not entirely agree with Dr. Mosher that dentists had for a long time been familiar with the relation between narrow alveoli with crowded teeth and septal deformities. He had found a wide difference of opinion among dentists concerning this subject. Ortho-dentistry, however, had made rapid strides, and it would be well to form a closer alliance with the dental profession.

(*To be continued.*)

Abstracts.

MOUTH.

Scheier, M. (Berlin).—*Diseases of the Mouth in Glass-blowers.* "Arch. für Laryngol," vol. xix, Part III.

The writer's observations are based upon the examination of about 300 glass-blowers. He found that many of them suffered from an affection of the parotid gland, due to the entry of air into the duct of Stenson. In the affected persons, so soon as the cheeks were distended in the act of blowing air passed into the duct, and a marked swelling appeared immediately in front of the ear. This swelling conveyed to the touch the sensation of subcutaneous emphysema, and yielded a high tympanic percussion note. The swelling did not tend to subside of itself, but could easily be made to disappear on pressure. The orifice of the parotid duct was usually more or less dilated, and in some cases a fairly thick sound could be passed some distance along it. The writer found this affection in about 6 per cent. of the glass-blowers examined, but he believes it to be much more frequent in some factories where large bottles are made. The condition only occurs in those who blow with distended cheeks, and not in those who keep the cheeks drawn in during the process. At the beginning of the affection there are much pain and discomfort, but the workers almost always become accustomed to the condition and are seldom thereby incapacitated for work.

Those who blow with the cheeks distended are also very liable to another affection. The mucosa of the inner surface of the cheeks shows whitish-grey plaques, which sometimes much resemble patches produced by the cautery, and at others suggest the mucous patches of secondary syphilis. These plaques are not as a rule raised above the surface, and the surrounding mucosa is not reddened. Histological examination shows thickening and cornification of the epithelium. Ulceration is never observed, nor is transition to carcinoma. The patches are found in the hollows of the cheeks alone, and are due to epithelial proliferation, the result of the irritation produced by repeated stretching of the mucosa. Loosening and maceration are aided by the increased salivation always present in glass-blowers.

Very characteristic of glass-blowers are the cheeks themselves, which, as a result of stretching and atrophy of the musculature, become thin and lax, so that in the position of rest the skin lies in deep folds.

An unfortunate feature of this occupation is the ease with which syphilis spreads among the workers. In many instances the process of

bottle-making entails the transference of the blow-pipe from one worker to another, and even where this is not required and each employee has his own blow-pipe, exchange for that of a fellow frequently occurs; moreover, inoculation is facilitated by the cracks and fissures so often present on the lips of glass-blowers. Cases have been recorded in which the disease was thus communicated by a single workman to as many as a dozen others. Tuberculosis may be transferred in the same manner. The author discusses the various means which have been suggested to obviate such dangers, and believes that they are to be best overcome by the use of mechanically compressed air for blowing purposes.

Thomas Guthrie.

ACCESSORY SINUSES.

Gavello, G.—*Surgical Treatment of Maxillary Sinusitis by the Nasal Route.* "Bolle. d'Malatt. del. Orrechio, etc.," November, 1906.

Having found Réthi and Claoué's methods insufficient, he obtained good results by a modification of them. He found the technique simplified by the use of a dilating trocar of his invention, which he recommends strongly to his confreres. *V. Grazzi.*

LARYNX.

Avellis, G. (Frankfort-on-Maine).—*Laryngeal Air-sacs in Man.* "Arch. für Laryngol.," vol. xix, Part III.

The writer passes in review the cases hitherto reported of laryngeal air-sac in man, and adds to their number one case which recently came under his own observation. The patient was a little girl, aged four, whose voice had for a long time been somewhat muffled, although she was otherwise in perfect health. Laryngoscopic examination was very difficult, but a swelling was seen in the ventricle on the right side. Externally no abnormality could be detected except on forced (*quetschend*) screaming or shouting, or on violent coughing, when a swelling slowly appeared on the neck in the neighbourhood of the larynx, at first on the right side and then on the left. These swellings extended from the margin of the lower jaw almost to the clavicle on either side; they were soft and elastic, and yielded a tympanitic note on percussion. They gradually subsided after the cessation of the forced phonation. Operation was not considered advisable.

So far as the writer is aware, but little attention has been devoted to this subject since the work of E. Meyer, in the year 1902, on the laryngeal air-sacs of apes. The large size of these structures in some of the anthropoid apes (orang and gorilla) makes the question of their significance an interesting one. In the howling monkey alone are the sacs, by their persistent distension and by the partial calcification of their walls, adapted for giving resonance to the voice. In all the other monkeys and apes the sacs possess soft walls, and are almost always in a state of collapse. The writer, therefore, believes that these structures should be regarded as vestigial in all those of the Primates in which they are found, with the single exception of the howler. The further consideration that they are occasionally, though very rarely, found in man may be sufficient