

LARYNX.

Merrill, W. H.—*A Report of some Atypical Cases of Tonsillar and Peritonsillar Inflammations, with one unusual Complication.* "Boston Med. and Surg. Journ.," June 4, 1908.

Four cases described in which, with the usual constitutional and local symptoms of peritonsillar abscess, no pus was found, even on repeated incision; in one of these only a small quantity of pus was discovered between the tonsil and posterior pillar. The author reviews the literature of peritonsillar abscess, and then reports one case in which the illness lasted from September 9 to December 23, with double vision, ptosis, and proptosis, the symptoms only subsiding when the left supra-tonsillar fossa was properly drained.

In the discussion which followed this paper (read at the New England Otolological and Laryngological Society) Mosher spoke fully of the pharyngo-maxillary fossa and supra-tonsillar fossa, and added to the catalogue of fossæ round the tonsil the "triangular fossa of the soft palate," a potential space which becomes actual when the palate is filled with pus. He also pointed out that the palate can hold a considerable amount of pus without ballooning forward. *Macleod Yearsley.*

EAR.

Leland, G. A. (Boston, U.S.A.).—*A Periosteal Flap for Use in Primary and Radical Mastoid Operations, with an Illustrative Case.* "Boston Med. and Surg. Journ.," April 23, 1908.

Leland's method is an endeavour to obliterate the posterior exenterated mastoid cavity, so that the dermatised middle ear may be seen at the bottom of an external canal not much larger than before, and secondary mastoid infection can be avoided. He cuts a periosteal flap from the outer surface of the mastoid process and pushes this down into the aditus, packing it in place so as to shut off the aditus from the middle ear. The paper requires reading *in extenso*, and would be better for an explanatory diagram. *Macleod Yearsley.*

Hélat (Rouen).—*Permeatal Exploration of the Maxillary Sinus with the Probe.* "Annales des Maladies de l'Oreille, du Larynx, du Nez et du Pharynx," May, 1908.

The writer describes a simple method of exploration of the maxillary antrum for the differential diagnosis between empyema and sinusitis. Having diagnosed the presence of pus in the cavity, a Krause's trocar and cannula are introduced into the antrum *via* the inferior meatus, the former is withdrawn, the latter left in and the cavity washed out. A probe is then passed through the cannula, and the sinusal walls can then be explored in all directions. If the mucosa be healthy the wall feels hard on probing, and the case is one of empyema; if, on the contrary, the mucous lining be thickened or polypoid, the probe yields a soft sensation and sinusitis can be inferred. *H. Clayton Fox.*