

Abstracts.

PHARYNX.

Savage, W. G.—*The Scientific Control of Diphtheria*; paper read at meeting of the Society of Medical Officers of Health. "Lancet," January 23, 1909, p. 242.

The speaker insisted upon the examination of "contacts" of a case of diphtheria and the isolation of "carriers," even if they were not ill. In the subsequent discussion some opposition was expressed to this extreme, though logical, proposal.
Dan McKenzie.

Jacques and Lucien (Nancy).—*Peritonsillar Phlegmon fatal from Thrombo-phlebitis of the Cavernous Sinus*. "Annales des Maladies de l'Oreille, du Larynx, du Nez, et du Pharynx," December, 1908.

On January 20 a man, aged forty, a confirmed alcoholic, was suddenly attacked with pain in the throat and dysphagia. Examination of the buccal cavity revealed a red œdematous swelling on the right side of the throat, having its maximum intensity at the point of junction of the velum with the upper pole of the tonsil. Special resistance was obvious on palpation, but no fluctuation. A peritonsillar phlegmon was diagnosed and punctured with the galvano-cautery, but no pus was present. The next day foetid purulent matter issued from the puncture, the parts were as swollen as before, and tumefaction appeared just behind the angle of the mandible of the corresponding side. The previous opening was enlarged but little relief followed.

On January 24 the condition of the peritonsillar phlegmon was the same, there was a purulent discharge, the swelling at the angle of the jaw had increased. Rigors and headache set in and the complexion was that of septic infection; the rigors recurred and patient became delirious.

On the twenty-fifth coma set in and all the signs of phlebitis of the left cavernous sinus were present. The cervical swelling, which had much increased, was now freely opened, giving vent to pus. An intra-venous injection of electrargol was administered, also 500 c.c. of artificial serum subcutaneously. The patient expired the next day in a delirious condition.

The autopsy showed that the cavernous sinuses were filled with clot in process of disintegration; all the other sinuses, the jugular veins, and even the latero-pharyngeal veins appeared healthy. There was no disease of the ears, orbital cavity, sphenoidal or ethmoidal sinuses.

The author remarks that though pathological evidence was wanting as to the direct route of infection of the cavernous sinuses, doubtless it took place through the pharyngeal veins.

As to ætiology, the writer ascribes this terrible complication of what at first seemed to be a simple peritonsillitis to special virulence of the septic organisms present.
H. Clayton Fox.

NOSE.

Crockett, Eugene A. (Boston).—*What Type of Operation is best adapted for the Relief of Disease of the Frontal Sinus?* "Boston Med. and Surg. Journ.," January 28, 1909.

The author begins by saying that experience has taught him to avoid operation in acute conditions, and to reject in practically every case the