

and bone-conduction only if very loud. In all other respects she was in apparent good health and very active. She was sent back to her attendant and advised to keep her bed for a week. Becoming normal in all respects, she was allowed out for walks some days later, but on reaching home on October 14 she became unconscious. She recovered consciousness to some extent before death from cardiac and pulmonary conditions on October 19. No autopsy allowed.

*Previous history.*—Right hemiplegia associated with valvular heart disease six and a half years previously.

The PRESIDENT thanked Dr. Williams for the notes of the case, but the hour was too late to permit of a discussion on it.

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## Abstracts.

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### FAUCES.

**Sprague, F. B.**—*Observations in 1000 Adenoid Operations.* "Boston Med. and Surg. Journal," October 11, 1906.

The author commences his paper with a story of a general practitioner who persuaded a parent that he was quite capable of removing adenoids. The deafness increasing after the operation, it was found "that both Eustachian cartilages had been torn out by the roots, leaving a permanent atresia of both Eustachian tubes." Of the 1000 cases discussed, 503 were males and 497 females. The ages ranged from six months to thirty-seven years, and the largest number at one age was 64 cases at eight years. Dividing the age limit into periods of seven years each, the percentages showed 30 per cent., 50 per cent., and 20 per cent. for the first, second, and third seven years respectively. 90 per cent. were associated with faucial tonsillar hypertrophy.

Etiology, symptoms, and diagnosis are discussed. As regards anæsthesia all but two were operated upon under ether. Chloroform the author considers to be especially dangerous. Two cases were operated upon without anæsthetic. The earlier operations were performed in the sitting position, the later ones on the right side. As regards instruments, Dr. Sprague uses the O'Dwyer or Jansen gag and a palate protector, some form of forceps and a Gruber's curette being employed to remove the growths. There were no cases of serious hæmorrhage. Two cases became infected from the mother's ozæna. Three cases developed acute otitic inflammation.

*MacLeod Yearsley.*

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### EAR.

**Le Beuf, L. G.**—*A Case of Mutism in Typhoid.* "New Orleans Med. and Surg. Journ.," November, 1906.

Girl, aged two and a half. Severe typhoid with meningitic symptoms and acute inflammation of all the cervical and submaxillary glands. Leucocyte count of 10,860. When consciousness returned the child could

not speak. Blood-count five days later 5000 to the c.c. No brain-pressure symptoms. Speech suddenly returned without any effort. The author suggests that the mutism may have been due to pressure from meningeal accumulation on the cortex or to a hemorrhage occurring during a convulsion. He thinks it was more probably hysterical in origin. In the discussion which followed the reading of this paper it was suggested that the mutism was due to temporary loss of memory of words, the result of high fever.

Macleod Yearsley.

### THERAPEUTIC PREPARATIONS.

PARKE, DAVIS & Co., 111, Queen Victoria Street, London, E.C.

**VEST POCKET INHALER.**—This little instrument, made of vulcanite, is greatly appreciated by reason of its simplicity and its portability and from the fact that it can be used without observation when held in the fist. Menthol-pine inhalant is used as the inhaler, and has been found most efficient for hoarseness, catarrh, etc. The instrument is equally adapted for such medicaments as eucalyptus oil, terebene, etc., which are used to saturate absorbent material through which air is drawn. After use the end pieces can be screwed down so as to prevent escape of fluid or odour. The outfit is inexpensive, easily manipulated, and unbreakable.

**ELIXIR HEROIN AND TERPIN HYDRATE.**—This preparation presents the marked sedative properties of heroin and the stimulating action of terpin hydrate. Each fluid ounce represents: heroin  $\frac{1}{6}$  grain, terpin hydrate 8 grains. It is widely prescribed in acute and chronic bronchitis, in pneumonia, pleurisy, asthma, laryngitis, and similar affections. It is a pleasant and effective expectorant, and exerts its soothing and toning influence without the drawbacks of opium or morphine. The dose is from 1 to 4 fluid drachms, swallowed slowly. It is supplied in bottles of 4, 8, 16, and 80 fluid ounces.

**ADRENALIN AND EUCAINE TABLETS.**—Each tablet contains  $\frac{1}{2000}$  grain of adrenalin and  $\frac{1}{6}$  grain of eucaine lactate, with  $\frac{3}{5}$  grain of sodium chloride, sufficient to impart salinity to the solution. One tablet dissolved in 17 minims of sterile distilled water forms an analgesic and ischæmic agent for use in dental extractions and small operations, which will contain 1 per cent. of the eucaine salt and about 1 of adrenalin in 30,000 parts.

One tablet dissolved in 85 minims of sterile distilled water (approximately six tablets in one fluid ounce) forms a solution similar in strength to that used in operations at University College Hospital, as reported in the *Lancet*, July 25, 1903, and the *British Medical Journal*, December 24, 1904. The tablets are supplied in tubes of 25.

**THERMOFUGE.**—Thermofuge is a stiff paste which forms a substitute for poultices, compresses, and plasters, and is greatly superior in effectiveness, convenience, and cleanliness.

It is a compound of menthol, thymol, eucalyptus oil, ammonium iodide, etc., and provides an antiseptic emollient and derivative for external application for the reduction of internal and superficial inflammations of all kinds. Sore throat, laryngitis, pulmonary congestion, are effectively treated by a layer of Thermofuge (first made soft by heat) spread over the adjacent surface and covered with oiled silk. It is supplied in tins of  $\frac{1}{4}$ ,  $\frac{1}{2}$ , 1, 5, and 10 lb.