

Killian's radical operation was performed at least six months before the time of writing.

Pain is in all cases either completely absent or greatly diminished ; in no instance has it returned in its former severity. Pain seldom disappears immediately after the operation ; it usually passes away gradually as healing proceeds.

Discharge in a few cases has ceased, but in most it still continues, though in much diminished quantity, and consisting mainly of mucus. The reason for this is that the preservation of the orbital bridge makes complete obliteration of the cavity impossible, and the whole of the space behind the bridge is not, as Killian had hoped it would be, filled up with scar tissue or orbital fat.

The *cosmetic result* is, in the great majority of the cases, excellent, but in a few with very high and deep cavities fairly pronounced depressions have resulted.

The *general health* has in all cases strikingly improved, and several patients have completely lost the mental depression from which they previously suffered. All cases, with a single exception, are now following their accustomed employment.

The author regards Killian's method as, on the whole, better than any other, and attributes the unfavourable results which some surgeons have obtained to incompleteness of operation. He lays especial stress on resection of the supra-orbital nerve and extensive removal of the ethmoid cells. He also removes carefully from the ethmoid region all shreds and tags of mucous membrane which might subsequently help to narrow the fronto-nasal passage. In most cases he considers drainage unnecessary, but in a few, in which the passage between the orbital bridge and the posterior wall of the sinus is narrow, he employs a glass tube which reaches from the orbital bridge to the anterior nasal opening.

A short description is added of the author's method of treating chronic empyema of the maxillary antrum. He believes strongly in local post-operative treatment under control of the eye through a large opening in the canine fossa, and has obtained good results by exposing the interior of the cavity to the action of light. More recently, however, he has employed the galvano-cautery, using special burners for the purpose, and thoroughly cauterising each of the walls of the cavity separately at intervals of three or four weeks. The resulting inflammatory reaction is never excessive, and pain is allayed by the application of ice. The method has hitherto been employed in seven cases, of which three are still under treatment and two are almost cured, the discharge being greatly diminished. The remaining two are now quite free from discharge, although they were cases of old standing which had been under treatment for long periods, and had never shown even a temporary cessation of the discharge.

Thomas Guthrie.

E.A.R.

Eagleton, W. P. (Newark, U. S. A.).—*The Value of v. Stein's Symptom in the Diagnosis of Labyrinthine Suppuration.* "Arch. of Otol.," vol. xxxvi, No. 3.

In 7 out of 17 consecutive cases of tympanic exenteration labyrinthine fistula was found. In two of these both the cochlea and semicircular canals were involved, in 5 the semicircular canals alone. From a methodical application of Stein's method in between two and three hundred persons the author was convinced of their great value in the diagnosis of labyrinthine suppuration.

Dundas Grant.