

NOSE AND ACCESSORY SINUSES.

Johnston, R. H.—*The Treatment of Chronic Antrum Disease.* "Boston Med. and Surg. Journ.," June 6, 1907.

The author distinguishes between empyema of the antrum and chronic sinusitis. In the former the removal of a diseased tooth will be sufficient to bring about a cure by drainage. Without considering the radical operation, he discusses the relative advantages of the alveolar and intra-nasal methods of treatment. The author prefers to operate under cocaine and adrenalin; he removes the anterior end of the inferior turbinal and trephines obliquely beneath that body. Through the trephine hole curetting can be carried out and applications made. He has obtained the best results with occasional curetting and persistent washings with mild antiseptic solutions. *Macleod Yearsley.*

Pasch (Belzig).—*Foreign Bodies in the Nose as the result of Accident.* "Münch. med. Woch.," August 6, 1907.

A workman was pulling a chain, which broke. He felt a blow on the nose and a sensation as if he had lost some teeth. His nose was cut, and blood ran from the nostril. It was found at the end of two weeks that there was a link of a chain in his right nostril, whose presence there was not suspected, the only nasal symptom being obstruction. The question arose as to whether the link had been snuffed into the nose or had rebounded into it after striking the ground. *Dundas Grant.*

LARYNX.

Somers, L. S.—*The Aural and Laryngeal Complications of Typhoid Fever.* "Therapeutic Gazette," June, 1907.

The majority of typhoid patients presenting laryngeal complications have superficial ulceration, limited in area and healing without trouble. Its frequency varies from 1.5 to 29 per cent. according to the virulence of the epidemic. The serious complications—œdema, perichondritis, stenosis, and abscess formation—are discussed.

The ear is involved sufficiently to call for active treatment in 2 to 4 per cent. of cases, but, undoubtedly, changes of minor grade occur. Usually the ear complications are the result of extension up the Eustachian tube from the naso-pharynx. They may be simple congestion, catarrhal exudation, or purulent otitis media, with the attendant complications and sequelæ.

External ear complications are rare, but furunculosis may occur. Middle ear suppuration usually develops during the fourth or fifth week. The early development of mastoid trouble is characteristic.

In patients with marked stupor the ears should be carefully examined. *Macleod Yearsley.*

EAR.

Voss, F.—*On Non-interference with the Thrombus in Cases of Lateral Sinus Thrombosis.* "Zeitsch. f. Ohrenheilk.," vol. liii, part iv, 1907.

In cases of sinus thrombosis following an acute otitis which has already resolved the author advises a direct exposure of the sinus, in all