

ready and rapid means of opening the mouth of the semi-anæsthetized or anæsthetized patient. Owing to the frequency with which the upper teeth overlap the lower, it is often impossible to relieve obstructive breathing by the customary plan of pushing the lower jaw forwards, and it therefore becomes necessary to open the mouth. If the teeth are tightly clenched, and more especially if there are no vacant spaces between them, Dr. Hewitt points out that it is by no means an easy matter to do this. The difficulty reaches its acme in the case of powerfully built men whose upper teeth considerably overlap the lower. The little appliance is made of brass and is, in reality, a curved finger shield more or less wedge shaped, which can be introduced beneath the overlapping upper teeth. When the thin end of the wedge has gained admission the mouth opener is pushed onwards till the teeth are separated by the large end, at which two slots are cut, one through the upper and the other through the lower wall. When once the teeth have fixed themselves in these slots the finger may be taken out of the instrument and the mouth will remain open without any further assistance.—*Brit. Med. Journal.*

REMARKS ON THE EXPLORATORY PUNCTURE OF THE MAXILARY SINUS AND THE "SEROUS AFFECTION" OF THIS CAVITY. —G. Krebs, in *Archiv. fur Laryng. und Rhinol.*, Band 4, Heft 3, inquires whether the exploratory puncture of the antrum of Highmore is quite harmless. The procedure is employed chiefly in cases of nasal suppuration, in order to discover the source. Asepsis in the nose being impossible, a healthy antrum may become affected. A number of cases in which operative measures in the nose have led to suppuration in the antrum have been described, although there is no instance on record, to the author's knowledge, in which exploratory puncture of the antrum led to its infection. He regards as suspicious, however, the reference of Noltenius to "an almost clear serous fluid which subsequently became cloudy and then purulent;" also Grünwald's statement that in some cases he explored the antrum four times before he found pus. Grünwald holds that exploratory puncture with a negative result proves nothing. The author, on the other hand, points out that in antral empyema pus is always present in the cavity, so that when exploratory puncture yields a negative result we have conclusive proof that the antrum is unaffected. While surgical principles point to the inferior meatus as the proper place for perforating when we have the treatment of the antrum in view, the author reminds us that for exploratory purposes the middle meatus is better suited, owing to the thinness of the wall. In consequence of frequent trial puncture, a new form of disease has appeared—the "serous affection" of the antrum, as described by Noltenius.