

is against the dictum that a serous labyrinthitis is always irritative, in which event the labyrinth is more easily stimulated than normally.

After the operation the left static function seemed to regain its normal reaction. It is interesting, as exemplifying a case of labyrinthine involvement, in which an operation on the labyrinth is contraindicated.

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Conservation of the Mucous Membrane in Intranasal Surgery.

HARRY COULTER TODD, *Md. Herald*, April, 1910.

The author starts out with a history of radical (too radical) nasal surgery, from the spoke-shave of our British brethren, to the submucous resection. As to septum deflections, he very sensibly remarks that: "The method of operation may vary considerably with the same surgeon while operating upon different forms and degrees of deflection. The technic of Sluder, Watson, Gleason Roe, and other rhinologists may all be considered in certain cases: when their operation gives due consideration to the conservation of the mucous membrane and submucous tissues." As to the submucous operation, he has not failed to invent another "self-retaining submucous speculum." There must be a million of these on the market.

Dr. Todd, however, describes an operation, original in technic at least, for reducing the turbinate bodies, while preserving the spongy bodies and mucous membrane. He first strengthens the septum if it is, as so often the case, deflected. After cocainizing, he makes an incision the entire length of the turbinate about 5 mm. from its inferior margin, and anteriorly outward to the nasal wall. This incision is made deep enough to include the membrane and periosteum throughout its length. With an elevator, the mucous membrane is separated, with the periosteum, from the entire inner surface of the turbinate. With a spoke-shave scissors or forceps the desired amount of the bony edge is removed, the flap of membrane and periosteum is allowed to fall into place, and retained there by a rubber tube inflated with air. Union is by first intention.

EATON.