

the sinus as far as its horizontal limb as near as possible to the gulf, is a satisfactory method in many cases.

In the second place the author occupies himself with the mode of opening the gulf of the jugular. Under this head he describes successively the operations, which consist in reaching the foramen lacerum posticum by the trans-tympanic and trans-mastoid route.

An important consideration is the difference of opinion between anatomists and surgeons. The former regard opening the gulf as an almost impossible operation; the latter, on the contrary, indicate in a precise manner the operative technique which it is necessary to follow in order to reach the goal. The explanation of these two contrary opinions is found in the fact that the anatomists operate on the healthy cadaver, rigid and difficult to manage, whilst the surgeons are dealing with the living body, in which the tissues are infiltrated, separated, and softened, and often surrounded with pus and with the bone more or less diseased.

Dr. Moure concludes that the best mode of attacking the gulf of the jugular is by having no fixed method, but for the operator to let himself be guided by the lesion itself, which will certainly lead towards the diseased region—in fine, that the best rule is to have no rule.

(*To be continued.*)

Abstracts.

NOSE.

Grunwald (Münich).—*The Lymphatic Vessels of the Accessory Sinuses of the Nose.* "Arch. für Laryngol.," vol. xxiii, Part I.

Reference is made to the works of André, whose material consisted of two young subjects of the ages of five and eight years.

While, however, owing to the greater richness of the capillary network at such ages, injections are more easily carried out than in later life, they do not supply conclusive evidence as to the state of affairs in the adult. Grünwald therefore used as his material the head of a man, aged sixty, and obtained a satisfactory result on the left side by injecting the colouring material into the membrane, closing the anterior nasal fontanelle.

Both the author's preparation and those of André showed no branches of communication to the alveoli, and none passing through into the orbit. The last was especially noteworthy, in that a dehiscence of the lamina papyracea was present. The preparation demonstrated further that there is continuity of the entire lymphatic system of the accessory sinuses and of the nose in the plane of the mucous membrane, and not by vessels passing through the walls of the cavities.

Thomas Guthrie.

Darling, John M.—*Cytological Examination of the Discharge in Cases of Suppuration of the Maxillary Sinus as a Guide to Treatment* "Edinburgh Med. Journ.," December, 1909.

Of the cases examined 29 were of more than five years' duration, 22 were of between one and five years' duration, 7 were of between six months and one year's duration, and 11 were of less than six months' duration.

The conclusions at which the author arrives are:

(1) The discharge from the maxillary sinus is a discharge from a mucous membrane showing different stages of the inflammatory process in different parts of its area. Cytology, therefore, can never be more than a partial aid in the estimation of its condition.

(2) The presence or absence of relatively large numbers of lymphocytes in the discharge does not depend on the chronicity of the disease. Epithelium is not, as a rule, to be recognised in the early stages of the disease. Epithelium found in the discharge is usually of the squamous variety.

(3) Cases in which the discharge shows a relatively small number of lymphocytes hold out a better prospect of cure by non-radical procedure than do those where relatively large numbers of lymphocytes occur.

(4) Independent of the period of duration, cases which are associated with the *Streptococcus pyogenes*, and which also show excess of lymphocytes in the discharge, are seldom cured by non-radical measures.

Arthur J. Hutchison.

PHARYNX.

Carmichael, E. Scott.—*Tuberculosis of the Tonsil, associated with Tuberculous Glands of the Neck.* "Proc. Roy. Soc. Med." (Section for Study of Disease in Children), November, 1909, p. 27.

The tonsils of a number of children suffering from enlargement of the cervical lymphatic glands were examined microscopically, but not in serial section. Out of thirty-seven cases of slight, unilateral, and limited glandular enlargement, the tonsil of the same side showed definite tuberculosis—giant-cell systems and bacilli—in two cases. Out of thirteen cases with severe and extensive glandular disease, the tonsil on the corresponding side was found tuberculous in five.

In none of these did the macroscopic appearances of the tonsil, either before or after removal, raise the suspicion of tuberculosis, nor did the shape or size of the tonsil seem to bear any special relation to the tuberculous disease.

In several of the cases, indeed, the affected tonsils were small and even atrophic, and of firm consistence.

The probability is that the tonsillar disease is primary to that of the other lymphatic glands. The author is disposed to think that in some cases the infection of the tonsils was secondary to a small focus in the lungs; in others the disease seemed to have begun in the tonsils.

Dan McKenzie.

LARYNX AND TRACHEA.

Porter, W. G.—*Cases of Laryngeal Tumour, with Remarks on the Technique of their Removal.* "Edinburgh Med. Journ.," March, 1910.

CASE 1.—A man, aged thirty-three, complained of huskiness which had been continuous for six or seven months. He had been thrown from his