## NOSE AND ACCESSORY SINUSES.

**Bruehl, G.** (Berlin).—*An Anatomical Method of demonstrating the Accessory Cavities of the Nose.* "Arch. of Otol.," vol. xxxii., No. 2.

The skull is decalcified in a 10 per cent. nitric acid solution, and is then hardened in alcohol, then dehydrated, and finally subjected to a mixture of equal parts of absolute alcohol and ether. If this is done thoroughly, the specimen is rendered transparent by being placed in carbol-xylol for a day. The specimen is then removed from the liquid, an opening is cut in the septum of the frontal sinus, and the canal is closed with cotton; Wood's metal is then poured in, and apparently it finds its way into the sphenoidal and ethmoidal sinuses, and is allowed to harden. *Dundas Grant.*

**Bruehl, G.** (Berlin).—*On the Duplicity of the Accessory Sinuses of the Nose.* "Arch. of Otol.," vol. xxxii., No. 2.

The observations were based on the study of seventy specimens from his own collection and 130 belonging to Dr. Arthur Hartmann. He frequently found in the frontal and in the sphenoidal sinuses, but rarely in the maxillary antrum, two cavities instead of one. In some cases it was due to ethmoidal cells extending into the frontal bone, the sphenoid, and the superior maxillary. Duplication of the accessory sinuses resulting from the division of the rudimentary condition is extremely rare. Among conditions producing a simulated duplicity we have to note dentigerous cysts invading the maxillary antrum, and inflammatory membranes subdividing it. *Dundas Grant.*

**Muck** (Rostock).—*The Occurrence of Rhodan in the Nasal Secretion, and its Absence in Ozæna.* "Arch. of Otol.," vol. xxxii., No. 2.

Rhodan (in the form of sulphocyanide of potassium or sodium) being a normal constituent of the secretion from the serous glands of the nose, its presence or absence may enable us to distinguish between the nasal and cerebro-spinal origin of the secretion in rhinorrhœa, as cerebro-spinal fluid does not contain rhodan. This is absent also in genuine ozæna—at all events, when this has reached such a stage that the glandular cells have atrophied. *Dundas Grant.*

## LARYNX, Etc.

**Cuno** (Frankfurt).—*Fixed Tubes and Bolt Cannulæ for Cases of Difficulty in "Décanulement."* "Münch. Med. Woch.," May 5, 1903.

In view of the liability of intubation-tubes to be coughed out, the author recommends the following method of fixing them: A tube is introduced into the larynx in the ordinary way, and scratches are made on it through the tracheal fistula to mark the portion of it which is opposite this opening; it is then extracted, and at the marked level two holes are bored through the front-wall of the tube; a thread is passed through these two holes (a procedure facilitated by the use of a loop of fine wire), and a string is then, by means of Bellocq's sound, passed through the fistula, up through the larynx, to the back of the throat, where it is caught and brought out through the mouth; this string is attached to the fixation threads of the intubation-tube. The larynx is then intubated with this tube, and the fixation threads are drawn down

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