

Abstracts.

NOSE, Etc.

Furet.—*Trephining both Sphenoidal Sinuses through one healthy Maxillary Sinus.* "Archiv. Internation. de Laryngol., d'Otolog., et de Rhinol.," tome xiv., No. 1., Jan.-Feb., 1901.

It has already been suggested by Jansen (at the Moscow Congress, in 1897) to reach the sphenoidal sinus via the maxillary sinus when empyema of the former is complicated by similar disease of the latter. Luc followed Jansen in practising an almost identical operation. Furet has gone further, and has trephined the maxillary sinus in order to reach and treat a double sphenoidal sinus empyema. He gives details of his operation, which he performed upon a young girl, aged twenty-five years, with success. The author's conclusions are as follows:

While the nasal route can be utilized in simple cases in tractable patients, in whom the nasal fossæ are sufficiently large, the maxillary method is distinctly indicated in the following cases:

1. When the maxillary sinus also participates in the inflammation.
2. In all cases of sphenoidal sinusitis complicated with cerebral symptoms. It is then of great importance to act quickly and thoroughly. These cases are rare.
3. In all sphenoidal sinusites occurring in persons with narrow or malformed nasal fossæ.

Macleod Yearsley.

LARYNX.

Escat (Toulouse).—*Laryngeal Arthrites.* "Archiv. Internation. de Laryngol., d'Otolog., et de Rhinol.," tome xiv., No. 1, Jan.-Feb., 1901.

The author remarks that, while the nervous and muscular affections of the larynx have been made the subjects of numerous learned papers, the affections of the laryngeal joints have been singularly neglected. He discusses the difficulties arising from the similarity of symptoms between certain nerve-lesions and these joint affections; for example, crico-arytenoidean arthritis simulates paralysis of the recurrent, and crico-thyroidoidean arthritis that of the external laryngeal nerve. He suggests that it is very possible that many of the so-called paralyzes of doubtful origin are in reality due to an arthritis or an ankylosis. Putting aside arthrites and anchyloses due to typhoid fever and tertiary syphilis, the author considers rheumatic and pseudo-rheumatic arthrites, acute, subacute, and chronic. Laryngeal arthrites have, however, been recognised by several observers, and a complete bibliography is given of their work. He then considers in detail the symptoms of these affections, giving illustrative cases.

Crico-arytenoidean Arthritis.—Briefly, the symptoms by which he would diagnose this variety are:

1. The existence or pre-existence of an acute catarrh of the pharynx and larynx.
2. Temperature.