

The author, however, adduces evidence to prove that they are represented in man in a vestigial form by the cartilages of Santorini, for the latter, although composed of elastic cartilage, and not continuous with the arytenoids, are nevertheless enveloped by the same perichondrial layer.

In reference to the muscles of the larynx it is interesting to note that the crico-arytenoideus posticus, in regard both to its form and the direction of its fibres, is practically identical in all the placentalia, including man—a fact in harmony with the importance of its function. Some of the other muscles show more or less considerable variations in both structure and function. The inter-arytenoideus, for example, among the ungulates, while it acts in association with the ary-epiglotticus and thyro-arytenoidus as a constrictor of the aditus laryngis, must be regarded also as serving, at times, as a dilator, for its attachment is such that contraction of the muscle tends to increase an abduction of the cords already established by the posticus muscle.

It is known that in adduction and abduction of the cords the arytenoids execute a rocking movement in addition to that of mere rotation, the result of which is that during adduction the long axes of the arytenoids move forward and inward while the vocal processes move downward, the reverse occurring during abduction. The author finds that this see-saw or rocking movement of the arytenoids is a constant feature of the mammalian larynx, and that in many members of the order the anatomical conditions are such as to make simple rotation impossible.

The author concludes with a statement of his conviction that similar studies of the larynx of the lower animals will throw much light upon the function of the organ in man.

*Thomas Guthrie.*

### NOSE.

**Seibert, E. G.—The Superior Maxilla: A Discussion of its Proper Development.** “Annals of Otol., Rhinol., and Laryngol.,” vol. xxi, p. 145.

The author concludes that normal nasal respiration is only attained through proper lateral development of the maxillæ, *i. e.* the palatal processes, and that this development is materially retarded by those factors which prevent nasal respiration. In this abnormal development the shape of these bones may be materially altered, thus affecting their relations to contiguous structures, and in this changed relation and altered shape we have factors for changing the direction and the lumen of the nerve-canals traversing these bones, thereby making pressure upon their contents and causing alteration of function, or, from irritability, reflex phenomena. He considers no child is too young from whom to remove causes for restricted nasal respiration, and when abnormal development has occurred, readjustment of the maxillæ probably offers the best results that can be looked for.

*Macleod Yearsley.*

**Hurry, Jamieson B.—Vicious Circles associated with Disorders of the Nose, Throat, and Ear.** “Lancet,” May 11, 1912, p. 1264.

The author, well known for his interesting work on “Vicious Circles in Disease,” has turned his attention to our specialty. Diseases of the nose are frequently complicated by the operation of a circle, the genesis of which depends largely on stenosis or an abnormal patency. Such vicious circles are described resulting from deflected septum, mouth-breathing, etc. Reciprocal relations are frequently established in con-

nection with sinusitis. Under the head of "Throat," are instanced laryngeal obstruction, abductor paralysis, tuberculosis, laryngitis, and various neuroses. Several instances are also given in regard to the ears. The paper really requires to be read *in extenso*. *Macleod Yearsley.*

**Lothrop, Oliver A.—Suturing as a Substitute for Splints after the Submucous Resection of the Nasal Septum.** "Boston Med. and Surg. Journ.," clxvi, p. 483.

The author suggests the introduction, by means of special instruments, of numerous sutures of silk or catgut (nine are shown in the diagrams) through the flaps. A wire loop is used temporarily to keep the flaps together during the passage of the sutures, the ends of which are tied round the columella. The stitches are withdrawn after two days.

*Macleod Yearsley*

**Pulleine, Robert.—Solid Paraffin in the Treatment of Ozæna.** "Australasian Medical Gazette," September 14, 1912.

Under the heading of "Ozæna" a description is given of atrophic rhinitis. Under the heading of "Treatment," the author says if we can narrow the abnormally wide nose enough to make the expiratory effort capable of clearing the nose we arrive at a stage of comparative health. Injections of paraffin under the mucosa of the septum and above the inferior turbinal he found a failure on account of the atrophic condition of the membrane. The method which he has found very valuable is the implantation *en masse* of a piece of solid paraffin. As in the septal resection, the muco-perichondrium, and further back the muco-periosteum, is elevated, and a piece of paraffin, cast in a rubber tube, is trimmed down and inserted, and the wound closed. This makes an elevated ridge along nearly the whole length of the septum and narrows the nose so that an efficient expiratory effort can be obtained. The technique is important. (1) The implanted mass must not be large enough to cause undue tension. (2) The incision must be in the skin and not in the mucous membrane or in the muco-cutaneous margin. (3) The anterior end of the implanted mass must not come up to the wound in such a way as to cause tension in the sutures. (4) Wound must be accurately closed. (5) If in lifting the structures a perforation occurs, it is useless to go on, as the implanted mass will be thrown off. *A. J. Brady*

### E. A. R.

**Holmes, E. M.—Examination and Treatment of the Eustachian Tube by the Aid of the Naso-pharyngoscope.** "Annals of Otol., Rhinol., and Laryngol.," vol. xx, p. 511.

This is the author's second paper and concerns 900 cases, 400 of which have been classified. He points out that over 90 per cent. of all the diseases of the middle ear are due to disease primarily in and about the Eustachian tube. Holmes briefly describes the conditions found and their treatment. Acute inflammatory swelling is frequently reduced by cocaine and adrenalin, chronic cases being much less affected by those drugs. Adhesions to Rosenmüller's fossa are common and often productive of tinnitus, and adenoid tissue in the adult is much more frequently extensive in amount and a source of trouble than is indicated by the posterior nasal mirror. Posterior end hypertrophy was found in fifty-four cases. A table of thirty-one cases of acute middle-ear inflammation is given, together with coloured plates of forty-eight different conditions in and about the tubes.