

antri, if such a condition ever occurs, which Turner seems inclined to doubt. The bulging is in the outer facial wall of the antrum, not, as one would expect in hydrops antri, in the thin nasal wall, no connection can be found between the cavity and the nose, and there is never any history of discharge into the nose. On the other hand, there is not infrequently a history of bad-tasting discharge entering the mouth, which, of course, often occurs in chronic antral abscess. Sometimes it is possible after opening the cyst to perforate its distal wall and find a second cavity, viz. the antrum proper, or, as in one case, to open the cyst cavity which has no connection with the nasal cavity, then to open the antrum behind it through the socket of the third molar, or again histological evidence of the existence of two separate cavities may be found.

The fact that the cyst is connected with and discharges into the nose does not disprove its cystic nature, for it may rupture into the antrum. In such cases erroneous diagnosis may readily be made unless due attention is paid to the expansion of the antral walls. Therefore the facial, alveolar, and palatal surfaces must always be carefully examined. Other conditions which cause such bulging, e.g. tumour in the antrum, are generally easily diagnosed. The author does not discuss the ætiology of dental cysts. Most of the points discussed in the paper are illustrated by cases, and several excellent anatomical plates are given.

Arthur J. Hutchison.

LARYNX.

Anzinger, F. P.—*Three recent Cases of Croup due to Staphylococcus and requiring Tracheotomy.* "American Journal of Medical Sciences," November, 1904.

All three cases occurred in young children of from one to four years, and all followed attacks of more or less acute tonsillitis, but in none was any membrane found in the fauces or larynx. There was marked febrile disturbance in all, and two of the cases died in a few hours after tracheotomy was done, "apparently from profound toxæmia." In two cases the diagnosis of diphtheria was entertained and antitoxin given, but with negative results. Swabbings from the pharynx, the larynx, and the trachea showed practically pure cultures of staphylococci. Artificial cultures of the organism proved unusually pathogenic when injected into white mice.

Middlemass Hunt.

EAR.

Villar.—*Technique of the Operation for Anastomosis of the Facial Nerve.* "Rev. Hebdom.," October 8, 1904.

The writer describes the technique of the operations for facio-spinal anastomosis and for facio-hypoglossal anastomosis. Reference is also made to facio-glossopharyngeal anastomosis, though the latter is not described. The facio-hypoglossal operation is preferred, though admittedly it is rather more difficult. The reasons for this preference are: (1) The synergetic contractions of the tongue are not so distressing as those of the shoulder; and (2) the re-education of the facial muscles is more rapid since the facial centre in the brain is nearer to that of the hypoglossal than to that of the spinal-accessory.

Albert A. Gray.