

The writer has since 1902 operated on 120 cases by this method. It possesses in his opinion the following advantages: (1) A general anæsthetic is not required; (2) pain and œdema of the cheek are absent; (3) rest in bed is not essential; (4) the patient can carry out the after-treatment without pain by nasal lavage; (5) the opening is permanent, and therefore in event of a recurrent infection lavage can be recommenced without difficulty.

Thomas Guthrie.

LARYNX.

Glover, Jules.—*Traumatic Laryngitis following Intubation and Stenosis of the Larynx in Children.* ("Annales de Médecine et Chirurgie Infantiles," September 15, 1907.) Review by PH. KUHN in "Arch. f. Kind.," Bd. 49, Heft 1 and 2.

The author supposes that it is not simply a question of the co-existence of spasm and a condition of inflammation, but that the spasm seems to him to be a sequel of this latter state.

He enlarges on the physiology of the larynx under pathological conditions in his exhaustive treatise, and also deals with dyspnœa in cases of infantile laryngismus.

He divides the forms of laryngitis into those dependent on changes due to the decubitus position and faulty intubation and pressure from the tube, and those caused by unskilful removal of the tube.

The lesions resulting from the insertion of the tube are found above the rima glottidis and only rarely within the glottis.

He gives a detailed description of these changes, demonstrating them by illustrations.

He considers it impracticable to attempt a similar description of wounds due to extraction of the tube, as it is impossible to distinguish these from those due to unskilful intubation.

Alex. R. Tweedie.

EAR.

Halász, Heinrich.—*Fatal Spontaneous Hæmorrhage from the Ear.* "Arch. f. Ohrenheilk.," Bd. 76, Heft. 1 and 2, p. 78.

The patient was an infant, aged two weeks, born at the seventh month, and poorly nourished. Without any antecedent illness blood began to trickle slowly from the right ear, and continued to do so intermittently for five days, when jaundice appeared. Four days after the bleeding started a lump formed in the neck along the sterno-mastoid muscle and about 6 cm. in length. This tumour opened spontaneously by a pin-hole opening and blood trickled from it as well as from the ear. There was no pyrexia. The membrana tympani could not be seen on account of the bleeding and the narrowness of the meatus. Eight days after the onset of the hæmorrhage the child died.

No necropsy was obtained, so that the cause of the bleeding, though fully debated in the paper, remains problematical.

There seems to be only one similar case on record.

Dan McKenzie.

Smith, MacCuen.—*Chronic Recurrent Suppurative Otitis Media and its Relation to Mastoid and Intra-cranial Complications.* "The Therapeutic Gazette," October 15, 1908.

The author points out that intermittent discharge is more dangerous

than the constant variety, and dwells upon the value of prophylaxis. He discusses the diagnostic value of leucocytosis and considers that it is a valuable asset as throwing light upon certain forms of sepsis. In recurrent suppurative otitis during the stage of *apparent* inactivity, it may be possible to demonstrate by a blood-examination that a retrogressive metamorphosis is in actual progress. *Macleod Yearsley.*

Goldsmith, Perry G.—*Consideration of some Features of Influenzal Otitis and Mastoiditis.* "Canadian Practitioner," February, 1909.

After considering the bacteriological findings, the course of the disease, symptoms, etc., the writer divides the treatment into abortive and operative.

In the abortive, free, unobstructed drainage is the central feature. Sterilising the canal should be done before opening the drum. The incision through the membrane should extend from the roof to the floor, even into the posterior superior wall if there is much congestion in that region. Local anæsthesia preferred but not imperative. Local depletion by leeches may be of value, as also is cold when there is no pus formation—acting as a preventative. Rest in bed with calomel and saline catharsis are recommended. Hot saline irrigations of auditory canal and frequent aspirations with a large Seigel speculum or Sondermann suction apparatus are also considered advisable.

In the operative treatment the writer believes that when decided upon it should be thorough, the cells in the zygoma and tip being freely opened up. If extensive destruction occurs beyond the area of hard bone the sinus should be uncovered. Generally speaking the antrum should be reached but the aditus not necessarily disturbed. In chronic cases which have undergone acute infection, it may be as well in order to retain what hearing remains to leave the tympanic cavity alone.

Price-Brown.

REVIEW.

Pathologie und Therapie der entzündlichen Erkrankungen der Nebenhöhlen der Nase (Pathology and Treatment of Inflammatory Diseases of the Accessory Cavities of the Nose). By Dr. M. HAJEK, University of Vienna. With 150 illustrations, mostly original, and two plates of photographs. Third, enlarged edition. Leipzig and Vienna: Franz Deuticke, 1909.

The far-reaching effects of suppurative disease of the accessory sinuses of the nose render their consideration a study of almost perennial interest. Some of the very earliest work in regard to them was the outcome of the initiative of our own countrymen, but our foreign *confrères* have, by their opportunities for autoptical and bioptical investigation and their capacity for research, provided us with most valuable additions to our knowledge. Among the most prominent of these is Dr. Hajek, of Vienna, the third edition of whose work on inflammatory affection of the accessory cavities of the nose is now before us. The remarkable rapidity with which these editions have followed each other afford ample evidence of the appreciation which it has received. As we pointed out in a review of the first edition of this work, Dr. Hajek's tendency is to practise and inculcate a judicious and most praiseworthy conservatism, but his descriptions of the various operations show that he has no anti-operation bias and does not push