gauging of the maxillary sinus involved and found the amount of liquid aspirated to be 5 c.c., a quantity far too large to be compatible with a true chronic maxillary sinusitis. The diagnosis was for this reason modified to chronic frontal sinusitis with empyema of the maxillary antrum. The exactitude of this diagnosis was confirmed, for after three lavages followed by three gaugings, done at intervals of a week, the results were constant.

When the carious molars were extracted it was found that the intra-sinusal alveolar dome corresponding to one of them was destroyed. The opening into the antrum thus brought about was enlarged sufficiently to allow ocular examination of the antral walls with probe and electric light. The antral mucosa was found to be in a firm and healthy condition.

In order to be positive that the pus was not generated in the maxillary sinus, this cavity was at different times fully stuffed with iodoform gauze, which on withdrawal was not soiled, but when a short strand of gauze was introduced, it was found on removal to be soaked with pus. This afforded the author undeniable proof as to the existence of a chronic suppurative frontal sinusitis only. The antrum of Highmore had acted as a reservoir for the pus generated in the frontal sinus.

On October 3, as frontal pain persisted, pus increased, and patient was rapidly losing ground, a consultation as to the advisability of an operation was held. It was thought wise on account of patient's age to abstain from operative measures.

October 16.—Patient became comatose. Temperature 39·6° C.; pulse 140. A fatal issue was considered inevitable, but to the surprise of all the next day the old lady was smiling, recognising people, and talking perfectly, temperature 37° C. This respite was of but short duration, for the patient relapsed into coma and expired on the following day.

In this case the author emphasises two points—(1) the danger of delay in dealing with a case of confirmed chronic frontal sinusitis; (2) the importance of an exact diagnosis in conditions of polysinusitis. In regard to the first, the author strongly deprecates operative delay till complications manifest themselves, and considers early surgical intervention imperative. As to the second point, whilst acknowledging that the *signe decapacité* is not infallible, he regards it as of the greatest value in the diagnosis. *Clayton Fox.*

LARYNX.

Botella (Madrid).—*The Treatment of Cancer of the Larynx and its Results.* "Boletin de Laringol., Otol., y. Rinol.," Madrid, March—April, 1904, p. 277.

The author gives an interesting historical account of the disease and its treatment, especially in the laryngoscopic period, with statistics from the literature of 112 cases. Of these, 29 died as the result of the operation; there were 33 recurrences; 13 cures—with, however, a short period of observation; 16 definite cures; and 18 without subsequent history. Classified according to the method of observation, the results were as follows:

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Operation.	Deaths from operation.	Recurrence.	Cures.
Endolaryngeal . . .	5·7 per cent.	22·8 per cent.	28·5 per cent.
Laryngotomy . . .	7·5 ,,	41·5 ,,	26·4 ,,
Pharyngotomy . . .	8·2 ,,	42·5 ,,	14·9 ,,
Total extirpation . .	34·0 ,,	23·3 ,,	9·0 ,,
Hemilaryngectomy . .	25·0 ,,	26·7 ,,	14·0 ,,

The author discusses at considerable length the nature of cancer and the various modes of treatment founded on the view that it is parasitic. He views all these theories with considerable scepticism, and considers that timely surgical measures can alone be relied on with likelihood of success.

James Donelan.

C. C. Rice (New York).—*The Compensatory Action of Certain of the Laryngeal Muscles seen in Cases of Vocal Disability.* "Boston Med. and Surg. Journ.," September 8, 1904.

The author's results are summarised thus: (1) There exists throughout the entire muscular system of the body the intention and habit of one group to render assistance to any other group of muscles which may be temporarily or permanently inefficient; (2) such compensatory service is more readily appreciated in the larynx than elsewhere, because its technique may be observed with the laryngeal mirror; (3) that the weaker of the laryngeal muscles are very easily fatigued by too rapid training, or by over-training and that it is the habit of the stronger muscles immediately to offer their assistance; (4) that although this compensation is wonderful from a physiological point of view, it is unfortunately accomplished at the expense of any great success in singing.

Macleod Yearsley.

