

between the gland-ducts. This tissue is almost uninfluenced by the application of cocaine, and in this respect, as well as in general structure, the lobular hypertrophy agrees with the ordinary nasal polypus.

The author strongly dissents from the views of Hopmann and others, who regard the overgrowth as papillomatous in nature. He finds, on the contrary, that the epithelial layer is quite normal. Nor can he agree with Kopetzky, who has recently attributed the lobular hypertrophy to an increase of elastic fibres in the subepithelial layer. The author's specimens show no such increase, and in some the elastic fibres are more scanty than usual.

Thomas Guthrie.

ACCESSORY SINUSES.

Maljutin, E. N. (Moscow).—*Cases of Frontal Sinus Disease.* "Archiv für Laryngol.," vol. xix, Part II, 1907.

The author describes two cases of empyema of the frontal sinus, both of which were characterised by the formation of a spontaneous fistula of the anterior wall. The first case presented, in addition, an apparently congenital defect of the posterior wall, an anomaly previously mentioned by Zuckerkandl alone, who saw but one instance of it. The patient, a peasant, aged forty-seven, had been treated for about a year for a discharging fistula situated in the middle of the glabella. The fistula had followed upon the opening of an abscess in that position. Operation disclosed a large frontal sinus on the right side extending to the left across the middle line. Within the cavity of the sinus was found a small sac filled with pus and granulations, which communicated with the exterior through the fistula, but was completely shut off from the true cavity of the sinus. Examination of the posterior wall of the sinus itself disclosed an oval defect 2 cm. long and 1 cm. broad, through which bulged the normal dura mater, and in the mid-line the superior longitudinal sinus, the latter showing very well-marked pulsation. The margins of the opening were smooth and rounded, and quite free from any evidence of disease, so that the author has no doubt that the defect was a congenital one.

In the second case an empyema involving the entire frontal sinus had perforated through the anterior wall.

Spontaneous perforation of the comparatively resistant anterior wall, such as occurred in these two cases, is very rare; the author has been unable to find records of more than two similar cases (by Botey).

Thomas Guthrie.

LARYNX.

Bond, J. W.—*Preliminary Laryngotomy.* "Brit. Med. Journ.," January 5, 1907.

During the past fifteen years the author has performed laryngotomy as a preliminary measure when dealing with some of the major opera-

tions about the upper respiratory tract. His method is as follows: (1) An assistant lifts up a vertical fold of skin, the centre of which is at the upper border of the cricoid cartilage (the head being extended). (2) The centre of this uplifted fold of skin is transfixed and cut through so as to produce a transverse incision of one inch in length. (3) A pair of sharp closed scissors curved on the flat are plunged through the crico-thyroid membrane downwards and backwards in the middle line, keeping close to the upper border of the cricoid so as to avoid injuring the transverse artery. The scissors are then widely opened. (4) The laryngotomy tube is then inserted between the blades of the widely-opened scissors, or retractors are used after having withdrawn the scissors. After the tube is *in situ* the pharynx can be packed with a large flat sponge; if necessary the upper laryngeal orifice can also be packed by passing an eyed probe upwards through the wound into the mouth and threading on a small sponge attached to the tape. The probe and tape are then drawn downwards, with the result that the upper laryngeal orifice is securely closed.

The operation can be very rapidly performed, and is of particular value in those cases of operation about the nose, jaws and pharynx likely to be attended by severe hæmorrhage. *W. Milligan.*

Butlin, H. T.—*Preliminary Laryngotomy.* "Brit. Med. Journ.," January 5, 1907.

In this short communication the writer speaks very favourably of Dr. J. W. Bond's suggestion (*vide supra*) as to the performance of preliminary laryngotomy in certain operations about the upper respiratory or pharyngeal tract. A few difficulties at times encountered in performing laryngotomy are mentioned. *W. Milligan.*

E.A.R.

Bryant, S.—*The Preservation of Hearing.* "Med. Record," March 2, 1907.

A general plea for the early detection and treatment of auditory defects with the suggestion that aural patients should present themselves for examination once a year. *W. Milligan.*

Oppenheimer, Seymour.—*Remarks on the Radical Operation for the Cure of Chronic Suppuration of the Middle Ear.* "Med. Record," March 16, 1907.

The author considers that it is becoming more and more recognised that intra-tympanic operations must fail to cure chronic suppurative middle-ear affections on account of an inability to remove all the existing morbid tissue. He holds that the more the pathology of aural suppuration is considered and appreciated the more readily will active surgical measures be instituted at an early stage of the disease. To obtain good results, so far as audition is concerned and rapid and successful healing, it is necessary to eliminate all diseased areas and to convert the tym-