

**Delsaux, V.**—*Intra-cranial Complications of Sinusitis.* "La Presse Oto-Laryngologique Belge," August, 1905.

A report to the Belgian Society of Otolaryngology, and Rhinology. The possibility and the relative frequency of such complications are first considered. The channels of infection by the lymphatics, by the veins, and by continuity are then described at length. The nature of the infective agents is discussed, and finally the author arrives at certain conclusions, and the importance of early and bold operative interference is emphasised. A bibliography is appended to this interesting paper.  
*Chichele Nourse.*

**Duverger** (Bordeaux).—*De la Voie Trans-maxillo-nasale, etc.* "Rev. Hebd.," September 2, 1905.

The writer describes at length the method of reaching the posterior cavities of the nasal fossæ, the body of the sphenoid, and the nasopharynx. The operation is practised for removal of tumours, treatment of abscess in the sphenoidal and ethmoidal cavities, and other similar conditions. Cases are described illustrating the use of the operation in melano-sarcoma of the naso-pharynx and epithelioma of the posterior nasal fossæ. The paper should be read in the original, as it does not well bear abstracting.  
*Albert A. Gray.*

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## LARYNX.

**Cheval, V.**—*The Surgical Treatment of Cancer of the Larynx.* "La Presse Oto-Laryngologique Belge," June, 1905.

In this report to the Belgian Society of Otolaryngology, and Rhinology the author discusses the various modes of treatment and states his own views, as follows: Palliative treatment, including morcellement or excision of fungosities, tracheotomy, and gastrostomy, is reserved for cases in which by reason of the advanced age of the patient or the general infection of the organism a curative operation is inadmissible. The extent of the lesion and its propagation to the pharynx or to the glandular chain are not considered as contra-indications to radical measures.

In all operable cases total laryngectomy, without a preliminary tracheotomy is recommended, together with systematic removal of the chain of glands on each side of the neck, whether they appear to be affected or not. The author has given up the use of an artificial larynx, and where possible even of a tracheal cannula.  
*Chichele Nourse.*

**Clark, J. Payson** (Boston).—*Papilloma of the Larynx in Children.* "Boston Medical and Surgical Journal," October 5, 1905.

This paper, containing reports of fourteen cases, concludes that papilloma of the larynx in children is a very serious condition, the cause of which is unknown. The best method of treatment is tracheotomy and non-interference with the growth. If under this treatment it still persists after an age when the child can be treated as an adult, it has probably lost its activity of reproduction, and attempts at its removal may be made.

*Macleod Yearsley.*

**Schiffers.**—*Intubation and Tracheotomy.* "Rev. Hebd.," October 14, 1905.

The writer reviews the question as to the relative value of the two methods. He considers that intubation is not sufficiently practised, and cites the usual arguments in its favour. The risks of intubation are pointed out, and a case is described in which violence had produced stenosis in the region of the cords, which for a long time prevented the removal of a tracheotomy tube. Thyrotomy was performed, and after considerable time and trouble the patient recovered completely.

*Albert A. Gray.*

**E.A.R.**

**Hammerschlag, V.**—*The Influence of Heredity in Otosclerosis.* "Wiener klin. Rundschau," January 8, 1905.

Two interesting family trees are detailed, and below is an attempt to present each in small space.  $\alpha$  refers to individuals with difficulty of hearing.  $\beta$  refers to individuals totally deaf.  $\gamma$  refers to individuals with normal hearing. When enclosed in brackets = the female sex.

TABLE I.

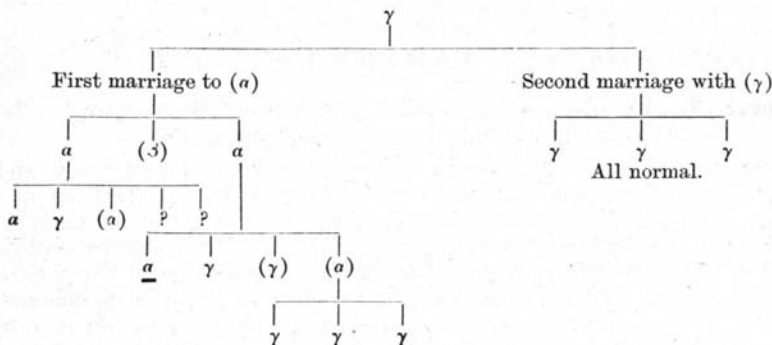
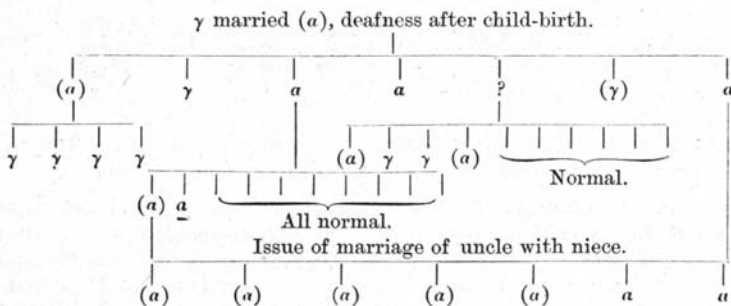


TABLE II.



The two underlined were Hammerschlag's patients; both had otosclerosis.

*Arthur Westerman.*