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

horse eight years before, and sustained some injury to the neck. Whether this accident had any causal relation to the laryngeal neoplasm is doubtful. A bluish tumour was seen on the anterior end of the left vocal cord, apparently growing from the ventricle. The tumour consisted of very loose connective tissue underlying the mucous membrane and containing many hæmorrhages.

Cases 2, 3 and 4, were cases of "singer's node." Case 5 was one of multiple papillomata in an adult. Case 1 the author considers probably unique, he can find no similar case recorded; Case 5 is rather rare. The main object of the article seems to be to describe his method of anæsthetising the parts preparatory for operation, a method he learned in Prof. H. Krause's klinik in Berlin. The method is as follows: The soft palate is rendered insensitive by the application of a pledget of cotton-wool dipped in a 10 per cent. solution of cocaine hydrochloride. Twenty minims of a 20 per cent solution of cocaine hydrochloride are then taken up in a very fine-pointed laryngeal syringe. Under guidance of the laryngeal mirror three or four drops of the solution are allowed to fall along the upper border of the epiglottis; a minute later the arytænoids are similarly treated. After a second pause the interior of the larynx is dealt with in the same way. After each instillation the patient should give a short cough, so that some of the cocaine may reach the posterior surface of the epiglottis and posterior wall of the pharynx. The operation may be begun a minute or two after the last instillation. The author thinks that this method is not known in this country.

Arthur J. Hutchison.

EAR.

Shambaugh, G. E. (Chicago).—*On the Significance of Certain Labyrinth Symptoms.* "Laryngoscope," September, 1909, p. 683.

Disease in the labyrinth induces symptoms either of irritation—tinnitus and vertigo, or of loss of function—deafness, etc. In acute conditions signs of irritation are the most conspicuous phenomena; in chronic conditions the predominant feature is a loss of function. A combination of both of these groups of symptoms forms the Ménière symptom-complex, and indicates involvement of both cochlear and vestibular systems. No particular disease, however, is thereby signified.

Acute processes may be definitely limited to either branch of the auditory nerve, and when the vestibular is the branch affected, the vertigo, nausea and other symptoms of disturbance are often referred by the practitioner to other organs, because, there being no deafness, the ear is not suspected.

Acute processes, whether they attack both or only one division of the auditory organ, manifest two types of onset. One is slow, taking several days or weeks to reach full development, and is characteristic of infective or toxic neuritis; the other is sudden and violent, and is due to embolism or hæmorrhage, save in the very rare event of a fulminating neuritis. Broadly speaking, a slow onset favours the diagnosis of a nerve lesion, and a rapid onset favours a lesion of the labyrinth.

Cases are related in which the sudden development of a partial localised defect in the auditory scale suggested the occurrence of an embolic occlusion of one of the small end-arteries of the cochlea.

Dan McKenzie.