

observation, the examination of the ear produced at once a well-marked epileptic fit; he was then subjected to a complete radical mastoid operation, and a year later he reported that he had been free from attacks ever since. In another case, a young girl suffering from severe epilepsy and chronic suppuration of the middle ear experienced very great diminution in the number and severity of the attacks when the "alcohol treatment" for the middle ear was instituted; there was in her ear a slight cholesteatomatous condition, and it was very striking to hear how convinced she was that, whereas watery drops produced confusion and discomfort, the instillation of alcohol drops at once "cleared her head." The conditions before mentioned were only a few out of the numerous possible peripheral sources of irritation, and their removal was not always followed by the same happy results. They were, however, sufficiently numerous and sufficiently marked to claim the careful attention of all those who undertook the treatment of epilepsy.

Abstracts.

MOUTH, Etc.

Lambret.—*Branchial Fistula in the Neck.* "L'Echo Méd. du Nord.," August 26, 1900.

The patient was a man fifty-seven years old. In January he noticed a small swelling below the angle of the jaw in the left side of the neck. This increased to the size of a walnut; being taken for an abscess, it was incised and drained, but would not heal. Fluid injected at the outer end entered the mouth just in front of the base of the anterior pillar. Treatment by injections, by curetting, etc., had not been successful.

Arthur J. Hutchison.

NOSE, Etc.

Hamilton, W. D.—*Two Cases of Growths in the Frontal Sinus; Operation; Recovery.* "Journ. Amer. Med. Assoc.," January 26, 1901.

The literature on this subject is scant. Kikuze in 1888 published a list of fifty-four cases in which tumours had been removed from the frontal sinus, of whom eighteen died of sepsis. No tabulated list for the last twelve years could be found. The author narrates two cases, the first of which, a man of thirty-six, was struck on the forehead with a stick at fourteen years of age, leaving a swelling which was opened and a quantity of pus evacuated. It never entirely disappeared, but continued to increase up to the time of admission to the hospital. He had recently had headache and vertigo. A swelling above the line of

the eyebrows measured $3\frac{1}{2}$ inches transversely, and $2\frac{1}{4}$ inches vertically. It was hard to the touch, but in places would give a crackling sensation. The tumour was very hard, like ivory, and was removed with difficulty. It weighed $2\frac{1}{2}$ ounces, and was found to be an osteoma. Healing was normal, and there is no sign of recurrence.

The other case, a man of twenty-seven years, had good health until a few months before. He first noticed a protrusion on the forehead three years before, and it had increased steadily in size. He had double exophthalmos and divergence. He had a double optic neuritis and was unable to read. Upon operating, an osteoma was found, filling most of the frontal sinuses, and so located as to obstruct drainage into the infundibulum. As a result, there was retention of mucus and pus with a number of polypi. The roofs of both orbits were partially destroyed, and the secretions had pushed the dura back so far as the finger could reach the petrous portion of the mastoid. Improvement was very marked after operation, the exophthalmos disappearing, and vision returning to nearly normal. *Oscar Dodd.*

Kraus.—*A New Instrument for Posterior Rhinoscopy.* "Annal. des Mal. de l'Or.," January, 1900.

This instrument consists of a tongue-depressor with a simple rhinoscopic mirror attached. The stem of an ordinary mirror slides in a tube affixed to the upper surface of the mirror, an arrangement which is simple and admits of adjustment to particular cases. The edges of the blade of the tongue-depressor are slightly elevated in order to avoid unnecessary irritation of the tongue in rotating the instrument for examination of the lateral wall. As one hand only is needed, post-nasal operations can be carried out without the help of an assistant.

Ernest Waggett.

LARYNX.

Bokay, Johann von (Buda-Pesth).—*Traumatism during Intubation; its Prevention and Treatment.* "Journ. Amer. Med. Assoc.," January 26, 1901.

The author states that he has operated on and observed more than 1,200 cases of intubation since 1898, and has noted traumatism in a series of cases. It may occur during the introduction of the tube, while it is in place, or when withdrawn. There may be simply denuding of the mucous membrane, or a false passage may be made. When it is necessary to introduce the tube frequently, or there is much subglottic swelling, the traumatism may be serious in the pathological condition of diphtheria. False passages were reported as early as 1887, and a number of cases have been reported since by different men. Among the 1,200 cases he had, four were fatal. They were in cases where repeated insertion of the tube was necessary, and where the symptoms were urgent, requiring haste. They were all in the ventricle of the larynx. *Oscar Dodd.*

Roger and Garnier.—*Experimental Thyroid Infections.* "La Presse Méd.," August 9, 1900.

The authors have investigated the effects of submitting the thyroid in rabbits and guinea-pigs to direct infection with cultures of staphy-