

Fetterolf, G.—**The Relief of Pain in Advanced Tuberculosis of the Larynx by means of Injections of Alcohol into the Internal Laryngeal Nerve.** "Annals of Otol., Rhinol., and Laryngol.," vol. xxi, p. 129.

Gives the history, surgical anatomy, technique, dangers, and a table of twenty-five cases. The author concludes that this method has a distinct place in the treatment of inoperable cases. It is a procedure requiring no special apparatus or training, is not hazardous or dangerous, is not seriously painful, can be repeated, and any untoward effects which can be produced are but temporary. In the large majority of cases pain is relieved instantaneously, deglutition becomes easier, and a greater amount of rest and sleep is secured. *Macleod Yearsley.*

Abrahams, A.—**Septicæmia following Septic Laryngitis.** "Lancet," August 24, 1912, p. 512.

Man, aged forty-five, stout, plethoric, and over eighteen stone, suddenly attacked with stridor and dyspnoea. Larynx markedly inflamed and œdematous, œdema of hands and feet; epithelial casts and 0.1 per cent. of albumen in urine. Culture yielded *B. pneumococci*. Improved on urgent symptoms after admission, and prepared to leave hospital on fifth day. On the sixth day, however, temperature rose to 102° F., and twenty-four hours later to 104.6°, with marked rigor. Rigors occurred irregularly for five days, and an abscess formed in the right subacromial bursa, which was opened and drained. The pus showed short-chain streptococci. A vaccine was administered, but death ensued thirty-four days after the first onset of dyspnoea. *Post-mortem* examination showed œdema laryngis, large vegetations on tricuspid valve, septic infarcts in both upper lobes of the lungs. The heart's blood contained streptococci.

Macleod Yearsley.

NOSE.

Richter, Ed.—**A Forceps for widening the Olfactory Fissure.** "Zeitschr. f. Ohrenheilk.," Bd. lxiv, No. 4.

In order to avoid, if possible, the resection of the middle turbinate in order to reach the sphenoidal sinus in cases of sphenoidal sinus suppuration, the writer has designed a pair of forceps. The two nasal ends of the forceps consist of two flat parallel plates which can be separated from one another when introduced. Some amount of force may be used, and the ethmoidal cells are felt to break and flatten out. If the ethmoidal cells are very large these are broken first with crushing forceps; in this way the ostium of the sphenoidal sinus is able to be seen or probed. In order to open the sinus the writer employs Hajek's hook, as he has found that most of the forceps or punches made are too large for the purpose.

Lindley Sewell.

Onodi, A. (Budapest).—**The Relationship of the Tear-Sac and Duct to the Accessory Sinuses and Nares.** "Monats. f. Ohrenheilk.," Year 46, No. 4.

A most elaborate and embracive article in two parts—the first dealing with the subject from its anatomical, and the second from its clinical aspect—illustrated with 43 excellent plates.

The first part, as its description implies, consists in a detailed review of the lachrymal fossa and tear-duct largely by means of figures taken from actual sections at varying levels and in different positions. Although

nothing before unknown is here discovered, the sections are well worth study to those who are endeavouring to master the intricate topography of the nose and adjacent regions.

In the second part Onodi states that as far back as the first half of the eighteenth century a new artificial passage into the nose was recommended in cases of obstruction of the duct, and that the causal relation between pathological conditions of this structure and the nose has long been well known, about 90 per cent. of these troubles being referable to its nasal environment. The various ways in which the duct can be involved are discussed, which practically results in a reference to all intra-nasal disease.

As regards treatment, of course the nasal lesion, if giving rise to offence and able to be remedied, should be the first objective, and failing this means of approach, other direct methods are described and compared. This latter portion does not, however, lend itself to abstraction, and the original should be consulted by those interested in the subject.

Alex. R. Tweedie.

Loeb, Virgil.—**Cubic Capacity and Superficial Area of the Maxillary Sinus.** "Journ. Amer. Med. Assoc.," August 3, 1912.

To determine the cubic capacity and superficial area of the antrum of Highmore horizontal sections of twenty-one decalcified heads were made. The casts obtained were mounted in pairs, and gave a clear idea of the size, form and irregular contour of the sinuses. By measuring the displacement of water resulting from the immersion of these casts, rendered impervious to water by melted paraffin, the cubic capacity, which averaged 12.94 c.c., was determined.

The superficial area was obtained by taking a strip of adhesive equalling 25 sq. in., from which pieces were cut and fitted on each cast until it was entirely covered. The general average was found to be 31.68 sq. in., and the two sides showed a marked uniformity.

Birkett (Rogers).

Loeb, H. W.—**The Cubical Capacity and Superficial Area of the Sphenoidal Sinus.** "Annals of Otol., Rhinol., and Laryngol.," vol. xxi, p. 1.

An interesting investigation illustrated by fifty figures. Plaster casts were taken after section of the head preserved in formalin. The casts prepared show the cubical capacity in the twenty sinuses examined to vary from 0.6 to 11.8 c.cm., with an average of 5.145 c.cm.; and the superficial area from 2.4 to 28.2 c.cm., with an average of 16.65 c.cm. A formula is suggested for estimating the superficial area from a known cubical capacity. This formula is: $Y = 0.2 X + 4.4$; X is the volume, and Y the superficial area divided by the volume. In order to determine the superficial area, the value of Y must be multiplied by the already known volume of the sinus.

Macleod Yearsley.

EAR.

Lüders, Carl.—**Hæmorrhage following Paracentesis of the Tympanic Membrane.** "Zeitschr. f. Ohrenheilk.," Bd. lxxvi, No. 2.

The writer describes a case in which severe and repeated hæmorrhage followed paracentesis of the tympanic membrane, resulting in death from pyæmia. Summarising an investigation into this matter, he states that certain constitutional and infectious diseases may give rise to severe