

that it was probably nearer the greater curvature but toward the pylorus. A scope was passed into the stomach, and after moving the patient on the side and then on the back, we finally placed the tube over the body and removed it.

In a baby with an open safety pin in the stomach, the same procedure was tried, but after seven minutes' search by watch, we were unable to find the pin. All was in readiness to do a gastrotomy, and Dr. Urban Maes removed the pin through the smallest of incisions and in fifteen minutes the baby was closed up and ready to return to the room. She made an uneventful recovery.

Fluoroscopic bronchoscopy is of the greatest value and aid in the successful removal of long-retained foreign bodies of an opaque sort from the bronchi or abscess cavities, and it likewise helps to guide one to the site of abscess even when the foreign body cannot be seen. It will help in selected cases in the gastroscopic cases, and I am sure someone will report its successful assistance in re-establishing a pathway in an impermiable stricture of the esophagus in a more favorable case than the one which I have just reported.

INFECTIONS FOLLOWING OPERATIONS OF THE NOSE AND THROAT.*

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Infected foci, following operations of the nose and throat and lodging in other regions are of sufficiently frequent occurrence to demand more than passing note. The oral and nasal cavities are obviously difficult areas to keep clean after operation, and infections therefrom run their course unabated and unchecked. Tonsil operations, both in children and adults, and especially where accompanied by severe traumatism, are prone to cause painful and foul ulcerations of the adjacent tissues, such as the fauces, soft palate, and uvula. Adenitis, involving the chain of glands anterior to the sterno-cleito muscle and under the ramus of the jaw, are of frequent occurrence, sometimes remaining painful and enlarged long after the operation. Purulent otitis, with its possible mastoid complications, the very condition we are trying to forestall by the removal of adenoids and tonsils, occur sufficiently often as a sequel

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to tonsillectomy, thus forcing us to pause and consider before doing this operation, trivial though it may be.

Intra-nasal operations, more especially the submucous resection of the septum, has been followed by even more disastrous results such as inflammation of the sinuses, meningitis and death. Tonsillitis and otitic complications are common sequelae after septal operations and occur in the experience of every surgeon doing nasal surgery in spite of strict antiseptic precautions. It is, therefore, incumbent upon us not to needlessly and wantonly jeopardize the health and lives of those seeking relief at our hands by doing this operation indiscriminately, but to practically consider each individual case and its phases and endeavor to determine whether a submucous resection is required.

In the absence of sinus inflammation or nasal obstruction the presence of a septal deflection or deformity does not warrant a submucous operation. The operator should find other causative factors besides a deflected septum which may be responsible for the symptoms complained of. Frequently a minor operation such as the removal of adenoids which are often overlooked in the adult, or the snaring of the enlarged posterior ends of the inferior turbinates may be all that is necessary to produce relief. So also the presence of tonsils in children in the absence of mouth breathing, chronic inflammation; or other definite etiological factors does not call for their ablation. Here, as well, the removal of the adenoids alone is all that is required to relieve obstructive symptoms which are present. However, if tonsillectomy be imperative, let us select the operation accompanied by the minimum amount of trauma, thereby eliminating and preventing infection as much as possible. In children who have just recovered from an acute illness, or in those who are anemic and run down, tonsil operations should be postponed and the child's general condition improved as infection in them is more liable to occur. As regards the sub-mucous resection cases, let us make sure that the operation is imperative before attempting it, and, if infection does unfortunately follow, we may have the comforting assurance that the operation was not unnecessarily done.

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