

the ends protruding from the angles of the wound. Dr. Dundas Grant's method of clearing out a disintegrated clot, with or without pus in the sinus, he believed to be unwise, for the coats of the sinus were impregnated with the micro-organisms, and subsequently a further infection would occur if the operation were stopped at that point. Dr. Jones had made the duration of the disease an indication for ligation; he thought that its virulence should also be considered.

Abstracts.

ACCESSORY SINUSES.

Capart, A., jnr. (Brussels).—*The indications for operation in the treatment of Sinusitis.* "La Presse Oto-Laryngologique Belge," February, 1906.

Three questions are here discussed, namely, the relative frequency of intra-cranial complications in affections of the sinuses; the dangers of certain operations; and the prognosis of intra-cranial complications. The author concludes that although dangerous complications may supervene, yet, considering the great frequency of cases of sinusitis, we must regard these dangerous sequelæ as very rare. Moreover, as many published cases show that radical operations are not without serious risk, a degree of prudence is advisable in recommending operation, especially in cases where the patient's symptoms are not in proportion with the pain and risk entailed by operative treatment. When a serious complication has occurred it is the absolute duty of the surgeon to operate, although, from the small number of successful cases on record, the issue may be considered extremely doubtful.

Chichele Nourse.

LARYNX.

Paterson, D. R. (Cardiff).—*The Operative Treatment of Laryngeal Papillomata in Children.* "The Lancet," July 21, 1906.

The author, in this short paper, draws attention to the advantages of the direct endo-laryngeal method. After reviewing the various operative measures in vogue for the removal of laryngeal papillomata in children, he proceeds to describe the method by which, in his experience, the larynx can be most easily brought under direct inspection, and the endo-laryngeal procedure greatly simplified.

The instruments required for the removal of papillomata by the direct method are a fish-tail tube spatula, with handle attached and a straight forceps. For illumination he recommends the Kirstein electric head lamp. The operating table should be of sufficient height to enable the operator, when seated on a low chair, to work conveniently. The patient should be placed on the back with the head hanging over the end of the table and a low pillow under the shoulders. Chloroform is the most suitable anæsthetic to administer, and full anæsthesia can be kept up from a Junker's inhaler. The pharynx is brushed lightly with a 10 per cent. solution of cocaine, the tube spatula is introduced, and through it the entrance of the larynx and the under-surface of the epiglottis are similarly brushed. In the introduction of the spatula its point is passed along the under-surface of the epiglottis and then tilted upwards, so that it carries that structure forwards and enables an admirable view of the larynx to be obtained. In the majority of cases even this is not necessary.

Placing the fish-tail end of the spatula on the base of the tongue immediately in front of the epiglottis and exerting pressure forwards is quite sufficient to bring the interior of the larynx into full view, and the whole of the operation can be carried out with the spatula in that position. For the removal of the papillomata Dr. Paterson uses a form of forceps which he has had constructed for the purpose. It is a forceps with a straight shank, fashioned on the crocodile principle, and terminating in a beak with cutting edges. From the bend on the shank to the tip the length is nearly eight inches. It is used through the tube spatula and is lightly built, so as to interfere with the view as little as possible. At the same time it is capable of dealing with fairly tough tissue. Various forms of beaks have been constructed to fit into the different parts of the larynx.

In operating, the forceps are introduced through the spatula and the pieces are grasped and removed. If it is done rapidly the larynx can be fairly cleared before hæmorrhage shows itself to any extent. The two parts of the larynx which are the most difficult to get at are the anterior commissure and the subglottic space. It is here that recurrence is most apt to take place, as the removal is often imperfect. To overcome this Dr. Paterson has found the narrow beak forceps very serviceable, and their use may be supplemented by a curette. For this purpose he has employed a modification of Lóri's curette.

The endo-laryngeal operation carried out by the direct method has given Dr. Paterson such excellent results that he has no hesitation in urging its adoption in the first instance in all cases of laryngeal papillomata. Where recurrence takes place soon and is persistent he advises, in addition, the wearing of a tracheotomy tube for a time. This has a distinctly good effect in retarding the growth and enables the operator to deal more thoroughly with the papillomata at each sitting.

Jobson Horne.

EAR.

Fallas, A.—*Statistical Report of the Department of Oto-rhino-laryngology at the Hospital Saint-Jean at Brussels, under Dr. V. Delsaux.* "La Presse Oto-Laryngologique Belge," January and February, 1906.

A record of the work of the year 1905, during which 3895 new patients were seen, of whom 1471 came from other departments of the hospital. Many of the interesting and important cases are reported in detail; amongst them the following are recorded: two cases of fracture of the external auditory canal from falls upon the chin; a case of carcinoma of the ear simulating Bezold's mastoiditis (the symptoms in this case were discharge from the ear, and pain; then followed facial paralysis, projection of the auricle, enlargement of the neighbouring lymphatic glands, and swelling of the mastoid and the parts below it. The diagnosis only became apparent at the operation); a case of subacute otitis and severe mastoid pain in an hysterical subject in which the mastoid was opened fruitlessly; a case of tuberculosis of the nose, persisting after several operations; a case of acute rheumatic inflammation of the larynx, with perichondritis, in a woman aged eighty-three, which yielded to sodium salicylate; a case of foreign body in the larynx in a woman aged fifty-two (a sharp piece of bone, lodged in the right pyriform fossa, was removed after eight days; it had set up perichondritis, and an abscess formed; the patient recovered); a case of hysterical œsophageal spasm cured by ablation of the hypertrophied lingual tonsil.

Chichele Nurse.