler bacillus is undoubtedly present, but which present no physical signs of diphtheria.

There are four distinct varieties of the Klebs-Loeffler bacillus—the long, the short, the attenuated, and the pseudo-bacilli. They all produce soluble toxins and are sometimes associated in their action with pus organisms. It is these toxins that produce the symptoms that we designate diphtheria. The virulence and mortality of the disease varies directly with the character of the seed and the soil on which it grows.

The sequelæ are due entirely to the toxins, the extent of membrane being of no consequence in this direction. If we have cellulitis and no adenitis, the condition is most serious, the toxins entering the nerve-trunks and destroying their vitality. Sequelæ may be expected at any time from the third week to the third month.

In post-scarlatinal diphtheria, in which the Klebs-Loeffler bacillus appears in the second week of the fever, but without symptoms, the patients invariably get well and do not reproduce the disease; that is, they are not infective. The writer has records of sixteen such cases.

In another variety scarlet fever and diphtheria were simultaneously in the same patient from two distinct exposures—the incubation period of scarlet fever being about four days, that of diphtheria about six.

Again, there is post-diphtheritic scarlet fever, in which the scarlet fever follows closely upon the diphtheria. This is a very fatal fever, the mortality being about 80 per cent.

Sometimes cases of diphtheria occur in which, notwithstanding weeks of energetic treatment, the bacilli cannot be destroyed; and although such cases have been discharged, no new cases have been known to result from them.

The writer concludes: (1) Is scarlet fever antidotal to diphtheria? The answer appears to be in the affirmative; (2) Does not diphtheria aggravate scarlet fever? The answer again is yes; (3) Is the difference in the two diseases due to the evolvment of a soluble toxin by the Klebs-Loeffler bacillus? The last question he does not answer.

Price Brown.

PHARYNX.

Teague, R. J. (Roxboro', N.C.).—*Adenoids in Children; A Plea for Early Recognition and Treatment.* "Charlotte Medical Journal," October, 1904.

The paper discusses the etiology, symptoms, diagnosis, and treatment of adenoids. The author considers the "lymphatic diathesis" to be responsible for most cases of adenoids and that adenoids in adults is more frequently met with than is generally supposed. He thinks the only treatment worthy of the name is early, thorough, and complete removal, before the chronic pathological processes in the adenoid and surrounding tissues have commenced.

Macleod Yearsley.

NOSE AND ACCESSORY SINUSES.

Cossen.—*Foreign Body in the Nasal Fossa.* "Rev. Hebdom.," August 27, 1904.

Record of a case in which a large calcareous mass was removed by operation. The foreign body had been in for more than forty years, giving rise to suppurating discharge. The body was completely encrusted with lime salts. The patient made a good recovery.

Albert A. Gray.

Axenfeld, Theo. (Freiburg).—*A Contribution to the Pathology and Treatment of Frontal and Ethmoidal Sinusitis and their Orbital Complications.* "Charlotte Medical Journal," October, 1904.

The paper deals with the nasal origin of orbital inflammation and narrates cases bearing upon the subject, those due to ethmoidal disease chiefly occupying the author's attention, and he discusses the question of the condition of the frontal sinus in such cases.

Macleod Yearsley.

LARYNX.

Broeckeaert.—*Investigation Relating to the Arteries of the Larynx.* "Rev. Hebdom.," September 24, 1904.

After a very careful injection with vermilion the author made an exhaustive investigation into the mode of termination of the smallest branches,