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## Abstracts.

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### NOSE AND ACCESSORY SINUSES.

**Sondermann** (Dieringhausen).—*Nasal Suppuration in Children and its Treatment by Aspiration.* "Munch. med. Woch.," July 25, 1905.

The author recommends the use of his suction apparatus in cases of children as well as adults. It may be remembered that the apparatus consists of a suction ball attached to a miniature face-piece, which is placed over the nose and caused to aspirate, while the patient closes the soft palate either by a voluntary effort or by the utterance of the sound "ee." This is naturally more difficult in children, but in very young infants it is capable of acting while the patient cries, and older children can readily learn the art of using it for themselves. Among other symptoms which indicate its use is the cough which arises from nasal suppuration.

*Dundas Grant.*

**Broeckaert, Jules.**—*A new Surgical Treatment for Stubborn Cases of Ozena. (A preliminary note.)* "Le Presse Oto-Laryngologique Belge," July, 1905.

After the experience of nearly a hundred cases of atrophic coryza which have been either materially benefited or cured by means of paraffin injections, the author considers that this is by far the best method of treatment. He admits, however, that there are certain cases in which it has failed. Sometimes this was due to loss of elasticity or extreme friability of the mucous membrane, which rendered injection impossible. In other cases, although the turbinal bodies were successfully reconstituted, the factor and purulent secretion continued; the persistence being due to a secondary affection of the accessory sinuses, most usually the ethmoid or sphenoidal sinus, rarely the antrum of Highmore. For these rebellious cases the author proposes a radical operation similar to that designed by him for the cure of pan-sinusitis. After a free exposure of the nasal fossa by a lateral incision, and resection of the nasal bone and of the nasal process of the superior maxilla, the ethmoid is removed, the sphenoidal sinus is opened and curetted, and finally the maxillary antrum, of which the internal wall with the inferior and middle turbinals is completely taken away. All the mucous membrane is then curetted, the cavity is plugged, and the wound carefully sutured. The author has performed the operation in two cases of which he intends to publish complete notes at a later date.

*Chichele Nourse.*

**Heffernan, D. A.** (Boston).—*The Submucous Resection of the Nasal Septum.* "Boston Medical and Surgical Journal," August 31, 1905.

The object of the paper is to describe a simpler and quicker method which can be used in all degrees and forms of deviation of the nasal septum.

A 4 per cent. cocain solution is used, followed by 1 : 1000 adrenalin. Then a submucous injection of 1 part of 1 : 1000 adrenalin and 5 parts of sterile normal salt solution is made well anterior in the vestibule. The incision is thus made: The tip of the nose is elevated and slightly twisted away from the convex side and the knife carried along the elevated ridge which marks the free end of the quadrangular cartilage from the nasal spine to the tip of the nose. A self-retaining speculum is introduced into the obstructed nostril. The mucous membrane is then dissected away on both sides, but repeating the incision on the opposite side. This done, a Killian nasal speculum is introduced between the two layers of mucosa and the cartilage removed with a long, narrow gouge, the bony part by a Grünwald punch. Both sides are lightly packed for twenty-four hours with sterile cotton, no further dressing being necessary.

*Macleod Yearsley.*

**Cobb, Frederick C.** (Boston).—*Empyema of Frontal Sinus.* "Boston Medical and Surgical Journal," August 24, 1905.

This paper deals with symptoms, which are shortly but clearly discussed, and treatment. The methods of treatment dealt with are the intra-nasal removal of obstruction of Hajek, and the radical methods of Nebinger-Praun, Ogston-Luc, Kuhnt, Jansen, Ridell, Killian, and Coakley. The author sums up the advantages and disadvantages of these methods as follows: "The Ogston-Luc has for advantage the slight deformity produced. For disadvantage it has the great probability of recurrence. The same is true of Jansen's method. Kuhnt's, Ridell's, and Coakley's methods yield less probability of recurrence, as they destroy the sinus, but they produce greater or less facial deformity. Coakley's probably giving the least of the three. To all of these methods there is one great objection—that the ethmoid cells are not sufficiently considered. Killian's operation seems to combine the advantages of sinus obliteration with the removal of the ethmoid cells; but it is hard to judge as yet of its practical results as far as deformity and danger to the eye are concerned.

*Macleod Yearsley.*

**Mosher, Harris P.** (Boston).—*The Applied Anatomy of the Frontal Sinus.* "Boston Medical and Surgical Journal," September 7 1905.

A simple account of the anatomy of the frontal sinus, useful to the surgeon who has to operate upon that cavity. The author discusses the subject under the headings of size (giving the average capacity of the sinus as 4-5 cc., and mentioning the fact that its defective development is characteristic of certain negro tribes), mucous membrane, arteries, veins, lymphatics, form (giving two varieties, small and large), prolongations, septum, frontal and cranial walls and their relations, the floor in its orbital and nasal parts, middle meatus, the frontal canal, and the superior opening of the naso-frontal duct. The paper concludes with directions for catheterisation of the naso-frontal duct.

*Macleod Yearsley.*