

CASE 2.—A child, five and a half years, had had laryngotomy performed for a subglottic total occlusion, and was already able to respire by the mouth and talk in a high voice.

The third case, a boy thirteen years old, was awaiting treatment.

Anthony McCall.

Abstracts.

NOSE AND NASO-PHARYNX.

Boulai, J. (Rennes).—*Naso-pharyngeal Polypi cured by Galvano-cautery Punctures.* "Archives de Laryngologie, d'Otologie, etc." No. 2, March-April, 1902.

Boulai reports a case of a fibrous polypus having its origin above the left Eustachian tube, and which was removed by several punctures of the galvano-cautery heated to a dull red. This method of removal was adopted as the patient objected to the use of the snare.

The inferior turbinate was previously reduced by the cautery in order to render the post-nasal field more accessible.

Anthony McCall.

Capitau.—*Rhino-pharyngeal Albuminuria.* "La Médecine Moderne." No. 31, July, 1902.

Capitau, in a paper read before the Therapeutical Society of Paris, emphasizes the importance of examining the naso-pharynx in the nephritis of children, and points out that treatment yields more satisfactory results than when the nephritis is due to tonsillar lesions.

The author believes that in all cases of nephritis the source of the toxic agent should be sought for and treated.

Anthony McCall.

THROAT.

R. C. Brown.—*Follicular Tonsillitis.* "Med. Record," March 1, 1902.

As an outcome of the study of the etiology and pathology of follicular tonsillitis, the author presents the following conclusions:

1. That follicular tonsillitis is not caused by a single microbe, but that many well-known micro-organisms are capable of causing it.

2. That the symptoms of tonsillitis are partly caused by an exaggeration of its function.

3. That, under the stimulus of infection, the lymph corpuscles in the adenoid structure of the tonsil produce an antitoxin that is antagonistic to invading germs.

4. That the characteristic symptom is an exudate having no texture and non-adherent.

5. That the presence of the Klebs-Loeffler bacillus is not positive evidence that the disease is not a simple follicular tonsillitis.