Cotton, F. J. (Boston).—*Laryngotomy and Removal of One Cord for Benign Tumour of Larynx.* "Boston Med. and Surg. Journ.," September 8, 1904.

The patient, aged sixty, showed dyspnœa fourteen days before admission. He was thought to be suffering from either specific or malignant disease. The right cord was immobile and thickened, without ulceration, in the posterior part. Iodide of potassium was given, but the dyspnœa increased, necessitating tracheotomy. Later a median laryngotomy was done, and, as the pathologists' immediate report of the growth was non-malignant, the author contented himself with removal of the soft tissues of the whole right inner side of the larynx. The tube was finally removed in eight days, and the recovery was uneventful.

Macleod Yearsley.

Emil Mayer (New York).—*Neurosis of the Larynx.* "Boston Med. and Surg. Journ.," September 8, 1904.

These neuroses are thus classified: (1) Motor disturbances of a hyperkinetic nature—the spasmodic affections of the larynx; (2) stammering; (3) status lymphaticus and sudden deaths; (4) motor paralysis. The author merely mentions the various sensory disturbances. Under the first group he describes at some length laryngismus stridulus, congenital

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stridor, spasm of the glottis, chorea of the larynx, laryngeal nystagmus, laryngeal vertigo, and spastic dysphonia. Stammering he looks upon as acquired, requiring for its treatment careful, patient, painstaking *education*. In deaths from anæsthesia in adenoid operations he considers that the "status lymphaticus" is always present. *Macleod Yearsley.*

D. Bryson Delevan (New York).—*Present Methods for the Treatment of Malignant Disease of the Larynx.* "Boston Med. and Surg. Journ.," September 15, 1904.

Treatment is discussed under the heads of: (1) Internal medication; (2) antitoxins; (3) liquid air; (4) ligation of the carotids; (5) X rays; (6) ultra-violet rays; (7) radium; (8) surgical methods. He considers that direct operation presents the only *certainty* of success in the curative treatment. He especially commends the work of Butlin. He urges the early recognition of the cases and believes thyrotomy and partial extirpation for all cases seen early, with small and sharply limited lesion, and total extirpation for the more advanced cases. He also thinks a preliminary tracheotomy, some time previous to the main operation, advisable. Great stress is laid upon the danger of excising portions of malignant growths for microscopic examination on account of the irritation and immediate stimulation of the growth to rapid and extensive development. *Macleod Yearsley.*

Blois, Amory de (Boston).—*Sub-glottic Tubercular Lesions of the Larynx.* "Boston Med. and Surg. Journ.," September 22, 1904.

The author remarks that it has always been a question for argument whether tuberculosis is ever primary in the larynx, and any instances which throw even a feeble light on the subject seem worthy to be reported. He details two cases, the first a youth aged twenty-three. He had marked pulmonary physical signs, with tubercle bacilli in the sputum. The larynx was hyperæmic and the cords somewhat reddened, but with their edges sharp and smooth. Between the cords and in the region of the anterior commissure was a round, red swelling, about one inch below the glottis. Two days later this broke down, forming a subglottic ulcer. It slowly healed under applications of lactic acid, with "creosotal" internally, and did not recur, although the pulmonary disease rapidly carried off the patient.

The second case was a youth aged twenty-four. The laryngeal appearances were remarkably similar to those of the first case. The vocal cords and arytenoids were somewhat swollen and slightly reddened, and, exactly in the same position as in the other patient, there was a similar open ulcer. There were physical signs at the right pulmonary apex. This case grew rapidly worse, the ulceration creeping up and involving the edges of the cords. He developed aphonia, difficulty of deglutition, and quickly died. *Macleod Yearsley.*

EAR.

Lucchesi, C. (Naples).—*On a Rare Anomaly in the Anatomical Direction of the Lateral Sinus with Absence of the Mastoid Antrum in a Case of Subacute Purulent Otitis Media from Influenza with Mastoid Complications.* "Bolletino delle Malatt. Orecc., Gola, e Naso.," Florence, May, 1904.

The right lateral sinus extended to Henle's spine, occupying the field

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