nounced. The school teacher often misunderstands and misjudges the nervous, afflicted child and soon he becomes regarded as a dullard.

So long as the adenoids block the nasopharynx, so long as the tonsils inflame, they are a menace to the health, an open door for infection, a stumbling block to the proper physical and mental growth of the child. Once the tonsils are diseased, once adenoids develop, the medical profession stands helpless to stay their evil, except by complete removal, cutting out the tissue diseased and opening up free to food and air the avenues designed by Nature for their entrance. This is done that they may bother the child no more. If it were practical to treat the inflammation of tonsils and adenoids otherwise, doubtless, the medical profession would offer other remedies. Just as physicians can not permanently cure inflammation in the appendix, and just as they have come to believe that the only apparent functions of these organs are as danger signals of inflammation, things that inflame and hinder and torment, when the tormenting comes we cast out the evil by removing the diseased tissue. The focus of infection and inflammation being removed, the individual comes back to normal health and strength minus a part of his anatomy that he did not know he possessed until it became inflamed, and which he will never miss. We know that adenoids usually disappear when the child is about fifteen years of age. They dry up and go away, but so often, unless removed early in childhood, the effect of their presence is seen in the retarded growth and development of the individual. As for the tonsils, their presence is never felt or known in the absolutely healthy person, and their removal has never failed to improve the physical condition of the sufferer from their chronic inflammation.

In calling to the attention of you representative women these two menaces to the growth and development of children in your midst, I have not overdrawn the picture. The menace to childhood from adenoids and diseased tonsils is not visionary, but is real. In the recent medical inspection of school children in my home city, we found that nearly 30 % of all the school children were suffering from these de-

fects, unnoticed by the doting mothers and fathers. The experiences of examiners in large cities show that on an average of one out of every four children in the public schools suffers from diseased tonsils, and one out of every ten suffers from adenoids. They pass unnoticed under the daily inspection of the fond parent, because the parent does not know and does not understand, but they are there, and in order to place the child in the best possible condition for maintaining the standard of health, for securing the educational advantage offered him, these defects must be remedied early that he may become a healthy, educated citizen.

AUTHORS' ABSTRACTS *Eye, Ear, Nose and Throat*

Some Conditions Leading to Incorrect Diagnosis of Adenoids in Children. Virginius Dabney, Washington, D. C. The Boston Medical and Surgical Journal, Vol. CLXXVI, No. 25, June 21, 1917, p. 875.

The widely prevalent belief that difficulty in nasal respiration in children is pathognomonic of adenoids has led to unnecessary operations, though its presence can be more reliably determined by an examination, not of the nose or throat, but of the ear drum. Inspection of the former regions will, of course, frequently reveal its presence. Twice I was led to believe that a bony extension of the vomer back to the pharyngeal wall was an adenoid, as it was covered with a tissue much like adenoid. Blocking of the nares by growths, engorgement resulting from recent cold, full bladder at night, and chronic constipation (the last two causing swelling of the turbinates) all I have seen mistaken for adenoids. The most interesting cases are the anaphylactic ones, due to milk, eggs or soda crackers, in which every classical symptom of adenoid obstruction will appear, and children who have had an acidosis seem peculiarly liable to this type of false adenoid trouble. This is for obvious reasons the most important class to recognize early, and it is especially important not to give them an anesthetic. A retracted ear drum, or one showing loss of normal color, position or light reflex is sufficient evidence of an adenoid in any child up to and including the twelfth year of age.

Some Points in Technic in Surgery of the Eye, Ear, Nose and Throat. Hilliard Wood, Nashville, Tenn. The Southern Practitioner, Vol. XXXIX, No. 8, August, 1917, p. 295.

Early diagnosis of glaucoma by contraction of the field and increase of tension is urged. Early operations give better end results than late operations. In the Elliot trephine operation complete iridectomy will often obviate the iritis which follows pin-hole iridectomy.

Iridotaxis should be preceded for some hours by instillation of atropine to paralyze the sphincter pupillae muscle and prevent the retraction of the iris into the anterior chamber following operation.

Enucleation of the eyeball under local anesthesia is advocated. Cocaine solution is instilled, followed by novocain solution injected subconjunctivally and then with a curved needle injected in the region of the ciliary ganglion. Inflammation of the eye is not a contraindication to local anesthesia. For elaborate technic, such as insertion of artificial vitreous, general anesthesia is advocated.

