

Abstracts.

NOSE, Etc.

Furet.—*Trephining both Sphenoidal Sinuses through one healthy Maxillary Sinus.* "Archiv. Internation. de Laryngol., d'Otolog., et de Rhinol.," tome xiv., No. 1., Jan.-Feb., 1901.

It has already been suggested by Jansen (at the Moscow Congress, in 1897) to reach the sphenoidal sinus via the maxillary sinus when empyema of the former is complicated by similar disease of the latter. Luc followed Jansen in practising an almost identical operation. Furet has gone further, and has trephined the maxillary sinus in order to reach and treat a double sphenoidal sinus empyema. He gives details of his operation, which he performed upon a young girl, aged twenty-five years, with success. The author's conclusions are as follows:

While the nasal route can be utilized in simple cases in tractable patients, in whom the nasal fossæ are sufficiently large, the maxillary method is distinctly indicated in the following cases:

1. When the maxillary sinus also participates in the inflammation.
2. In all cases of sphenoidal sinusitis complicated with cerebral symptoms. It is then of great importance to act quickly and thoroughly. These cases are rare.
3. In all sphenoidal sinusites occurring in persons with narrow or malformed nasal fossæ.

Macleod Yearsley.

LARYNX.

Escat (Toulouse).—*Laryngeal Arthrites.* "Archiv. Internation. de Laryngol., d'Otolog., et de Rhinol.," tome xiv., No. 1, Jan.-Feb., 1901.

The author remarks that, while the nervous and muscular affections of the larynx have been made the subjects of numerous learned papers, the affections of the laryngeal joints have been singularly neglected. He discusses the difficulties arising from the similarity of symptoms between certain nerve-lesions and these joint affections; for example, crico-arytenoidean arthritis simulates paralysis of the recurrent, and crico-thyroidal arthritis that of the external laryngeal nerve. He suggests that it is very possible that many of the so-called paralyzes of doubtful origin are in reality due to an arthritis or an ankylosis. Putting aside arthrites and anchyloses due to typhoid fever and tertiary syphilis, the author considers rheumatic and pseudo-rheumatic arthrites, acute, subacute, and chronic. Laryngeal arthrites have, however, been recognised by several observers, and a complete bibliography is given of their work. He then considers in detail the symptoms of these affections, giving illustrative cases.

Crico-arytenoidean Arthritis.—Briefly, the symptoms by which he would diagnose this variety are:

1. The existence or pre-existence of an acute catarrh of the pharynx and larynx.
2. Temperature.

3. The existence or pre-existence of extra-laryngeal polyarticular manifestations.
 4. Painful dysphagia.
 5. Dysphonia or partial aphonia in unilateral arthritis, complete aphonia in the bilateral form.
 6. Dragging and suffocation in the bilateral form.
 7. Phonophobia.
 8. Local pain on coughing.
 9. Slight local stickiness and redness of the prelaryngeal region (an inconstant symptom).
 10. Quickly developed pain on pressure.
 11. Tumefaction of the arytenoidean eminences visible to the laryngoscope.
 12. Immobilization on adduction of the vocal cord corresponding, but without overriding, and without encroachment of the healthy cord on the middle-line.
 13. Prominence of the cord on the side affected.
- Crico-thyroidean Arthritis.*—The symptoms of this affection are :
1. Sudden appearance of aphonia after a cold, or in the course of a polyarticular rheumatism, acute or subacute.
 2. Antecedent or concomitant symptoms of pharyngo-laryngeal catarrh.
 3. Painful vocalization.
 4. Laryngoscopic signs analogous to those of external laryngeal paralysis.
 5. Pain on pressure of the crico-thyroid articulation at the level of the inferior cornua of the thyroid cartilage.
 6. Pain on artificially drawing together the integuments over the thyroid and cricoid cartilages.
 7. Persistent contraction of the crico-thyroid muscles.
- Treatment is discussed in a very few words.

Macleod Yearsley.

Garel and Goullioud.—*A Nail impacted in the Right Bronchus for Two Months. Diagnosis by the Radiograph. Removal with the Electro-magnet. Recovery.* "Annales des Maladies de l'Oreille, du Larynx," etc., tome xxvii., No. 2, February, 1901.

This is the report of a case, sufficiently described in the heading, of a boy, aged eighteen months. Recovery was complete. The nail measured $2\frac{1}{4}$ inches long. It was extracted through a preliminary tracheotomy wound by means of an electro-magnet.

Macleod Yearsley.

E A R.

Allan, A. Percy.—*Facial Neuralgia due to a Hair irritating the Membrana Tympani.* "Brit. Med. Journ.," February 16, 1901.

A law student, aged twenty-one, had been suffering from acute paroxysmal neuralgia for three months. He had had no relief, although, following advice, he had had three teeth extracted and others that were decayed stopped. He was very depressed about himself, and had tried many remedies without gaining the slightest relief.