

was followed by the opening of the frontal sinus and the removal of the anterior wall with thorough curettage of the cavity and breaking down of all the anterior and posterior ethmoidal cells, gauze could be carried down into the nose and the external wound closed. Packing could be removed in thirty-six or forty-eight hours. He himself had not observed any great tendency to contraction of the drainage channel.

Dr. J. H. BRYAN believed that there was a very great tendency to closure of the channel between the frontal sinus and the nose.

Dr. T. P. BERENS, of New York, said that the whole proposition could be expressed in the statement that the success of any operation upon the frontal sinus depended upon complete drainage, and this could be secured only by complete removal of the anterior ethmoidal cells.

Dr. L. A. COFFIN referred to a case of large retention cyst causing exophthalmos. On opening the anterior ethmoid cells by resection of the frontal process of the superior maxillary bone he found a cavity as large as an English walnut, the contents of which were sponged out in one gelatinous mass. The orbital wall was necrotic and the cavity connected with the orbit. As to drainage-tubes, they were unnecessary in the Killian operation. He had been called upon to do a secondary operation but once, and that was owing to the overlooking, in the primary intervention, of a very narrow supra-orbital recess.

(To be continued.)

Abstracts.

NASO-PHARYNX.

Clark, J. P.—*Anomalous Folds in the Naso-pharynx*. "Boston Med. and Surg. Journ.," April 2, 1908.

Two very interesting cases detailed in which symmetrical folds passing from the Eustachian cushion to the vault of the pharynx were found, one in a boy, aged ten, one in a man, aged twenty-one. Clark considers them to be of developmental origin. *Macleod Yearsley*.

LARYNX.

Delacour (Paris).—*The Local Treatment of Laryngeal Tuberculosis with Mono-iodised Guaiacol*. "Revue Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie," January 11, 1908.

Mono-iodised guaiacol is a chemical body recently discovered. The

author has used 1 and 2 per cent. solutions in olive oil locally in six cases. He found it particularly useful in cases of ulceration with dysphagia. It is detergent and analgesic. *Chichele Nourse.*

Dupond, G. (Bordeaux).—*The Larynx and Accidents of Occupation.* "Revue Hebd. de Laryngologie, d'Otologie et de Rhinologie," April 25, 1908.

Recent legislation concerning the responsibility for accidents to workmen has rendered accidents of labour a subject for special study. In this article the various injuries to the larynx incidental to occupation are discussed and described. Contusions, wounds, fractures, and burns are dealt with at some length. Then follows a consideration of the duties of the medical expert in estimating the degree of disablement, the length of time the patient will be incapacitated from work, and kindred questions. *Chichele Nourse.*

ŒSOPHAGUS.

Bichaton and Blum (Rheims).—*Painful Spasm of the Œsophagus, Salivation, and Aphonia, of Neuropathic Origin.* "Revue Hebd. de Laryngologie, d'Otologie et de Rhinologie," April 18, 1908.

The patient was a gardener, aged fifty-one. His symptoms came on suddenly while stooping, and their onset was accompanied by a sharp pain. Since then, for nearly two months, he had been able to swallow nothing but liquids, and had lost 25 lb. in weight. The diagnosis of the functional nature of the disorder was only arrived at after a careful examination. Its correctness was proved by the rapid and successful result of treatment. *Chichele Nourse.*

EAR.

Henry Caboche.—*Contribution to the Study of Early Antrotomy in Certain Acute Suppurations of the Middle Ear.* "Annales des Maladies de l'Oreille, du Larynx, du Nez et du Pharynx," May, 1908.

In this paper illustrative cases are given of a variety of middle-ear infection, occurring in children, where from the very outset antritis is the predominant lesion, quite overshadowing the otitis. Clinically two forms are met with, the painful and the latent. The painful form is characterised by a sharp pain in the antral region; the child complains little or nothing of the ear, but almost exclusively of the mastoid. There is exquisite tenderness on pressure over Macewen's triangle. The membrana tympani does not present the appearance common to acute otitis media; the vascularity is limited to the posterior superior quadrant, and there is bulging in this area. Paracentesis is followed by a discharge, which, without being profuse, is abundant.

The latent form: In this pain is only trivial. There is purulent discharge, without painful mastoid reaction either spontaneously or on pressure. The temperature is not elevated. The membrana tympani resembles that of the preceding variety. In spite of the comparative absence of symptoms met with in this form, osseous lesions are prone to be very extensive; this feature does not depend upon purulent retention, for the discharge is always profuse, but is due to an active ulcerative process. Early antrotomy is demanded; the operation should not be