restore nasal breathing. In such cases one must assist Nature with respiratory exercises.

Of the 38 per cent. of failures, 4 per cent. are due to the persistence of nasal obstruction, 14 per cent. to glossoptosis and 20 per cent. to a defect in the mechanism of readaptation to nasal breathing. It is these latter cases which respond so well to breathing exercises.

DISBURY said he had experimented with compressed air douche treatment, which he found a very useful addition to the usual breathing exercises.

G. WORMS did not consider that the removal of adenoids always solved the problem of respiratory obstruction in children. He recommended rubber tubes in the nasal fossæ. He found this method perfectly harmless and a useful adjunct to breathing exercises.

Compressed Air Tube in the Nasal Fossæ in Cases of Epistaxis—G. WORMS and G. F. GAUTIER.—The apparatus consists of an outer envelope of thin rubber. Through the lumen of the envelope passes a rigid tube which allows the air to circulate freely to and from the nasal fossa. The outer envelope and the tube are connected together at their extremities, and leave a free space which can be inflated at will by means of a pneumatic bulb. Nasal breathing can be carried on, and at the same time the outer envelope is in firm and extensive contact with the nasal mucosa.

This apparatus can be used advantageously after a submucous resection or after the division of adhesions.

G. LAURENS raised the objection that the apparatus was painful; at the same time, he admitted that it was efficacious and easy to insert.

ABSTRACTS

SURGICAL DIATHERMY

(*Abstracted by H. V. Forster, F.R.C.S., from the Acta Oto-Laryngologica*, vol. vii., Fasc. iv.)

1. *Surgical Diathermy in the Region of the Head and Neck*, by Franz Nagelschmidt, Berlin.

The author describes how a deeper coagulation effect may be obtained with less volume of current by the suitable placing of the indifferent electrode; if placed at a distance, the current follows the line of least resistance and any directing effect is lost. Weaker currents cause weaker depth effects than strong ones, and obviate drying up of the tissue and charring.

After surgical diathermy, the zone of hyperæmia and lymph pressure tends to exudation and not to absorption. During the healing process

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