

ment our main reliance is still placed on lactic acid and formalin.

(6) The surgical treatment consists mainly in the removal of the epiglottis when its diseased condition requires it, and the use of the cautery in selected cases.

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AUTHORS' ABSTRACTS.

Eye, Ear, Nose and Throat.

The Nose Anatomically Considered With Special Reference to Reflexes and Constitutional Diseases. By W. E. Dixon, Oklahoma, Okla. *Journal of the Oklahoma State Medical Association*, March 1915, pp. 320-325.

The author gives fully the anatomy of the nose and nasal sinuses, as well as the nerves that may become involved by disease of the sinuses, causing disease or pressure upon the nerves themselves causing the various reflexes, and explains why an obstructed nose may cause moist rales in the apices of the lungs of a child, or a bronchial cough, or asthma. Why crusts in the chamber of the nose due to an atrophic rhinitis may likewise cause a cough, also why an irritation of the nasal nerve within the nose may cause dysmenorrhea, or pressure of the "eye spot" may produce refractive errors, or antrum disease incite earache or pressure upon certain nasal nerves occasion vomiting, or nervous breakdown. He shows the connection of the sphenopalatine ganglion with all the sensory nerves of the head, stating that the ninth and tenth as well as the fifth nerve are involved in nasal reflexes.

The author also reports a case showing that the ocularization of the nasal nerve within the nose will stop the pain and relieve the tension of a glaucomatous eye.

The author also states that the nose affects the voice, in one of three ways and considers it fully. Lastly disease of the nose and accessory sinuses are considered by the author to be the cause of many constitutional diseases, and he gives the lymphatic distributions of the nose and nasal sinuses to show how infection is carried therefrom to other parts of the body.

Septic Sinus Thrombosis With Report of Cases. By Gaylord C. Hall, Louisville, Ky. *The Lancet-Clinic*, June 19, 1915, pp. 678-684.

Hall in *Lancet Clinic* reports five cases of lateral sinus thrombosis, two in adults and three in children. The children recovered, the two adults died. All cases were operated on by ligation of vein, without excision, as low down as necessary to tie below clot. The ligation was done before the sinus was opened above.

He discusses four lines of treatment:

1. Expectant.
 2. Opening of sinus without attention to vein below.
 3. Opening of sinus after ligation of vein.
 4. Opening of sinus with excision of vein.
- He thinks first not worthy of discussion. The second is open to the objection that a considerable amount of infective material may be dislodged into the circulation which in a critical case might turn the scales against us.

The fourth method is most thorough and deals completely with the infective process. It is, however, a long and hazardous procedure and adds considerably to the gravity of the situation.

The third method is simpler and in a large percentage of cases effective. This should, in his opinion, be the method of choice in the majority of cases, leaving the fourth method for cases of especial severity.

In all cases cultures were made of the contents of the sinus and vaccines were prepared when possible. The findings were as follows: *Streptococcus*, one; *staphylococcus*, one; *pneumobacillus*, one; mixed infection, one; case, organisms not differentiated. One case showed feeble growth which rapidly died out on the media. Nature not determined.

Under treatment he emphasizes the desirability of employing autogenous vaccines after operation.

Some Observations on the Tonsils. By A. McKenney, Owensboro, Ky. *Kentucky Medical Journal*, June, 1915, pp. 284-286.

The radical tonsillectomist finds a justification for removing every tonsil whether it be diseased or not. If diseased, there is no adequate remedy but tonsillectomy; if sound, it is removed as a prophylactic measure against a long list of formidable diseases. The general practitioner must be a general specialist to protect his clientele from becoming victims of the radical specialist.

The history of the past, and the experience of men eminent in the profession, do not justify the contention of the radical tonsillectomist. Tonsillectomy is a legitimate operation but is too serious an operation to be employed only when necessary to relieve a pathological condition that will not yield to conservative methods. The tonsils undoubtedly have an important function and conserve the human economy instead of being a danger signal designed to destroy it.

The basis for an universal tonsillectomy is unphilosophical, unsound, and not proven, and therefore unjustifiable.