Transillumination of the eye will reveal vitreous opacities when the ophthalmoscope shows no fundus reflex.

Following sub-mucous resection, sterile rubber tissue is placed on each side of the nasal septum, and gauze, impregnated with sterile vaseline, placed against this.

After the removal of the packing in the external auditory canal following a radical or Stacke operation, no irrigation of the middle ear is used. A gauze wick is inserted.

In thrombosis of the lateral sinus the internal jugular vein should be ligated twice, but not divided between the ligatures. Excision of the jugular is usually unnecessary except where the exposed vein is thrombosed.

In exploring the brain for abscess, the incision of the dura mater should be as short as possible to prevent cerebral hernia.

Tracheotomy under local anesthesia by injecting novocain is advocated in obstructing diseases of the larynx, such as stricture, carcinoma, etc.

Restoration of Sight in a Case of Hypermature Cataract of Twenty Years' Standing Complicated by Acute Glaucoma: Cutting the Capsule in Preliminary Capsulotomy, a Modification of Homer Smith's Way of Incising the Capsule. Max Talmey, New York, N. Y. New York Medical Journal, Vol. CV., No. 9, March 3, 1917, p. 401.

The patient, 69 years old, suffering from hypermature cataract of 20 years' standing in right, and advanced cataract in left eye, was attacked by acute glaucoma in the right eye. Prompt cure through iridectomy encouraged him to submit to extraction of the hypermature cataract which until then he had refused to undergo because several competent ophthalmologists had advised against it.

Intracapsular extraction was rejected because of its dangers and untoward consequences. Instead, preliminary capsulotomy was employed thirty minutes before extraction. During lavage of the chamber after the extraction loss of vitreous body ensued. Two months later triangular iridotomy was performed. A year after the last operation visual acuity was 20-70 and Jager No. 3 near by.

The most remarkable point in the case is that competent ophthalmologists had considered ex-

traction of the cataract contraindicated, their reasons being the assumption that the cataract was congenital and slight defectiveness of light projection. From the anamnesis written by the highly learned patient himself the author proves that the assumption was untenable. Regarding the second reason he remarks: "The final splendid result proves that defective projection in some areas of the field forms no contraindication against cataract extraction if the other tests are favorable." Theoretically and practically, this is the most important deduction from the case.

Of great value may be the author's modification of Homer Smith's preliminary capsulotomy, which is now practiced extensively. He proves that no cross cut is obtainable in the way Smith incises the capsule and devises a method to obtain a cross cut. This method he applied in his case.

The Use of Ethylhydrocuprein in Diseases of the Eye. William Zentmayer, Philadelphia, Pa. New York Medical Journal, Vol. CV., No. 8, February 24, 1917, p. 342.

Zentmayer reviews the experimental and clinical evidence of the effect of ethylhydrocuprein (optochin) on the pneumococcus. Ginsberg and Kauffmann found that when the eyes of a rabbit were injected with blood serum and a bouillon culture of the pneumococcus from an infected nasal cavity, and one eye not treated with optochin kept as a control, the one treated was almost invariably saved and the other lost. Schwartzkopf treated 27 cases of pneumococcus ulcer of the cornea. The final vision in 18 % was from 0.5 to 1. Twenty-two per cent. had 1. p. or hand movements. Two eyes were lost. The author treated 8 cases of pneumococcal ulcer, most of them in an advanced stage, when the optochin was first used. Two perforations occurred and no eyes were lost. He also treated three cases of pneumococcus conjunctivitis. Two were rapidly cured. The third showed immediate improvement, but relapsed owing to a mixed infection and still remains uncured. One case of dacryocystitis was treated and cured.

As the result of his personal experience and that of others he concludes that: Ethylhydrocuprein (optochin) is a valuable aid in the treatment of pneumococcal infections of the eye. It often acts as a specific in pneumococcal ulcers of the cornea, especially if the treatment is begun before active tissue destruction has occurred. Almost all cases of this type of corneal ulceration under the action of this drug, to use the words of Ramsey, manifested a shorter and conspicuously more favorable course than did those dealt with in earlier days by the well recognized methods formerly in use. The evidence at hand as to its value in diseases of the cornea and conjunctiva due to other organisms than the pneumococcus or to other causes is insufficient on which to base a conclusion.