

Ether he believes contraindicated on account of the venous congestion. Notwithstanding the statements of the Vienna pathologists, he holds that chloroform is as safe in this as any other operation as long as proper care is taken in the control of the bleeding. In two cases of others and one of his own, death, which seemed imminent, would have been ascribed to chloroform syncope, whereas, in reality, the trouble was blood in the larynx, and all anxiety was relieved the moment this was removed. In these cases the danger was not supposed at the time to arise from interference with respiration, for the patients continued to perform respiratory movements.

EATON.

### III. ACCESSORY SINUSES.

**Acute Frontal Sinusitis**—HENRY L. SWAIN, New Haven, Conn.—*Medicine*, November, 1899.

The author holds that the recurrence of influenza lessens the resistive powers of the nasal mucous membrane, and predisposes to the more frequent occurrence of acute frontal sinusitis.

Diseases of the middle turbinate region may create foci of infection near the opening of the canal, leading to congestion and increased secretion, which if retained results in pus with all its attending symptoms.

In the treatment he advocates the liberal use of hot water externally and hot salt solutions locally in the nose.

STEIN.

**A Report of the Operative Treatment of Frontal and Maxillary Sinusitis**—F. W. HINKEL—*Buffalo Med. Jour.*, Nov. 1899.

The author, in an interesting article, calls attention to the operative treatment of a number of cases. In a case of frontal empyema with antral symptoms an incision was made along the inner half of the left supraorbital ridge, a little beyond the middle of the globella, the soft parts and periosteum were retracted, and the anterior wall of the left frontal sinus opened with a small trephine. The incision thus made has a cosmetic advantage over the vertical one. The sinus was filled with a greenish offensive pus. The incised tissues were protected by a dam of iodoform gauze, and the sinus flushed with a normal salt solution. The walls of the sinus were thoroughly curetted, and the naso-frontal opening enlarged until an ample opening communicated with the nasal chamber. A strip of iodoform gauze was inserted in the enlarged infundibulum, and the external incision closed by silk suture—usual aseptic dressing applied and retained by a gauze bandage. Intra-nasal insufflations of iodoform were applied every three hours, after gentle spraying with a normal salt solution. The gauze drain was removed on third day. On the sixth day the stitches were removed. Good union had taken place, and on the eighth day after operation patient was discharged cured. There has been no return of the symptoms of the disease.

The main point of interest in the preceeding case was the immediate cessation of the antral discharge as soon as drainage of the frontal sinus was secured.

In two cases of chronic antral empyema, operations were performed after the method of Luc; viz., the antrum opened through the canine fossa, a counter opening through the nasal wall, beneath the inferior turbinate, and then closing the opening through the canine fossa by stitching the mucous membrane of the oral conjunction.

In the first case the gingivo-labial incision was sutured, and some difficulty was encountered when later stitches were made, as the stitches primarily inserted were more or less torn. In the second case, the gingivo-labial incision was not sutured and the parts coapted nicely. The author, therefore, infers that suturing of the gingivo-labial incision is unnecessary. The wound need not be disturbed. Patient being fed on soft food, and using the opposite side of the mouth in masticating, and avoid blowing the nose violently.

E. D. LEDERMAN.

#### Diagnosis and Therapy of Diseases of the Nasal Sinuses—SEIFERT—*Münchener Med. Wochenschrift*, May 23, 1899.

At a meeting of the Medico-Physical Society at Wurzburg held April 23, the author read a paper on the above subject. As a means of diagnosis in cases of suspected sinus trouble he urges the use of negative Politzerization. The nasal cavities having been first scrupulously cleaned, so that no secretion can be seen, the patient is given a swallow of water which he is to swallow at the word of command. The compressed Politzer bag is then held tightly to one nostril and as the patient swallows, it is allowed to expend. The consequent rarification of the air in the nostrils draws out the secretion from the sinuses, if there be any. Of course a careful inspection of the nasal cavities should be made as soon as the maneuver is completed. The mere act of drawing out the secretion has a curative effect in many acute cases; as is shown by the healing of seven cases of acute empyema of the frontal sinus and four cases of acute empyema of the maxillary sinns under this treatment.

VITTUM.

#### IV. LARYNX AND TRACHEA.

##### What Causes the Shallow Depressions in Pachydermatous Thickenings Over the Processus Vocalis?—A. KUTTNER—*Archiv. für Laryngologie*, Band ix, Heft 3, 1899.

The author endeavors to show that both Virchow and Frankel were right in their varying views as to the cause of these depressions. He has of late come across a case which shows that they cannot depend wholly on pressure of the opposed cord, for this case the two cords were situated in such different planes that when they were ap-