

tions in the tonsillar crypts. Many cases of acute and chronic rheumatism of the joints, endocarditis, sepsis of an obscure nature, nephritis and appendicitis, as is well known, states the author, are attributable to disease of the tonsils, to which Emerson adds one of poliomyelitis, and Koffler himself has seen another. The youngest patient on whom this operation was performed was seven years and the oldest fifty-seven. In singers and voice users tonsillectomy may cause serious alteration in timbre, etc. (Sequelæ at times found in association with other operative procedures on the tonsils, etc., whilst the causal relation of tonsillar disease in the above category would seem to require stronger support). Great care was taken to exclude unsuitable cases, such as patients the subject of hæmophilia, and to have the mouth in as healthy a state as possible prior to operating and so on, from which the author attributes the fact that no unfavourable complications occurred when these precautions were observed, but frankly gives an account of two cases where their omission caused trouble. The first referred to a woman, aged thirty-two, treated in the out-patient department, and who on account of severe bleeding was admitted the same evening. This was satisfactorily arrested and she was allowed up the next day, on the evening of which, however, she suddenly fell down and almost at once expired. At the autopsy a compensated mitral stenosis and status lymphaticus were found. The second case also was a woman, aged thirty-two, the subject of "chronic nephritis and endocarditis." Here, again, severe bleeding necessitated admission direct from the out-patient department, and, after continued and varied applications of pressure and hæmostatics, was eventually controlled by ligation of the right external carotid.

Local anæsthesia was usually adopted and some three or four injections in and around the tonsil of a 1 to 2 per cent. solution of novocain with an adrenal extract were found sufficient; general anæsthesia was reserved for nervous or excitable patients. With the exception of the one fatal case quoted Koffler regards all the cases as much benefited by the operation.

Alex. R. Tweedie.

NOSE.

Schaeffer, J. Parsons.—*The Sinus Maxillaris and its Relations in the Embryo, Child, and Adult Man.* "Annals of Otol., Rhinol., and Laryngol.," vol. xix, p. 815.

A long and careful monograph, profusely illustrated, and the findings of which are embodied in twenty-two conclusions, of which the most important are: (1) The size of the cavity is but little influenced by dentition, progressing *pari passu* with the age of the child. (2) It reaches its full size from the fourteenth to the eighteenth year. (3) The capacity of the sinuses studied ranged from 9.5 c.c. to 20 c.c., the average being 14.75 c.c. (4) The sinus floor is lower than the nasal floor in the majority of cases. (5) The number of teeth in direct relation to the sinus is inconstant. (6) Adult sinuses vary much in size in different individuals and asymmetry in the individual is often marked. (7) The ostium varies much in size and may be duplicated; the accessory ostium is frequent (43 per cent.). (8) Examination of the fronto-maxillary relations showed that the sinus acts as a reservoir for fluids coming to the dorsal end of the infundibulum (the ostium maxillare being patent). (9) Frequently the uncinate process by a superior

curving causes the infundibulum to end in a pocket so situated as to direct fluids into the sinus.
Macleod Yearsley.

Coakley, C. G.—*The Association of Suppurative Disease of the Nasal Accessory Sinuses and Acute Otitis Media in Adults.* "Amer. Journ. Med. Sci.," February, 1911.

Of a series of cases of acute otitis media, 81 per cent. had sinus disease, and of cases of acute sinusitis, 42 per cent. had acute otitis media. The likelihood of a causal relation between the two is strengthened by the fact that they were usually found to be on the same side.
Macleod Yearsley.

West (Baltimore).—*A Window-resection of the Naso-lacrimal Duct in Cases of Stenosis.* "Arch. f. Laryngol.," vol. xxiv, Part I.

The operation here recommended is a modification of the Killian-Passow method. The latter consists of the removal of the whole nasal wall of the naso-lacrimal duct, and necessarily involves the sacrifice of the anterior portion of the inferior turbinal. The author's method consists in making an opening (under local anæsthesia) into the duct above the inferior turbinal, thus leaving the latter intact. The operation has been performed in seven cases, of which five have been completely cured and two improved.
Thomas Guthrie.

(1) **Brown, Geo. V. J.**—*The Effect of Maxillary Readjustment upon the Development of Nasal Chambers and Face.* "Annals of Otol., Rhinol., and Laryngol.," vol. xix, p. 885.

(2) **Black, Nelson M.**—*Widening the Dental Arches in Nasal Stenosis: Its Results and Possibilities.* *Ibid.*, p. 933.

The two papers require to be taken together. Brown considers whether direct improvement of intra-nasal conditions can be effected by treatment of dental and maxillary conditions, and, if so, how may it best be accomplished. He discusses the developmental principles underlying the question and the effects of adverse muscular action. He demonstrates the practicability of improving nasal deformities by separating the maxillæ and directly increasing the size of the nares, and then proceeds to demonstrate that arrest of growth in width across the palate can cause deviated septum, contracted nares, or even complete nasal stenosis. He compressed the palates of eight-week-old pups by wire, so as to reproduce as nearly as possible the maxillary condition of mouth-breathing children, one control pup being kept. At the end of six months the puppies were killed, the heads frozen, and sections cut, reproductions of which are given. The control-puppy thrived, the others became emaciated, and their noses showed stenosis, deviation of the septum, etc.

Black deals specially with septal deflections and the objects to be obtained in correcting them. He considers that the dental arch can be widened for a deformed septum accompanied by dental irregularities up to middle life, and cites one good result in a woman, aged thirty-three. Results in children with commencing nasal stenosis appear to be very marked. The author considers to be answered in the affirmative the question which he puts thus: "Given a case in which we have insufficient space for proper nasal breathing, with an arch with seemingly perfect occlusion, is it our duty and have we the right to alter the shape of the maxillæ and re-arrange the occlusion to allow the nose to properly functionate?"
Macleod Yearsley.