

the ends protruding from the angles of the wound. Dr. Dundas Grant's method of clearing out a disintegrated clot, with or without pus in the sinus, he believed to be unwise, for the coats of the sinus were impregnated with the micro-organisms, and subsequently a further infection would occur if the operation were stopped at that point. Dr. Jones had made the duration of the disease an indication for ligation; he thought that its virulence should also be considered.

Abstracts.

ACCESSORY SINUSES.

Capart, A., jnr. (Brussels).—*The indications for operation in the treatment of Sinusitis.* "La Presse Oto-Laryngologique Belge," February, 1906.

Three questions are here discussed, namely, the relative frequency of intra-cranial complications in affections of the sinuses; the dangers of certain operations; and the prognosis of intra-cranial complications. The author concludes that although dangerous complications may supervene, yet, considering the great frequency of cases of sinusitis, we must regard these dangerous sequelæ as very rare. Moreover, as many published cases show that radical operations are not without serious risk, a degree of prudence is advisable in recommending operation, especially in cases where the patient's symptoms are not in proportion with the pain and risk entailed by operative treatment. When a serious complication has occurred it is the absolute duty of the surgeon to operate, although, from the small number of successful cases on record, the issue may be considered extremely doubtful.

Chichele Nourse.

LARYNX.

Paterson, D. R. (Cardiff).—*The Operative Treatment of Laryngeal Papillomata in Children.* "The Lancet," July 21, 1906.

The author, in this short paper, draws attention to the advantages of the direct endo-laryngeal method. After reviewing the various operative measures in vogue for the removal of laryngeal papillomata in children, he proceeds to describe the method by which, in his experience, the larynx can be most easily brought under direct inspection, and the endo-laryngeal procedure greatly simplified.

The instruments required for the removal of papillomata by the direct method are a fish-tail tube spatula, with handle attached and a straight forceps. For illumination he recommends the Kirstein electric head lamp. The operating table should be of sufficient height to enable the operator, when seated on a low chair, to work conveniently. The patient should be placed on the back with the head hanging over the end of the table and a low pillow under the shoulders. Chloroform is the most suitable anæsthetic to administer, and full anæsthesia can be kept up from a Junker's inhaler. The pharynx is brushed lightly with a 10 per cent. solution of cocaine, the tube spatula is introduced, and through it the entrance of the larynx and the under-surface of the epiglottis are similarly brushed. In the introduction of the spatula its point is passed along the under-surface of the epiglottis and then tilted upwards, so that it carries that structure forwards and enables an admirable view of the larynx to be obtained. In the majority of cases even this is not necessary.