Osteoma of the Mastoid.—R. S. Cocke. F.R.C.S.—Girl, aged twelve; swelling noticed, the size of a pea, in January, 1907. In February, 1908, it was the size of a walnut, pressing on and partially closing the cartilaginous meatus. Removed with chisel: another growth, very much smaller, removed at the same time. Nothing noticed till eighteen months ago, when her mother saw a swelling in the same region, starting like the former, which has now grown to its present size. No pain ever; hearing normal. Microscopical section of original growth shows typical osteoma.

Rubber Nozzle for Syringing Backwards and Clearing out the Cul-de-sac formed by the Radical Post-aural Operation.—Urban Pritchard, F.R.C.S.—This is an improvement on the similar metal nozzle shown at the meeting of the Otological Section, December 5, 1908. Being soft, it can be introduced deeply into the meatus without producing pain. It can be fixed on to the nozzle of almost any syringe.

Abstracts.

LARYNX.

Lewies, Harry.—The Clinical Aspect of Laryngeal Tuberculosis. "Zeitschr. f. Laryngol.," Bd. iv, Heft 4.

In this paper the author gives us the results of five years' observation of the material at Professor Seifert's clinic at Würzburg. The number of cases of laryngeal disease observed in this period was 332, and of these, 183 were cases of laryngeal tuberculosis. This percentage (55 per cent.) is rather high; the usual percentage appears to be about 33 per cent., but twelve cases of lupus are included in Lewies' statistics. [N.B.—The tuberculin test was not used for the diagnosis of the cases as it was not considered suitable for patients seen at an ambulant clinic.] Of the 183 cases, 48 were observed in the second decennium, 60 in the third, and 41 in the fourth; 130 men were affected as compared with 53 women. Of the 171 cases of laryngeal tubercle (omitting the cases of lupus), three appeared to be primary. Of the 168 secondary cases the infection of the larynx had occurred from the upper respiratory tract, pharynx, fauces, etc., in seven instances; the remaining cases were secondary to lung disease. Of the 171 cases, 80 were seen in the first stage of the lung disease, 60 in the second, and 18 in the third: others not mentioned.

With regard to the seat of the lesion in the larynx the vocal cords were most frequently affected (57 cases). Next in frequency were those cases in which the false cords, the posterior commissure and the upper aperture of the larynx were involved. *Modes of injection.*—Lewies supposes that the primary cases are due to inhalation, while in the miliary cases the infection, of course, occurred through the blood-stream. Besold and Gidionsen favour the view that laryngeal tuberculosis is due to infection by way of the lymphatics either from below or from above, but injection experiments have failed to prove any lymphatic connection between the cervical and the thoracic vessels: further experiments on animals have shown that the larynx may be infected through the mucous membrane. Again, in cases of unilateral disease of the lungs the lesion in the larynx, if unilateral, is by no means always on the same side as

the lung trouble, and microscopic examination of tubercular larynges obtained from animals showed that infection had come from the surface. If the infection occurred by way of the lymphatics one would expect enlargement of the cervical glands, but this does not occur. *Various types of lesion.*—In the three cases of early paresis of the cords the mucous membrane was anæmic, and, in one of those cases, Lewies later, confirmed the diagnosis by finding well-marked tubercular perichondritis. Of the five cases of tubercular tumour two were situated in the ventricle, two on the vocal cords, and one at the anterior commissure. The details are given of one very interesting case which was diagnosed in 1908 as "amyloid disease of the larynx"; the false cord on the left side was markedly swollen, and bulged upwards by a tumour apparently growing in the ventricle; the swelling was removed with cutting forceps, and on microscopic examination only amyloid change was found. Two years later the trouble recurred, and on the second occasion microscopical examination showed that the condition was tubercular. Lewies records eighteen cases of perichondritis (three early and fifteen well-marked); he notes Hajek's opinion that in these cases mixed infection is always present. The writer also calls attention to two cases in which in the early stage the mucous membrane of the larynx was of a dark red or purplish colour; in one of these a typical picture of tubercular laryngitis subsequently developed. Six cases of lupus were observed, five of which were secondary to the disease in the face, nose or pharynx; of the six cases, four were females and two males. The epiglottis was affected in all, while in one or two the false and true cords were also involved. Three of the cases were cured.

With regard to treatment, Lewies remarks that absolute rest of the voice is very hard to carry out except in a sanatorium, and is especially hard for the working classes. He gives notes upon the results obtained with various proprietary remedies which were supplied to the clinic by the makers (page 493).

As a local anæsthetic he mentions the cocaine alypin solution (āā 5 per cent.). In sensitive patients this was used before the injection of menthol oil. For the patient's own use Lewies recommends anæsthesine inhaled from a glass apparatus shaped like a tobacco-pipe with an elongated curved stem. In one case an alkaline watery solution of methylene blue and methyl violet appears to have done good. The congestion method was used in a few cases, but was found unpleasant.

Surgical treatment.—Lewies has collected 134 cases of amputation of the epiglottis from various authors. A cure was obtained, as far as the epiglottis was concerned, in 77 per cent; the laryngeal disease was cured in 14 per cent., while the patient was cured in 9 per cent. Lewies himself operated on five cases with Alexander's guillotine: the result was good in all but one case, in which there was severe hæmorrhage.

In a number of patients tubercular granulations were curetted with Heryng's instruments and the part subsequently painted with lactic acid. Many cases also were cauterised. In only two cases was tracheotomy performed, one of which did very well after operation.

The results of treatment are given as follows: *Cases*, 183; cured, 9; nearly cured, 4; improvement, 32; unchanged, 12; still under treatment, 3; died, 7.

The weak point of the paper seems to be the fact that a large number of the cases (116) were only seen on one occasion, and that the diagnosis was made without the aid of the tuberculin test.

J. S. Fraser.