Stella, H. de (de Gaud).—*Endo-nasal Injections of Paraffin in the Treatment of Ozœna.* "Archives de Laryngologie, etc.," May-June, 1904.

The author uses paraffin with a melting point about 112° F., and a Broeckaert's syringe rather longer and narrower than usual so as not to occlude the operation field. The syringe is filled with the melted wax and laid in water heated to 150° F., and after the inferior turbinate in cocainised, the wax is slowly injected about the middle of the turbinate is both posterior halves of the inferior turbinates are done at one sitting; the anterior halves are done later. It is advisable to inject small quantities repeatedly rather than a large quantity at one sitting, as there is sometimes considerable reaction and pain, but the author has never had any phlebitis or embolism or any other serious result.

In a series of forty cases he draws the following conclusions:—In early cases and in simple atrophic rhinitis the cure is complete; in bad cases where the bone and middle turbinate are involved the condition is so improved that the patient's friends cannot detect any odour.

Anthony McCall.

LARYNX AND TRACHEA.

Castex (Paris).—*Technical Details of Laryngotomy.* "Archives de Laryngologie, etc.," July-August, 1904.

Castex holds that the use of the tracheotomy tube is a great source of infection and irritation, and that it can be dispensed with. He uses chloroform with the patient's head in a dependent position, so as to leave the operation field free from saliva; the thyroid cartilage, the thyro-hyoid and the thyro-cricoid membranes are divided in the usual way, and the tumour removed by the thermo- or galvano-cautery. He states he gets quite good coaptation of the divided cartilage by passing the sutures through the soft parts.

The author admits that it is sometimes necessary to use a canula, and this may have to be done later. Moure, in criticising these statements, pointed out that Castex's method may answer for foreign bodies, but in his experience the use of a tracheotomy tube has had no unfavourable results, and does not think the saliva so very infectious. He also always sutures the thyroid with catgut. *Anthony McCall.*

Moure (Bordeaux).—*Remarks on Thyrotomy.* "Rev. Hebdom. de Laryngol.," etc., June 4, 1904.

The author recommends thyrotomy in cases of foreign bodies in the larynx, in early cases of endo-laryngeal malignant disease, and in cases of benign tumours which cannot be removed by endo-laryngeal methods, or which tend to recur locally, such as papillomata. In the case of foreign bodies and malignant disease he closes the wound immediately, but in the case of papillomata and innocent growth, which tend to recur, he inserts a tracheotomy tube and leaves it in for some time in order to give rest to the larynx. Illustrative cases are recorded. *Albert A. Gray.*

Jacques (Nancy).—*Two Clinical Experiences in Laryngology.* "Rev. Hebdom. de Laryngol.," etc., June 25, 1904.

Reports of two cases. The first was that of a child aged five and a half years, in which laryngotomy was performed in order to remove a foreign body from the larynx. The case did well.

The second case was that of a man in whom bilateral ankylosis of the crico-arytenoid articulation had occurred as the result of wearing an ill-fitting tracheotomy tube for many years. *Albert A. Gray.*

Hinsberg.—*The Treatment of Stenosis of the Larynx and Trachea by means of the Mickulicz Glass Canula.* "Wissenschaftliche Mittheilungen Arztliche Rundschau," August, 1904.

The great advantage of this canula is that it is made of glass. The secretion from the wound does not cause corrosion nor adhere so firmly to the smooth surface as is the case when metal or horn is the material of which the canula is made. A metal canula must also be changed at least once daily, whereas the glass tube can be left *in situ* for weeks.

When the stenosis is produced by kinking of the hinder wall of the trachea above the seat of the tracheotomy canula the Mickulicz glass canula is excellent. It is so inserted that its upper end is under the glottis, and therefore does not interfere with the action of the vocal cords.

Hinsberg strongly recommends that the glass handle of the canula be hollow, so that an air channel is provided should œdema of the glottis or other complication in the upper part of the trachea arise.

A. Westerman.

EAR.

Koller, Carl.—*Scarlatinal Panotitis; exfoliation of a Portion of the Labyrinth; Radical Operation.* "Med. Record," January 30, 1904.

The patient, a female child aged four, was taken suddenly ill with vomiting and fever, the vomiting lasting three days. The scarlatinal rash rapidly developed, and this was followed a few days afterwards by diphtheria. Upon the eighth day of the disease the child complained of pain in the ears and deafness. This was soon followed by profuse discharge. When the child got up out of bed at the end of four weeks she was noticed to stagger. Two months after the onset of her illness she was admitted to hospital. Large perforations were found to be present, and both tympanic cavities were full of granulations. Upon the left side, bare bone could be felt with a probe. A diagnosis of panotitis with necrosis of the labyrinth was made, and operation advised The left antrum was found full of pus and granulations, as was also the attic. Upon the medial wall of the attic a loose sequestrum was detached, and found to consist of the superior and external ampullæ and adjoining parts of the superior and external semicircular canals. Here the small sequestrum, consisting of a portion of the annulus tympanicus, was also removed. The patient made an uninterrupted recovery, but without any return in her hearing-power. The serious effects of scarlatinal diphtheria upon the organ of hearing are detailed by the author, and the relation of this disease to deaf-mutism is discussed. *W. Milligan.*

Veis.—*The Prophylaxis of Acute Otitis Media.* "Monatsschr. f. Ohrenheilk.," February, 1904.

Most cases of acute otitis media are caused by the unintentional performance of Valsalva's experiment, either in blowing the nose or in sneezing. In text-books of otology instructions are generally given to close one side of the nose, leaving the other quite freely open when blowing the nose. This the author considers insufficient precaution, and