

**Darling, John M.**—*Cytological Examination of the Discharge in Cases of Suppuration of the Maxillary Sinus as a Guide to Treatment* "Edinburgh Med. Journ.," December, 1909.

Of the cases examined 29 were of more than five years' duration, 22 were of between one and five years' duration, 7 were of between six months and one year's duration, and 11 were of less than six months' duration.

The conclusions at which the author arrives are:

(1) The discharge from the maxillary sinus is a discharge from a mucous membrane showing different stages of the inflammatory process in different parts of its area. Cytology, therefore, can never be more than a partial aid in the estimation of its condition.

(2) The presence or absence of relatively large numbers of lymphocytes in the discharge does not depend on the chronicity of the disease. Epithelium is not, as a rule, to be recognised in the early stages of the disease. Epithelium found in the discharge is usually of the squamous variety.

(3) Cases in which the discharge shows a relatively small number of lymphocytes hold out a better prospect of cure by non-radical procedure than do those where relatively large numbers of lymphocytes occur.

(4) Independent of the period of duration, cases which are associated with the *Streptococcus pyogenes*, and which also show excess of lymphocytes in the discharge, are seldom cured by non-radical measures.

Arthur J. Hutchison.

## PHARYNX.

**Carmichael, E. Scott.**—*Tuberculosis of the Tonsil, associated with Tuberculous Glands of the Neck.* "Proc. Roy. Soc. Med." (Section for Study of Disease in Children), November, 1909, p. 27.

The tonsils of a number of children suffering from enlargement of the cervical lymphatic glands were examined microscopically, but not in serial section. Out of thirty-seven cases of slight, unilateral, and limited glandular enlargement, the tonsil of the same side showed definite tuberculosis—giant-cell systems and bacilli—in two cases. Out of thirteen cases with severe and extensive glandular disease, the tonsil on the corresponding side was found tuberculous in five.

In none of these did the macroscopic appearances of the tonsil, either before or after removal, raise the suspicion of tuberculosis, nor did the shape or size of the tonsil seem to bear any special relation to the tuberculous disease.

In several of the cases, indeed, the affected tonsils were small and even atrophic, and of firm consistence.

The probability is that the tonsillar disease is primary to that of the other lymphatic glands. The author is disposed to think that in some cases the infection of the tonsils was secondary to a small focus in the lungs; in others the disease seemed to have begun in the tonsils.

Dan McKenzie.

## LARYNX AND TRACHEA.

**Porter, W. G.**—*Cases of Laryngeal Tumour, with Remarks on the Technique of their Removal.* "Edinburgh Med. Journ.," March, 1910.

CASE 1.—A man, aged thirty-three, complained of huskiness which had been continuous for six or seven months. He had been thrown from his