

surface of the mastoid process, the bone appeared to have undergone a certain degree of softening, and odourless creamy pus welled up as soon as the chisel cut through the surrounding softened wall of bone. The outer wall of the vein was found to be granulating but not softened. The patient was now taken charge of by Dr. Lange, who proceeded to expose the downward track of pus along the jugular vein. The jugular vein, from its situation in the sigmoid groove, down to a point one inch below the tip of the mastoid process, was exposed, and was found to be thrombosed. Enough of the squamous portion of the temporal bone was also removed so as to afford free access to the outer part of the vertical portion of the lateral sinus. After having very freely exposed the lateral sinus, the coats of which were found much inflamed, a drainage tube was laid in the wound and dressings applied. The patient made a good recovery.

The author remarks that "*the persistence of deep-seated pain behind the mastoid process, continuing after the antrum has been opened into and thoroughly drained, is sufficient warrant for making an opening into the sigmoid groove for the lateral sinus; and it is not advisable to wait until the patient has chills, or until the body temperature rises to an appreciable degree before resorting to operative interference in this direction.*"

W. Milligan.

NOTE.

INVITATION ISSUED by Dr. SENDZIAK with a view to COLLECTIVE INVESTIGATION concerning the RADICAL TREATMENT of MALIGNANT TUMOURS of the LARYNX.

Dear Sir,—On 31st December, 1893, twenty years elapsed since Billroth for the first time performed the total extirpation of the larynx on account of cancer.

During this time about two hundred total and nearly one hundred partial extirpations of the larynx, likewise a fair number of laryngo-fissures and endo-laryngeal operations, on account of malignant tumours (carcinoma-sarcoma), were performed.

It might seem that these numbers must give a sufficient proof of the efficacy of one or the other operative method.

It is not so, however. Yet till now there are different opinions as to this question. Some regard extirpation of the larynx as the only one rational therapeutic treatment of this disorder; the others, however, absolutely deny its right of citizenship.

At any rate, the cause of this difference of opinion consists in a want of exact statistics—at least, up to late (since the last statistic about four years elapsed).

It would be then of great interest to know how often at present these operations (laryngectomy, laryngo-fissure, etc.) have been performed, and what results they give.

It is, however, not easy to write exact statistics. I have arrived at the conviction that the best way to attain this aim is a proclamation to all laryngologists and surgeons, with the request to kindly communicate to me the cases operated on by them during the last twenty years, *i.e.*, till 1st July, 1894, as well as their opinion of the whole question.

In order to facilitate this, I give here the following scheme :—

1. Name and residence of the operator (or at least, laryngologist).
2. Age and sex of the patient.
3. General state of the patient (lymphatic glands affected or not).
4. Laryngoscopic picture (the right or left half, etc.).
5. Diagnosis (clinical, that is to say, microscopical, carcinoma-sarcoma, etc.).
6. Date of the operation (day, month, year).
7. Kind of operation (endo-laryngeal, thyrotomy, total and partial laryngectomy).
8. Result of the operation (death—its cause? Recurrence—when? Recovery—state of the latest examination, that is, of the latest information).
9. Source (published, and where? or not published cases).
10. Annotations (general opinions, etc.).

This information in French, German, or English language, I beg you kindly to send as soon as possible, to the address of the undersigned.

Hoping that this reclamation, having for its object such an important question, will find a favourable reception, I have only to express, in anticipation, my sincerest thanks to all laryngologists and surgeons for their kind support of my efforts.

At the same time this reclamation will be published in "Centralblatt für Chirurgie," as well as in other special journals.

Dr. JOHN SENDZIAK.

Warsaw, Poland, Russia,

139, Marszatkowska Street.

10th June, 1894.

[We warmly recommend the project in the above letter to the active support of our colleagues. As Dr. Sendziak justly says, there are still different opinions as to the justifiability, or, at least, indications and methods of radical operation in cases of cancer of the larynx, and there has been no attempt for a comparatively long time to review and critically to appreciate the collected observations, although the above questions, in view of the relative rarity of these operations and the predisposition of every surgeon to certain methods, are very suitable for such a collective inquiry. Also the frequently expressed and really justified desire to report on the one hand the unsuccessful cases, on the other the further fate of the patients who are notified as having recovered, is realized only in a very limited manner.

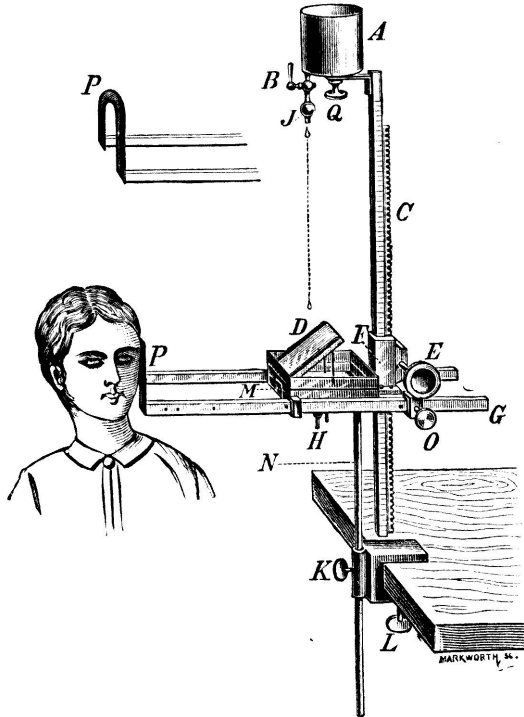
On account of all these reasons, we gladly welcome the project of our colleague Dr. Sendziak, and we hope that the support of those fellow-workers who have suitable experiences will aid him in its realization on the basis of the rich material possessed, in order that his work may be of great practical value.

As to the special eligibility of Dr. Sendziak to undertake such a task, we need only remind our readers that he last year received at the International Concours of the Medical Society in Toulouse the gold medal and one thousand francs for the best work upon the diagnosis and treatment of malignant tumours of the larynx.—ED.]

A NEW ACOUMETER.

By Dr. LEVY (Hagenau).

THE accompanying illustration represents Dr. Levy's water-drop acoumeter, shown by him before the Section of Otology at the recent International Medical Congress. This was described in our last issue, page 536.



A, outflow reservoir; B, outflow stopcock; C, upright rack, with graduation marks; D, resonance plate (on which the drops fall); E, milled head and pinion; F, collar; G, slide for the ear window; H, stopcock to let the water out; J, a hollow bulb under the outflow stopcock B (preventing the formation of a solid column of water above the drop orifice); K, screw for raising and lowering the apparatus; L, screw for fixing the apparatus to a table; M, vessel for the reception of the drops (filled with paper so as to deaden the sound); N, upright to carry the vessel; O, screw to fix the slide G; P, ear window with a padded frame; Q, screw to fix the reservoir A.

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