LARYNX.

Greene, D. Crosby.—*Laryngotomy and Laryngectomy for Cancer, with Report of Four Cases.* "Boston Med. and Surg. Journ.," January 28, 1909.

After discussing the mortality of these cases up to and after 1888, the author ably discusses the preparation for the technique of the two operations. He gives short notes of four cases and emphasises the following details: (1) Careful selection of cases; (2) attention to oral cleanliness; (3) the avoidance of shock by (*a*) the use of atropine before operation, (*b*) the local use of cocaine during operation, and (*c*) the Trendelenberg position during the second stage; (4) the avoidance of inhalation pneumonia by (*a*) the Trendelenberg position during operation, and (*b*) rectal feeding and elevation of the foot of the bed after operation.

Macleod Yearsley.

Schiffers, Prof. (Liége).—*Troph-Œdema of the Larynx.* "Archives Internationales de Laryngologie, d'Otologie, et de Rhinologie," September–October, 1908.

The patient, aged five, had œdema of the epiglottis, the interior of the larynx being normal.

The father had suffered from alcoholism and syphilis, and the mother had been treated during her pregnancy for syphilis.

Treatment consisted in the external application of ice-bags, the local application of tinct. iodine, and after seven weeks resulted in cure.

The pathology of the case indicated a changé in the nervous supply of the larynx, as there was no other local or general lesion to account for it.

Anthony McCall.

Mouret, Jules (Montpellier).—*A Note upon Thyrotomy for Cancer of the Vocal Cords.* "Revue Hebd. de Laryngologie, d'Otologie, et de Rhinologie," October 17, 1908.

Two practical points in the technique of the operation are noted. In the first place it is advised, in dealing with the tumour, to separate all the soft tissues from the inner surface of the thyroid cartilage corresponding to the diseased side, and to include in the parts removed the ventricular band and the mucous lining of the ventricle. Hæmorrhage can be avoided by using the galvano-cautery in the final division.

Secondly, in cases where the thyroid cartilage is ossified and a small fracture occurs in dividing it, the operator may be tempted to leave the fractured portion *in situ*; but this generally leads to the formation of granulations inside the larynx until the fragment is thrown off. A better plan is to remove it at the time of the operation.

Chichele Nourse.

EAR.

Dench, E. B. (New York).—*A Case of Acute Suppuration of the Labyrinth following Acute Otitis Media; Operation; Recovery.* "Annals of Otology, Rhinology and Laryngology," September, 1908.

The patient was aged sixty-five. Among other signs was bare, rough bone felt by the probe introduced through the tympanic perforation. Symptoms subsided, but the purulent discharge persisted, and at the end of a month the mastoid operation was performed. The discharge

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then ceased for two weeks, but returned, and at the end of five weeks a severe attack of vertigo occurred with nausea, vomiting, tendency to fall towards the unaffected side, later nystagmus, especially on looking towards the healthy side. The symptoms gradually subsided, but at the end of another six weeks the discharge still persisted. The radical operation was carried out. There was an erosion in the external semi-circular canal which was then enlarged, turbid fluid escaping. The fenestra ovalis was then enlarged and a scale of bone from the promontory removed, the cochlea apparently containing granulation tissue. The dizziness rapidly disappeared and the patient recovered. The results of the hearing tests were interesting.

Two weeks after the vertiginous attack they were as follows:

Moderate whisper at 7 feet, tuning-fork on forehead better on affected side, bone-conduction diminished on both sides, upper tone-limit lowered to Galton 4.

One month after the attack and before the radical operation, moderate whisper at $5\frac{1}{2}$ feet, bone-conduction equal on both sides, tuning-fork on forehead referred to the affected side, lower tone-limit raised to 512, upper tone-limit lowered to Galton 4.

After the operation, whisper at $6\frac{1}{2}$ feet. Tuning-fork on forehead referred to diseased side, bone-conduction on diseased side slightly diminished, tone-limits 512 and Galton 4.

With labyrinthine symptoms the author considers it well to wait for an interval if there is little or no febrile movement, but in the presence of pronounced elevation of temperature operative interference should at once be instituted. [We presume hearing by the other ear was carefully excluded, and, such being the case, the amount of hearing preserved is remarkable.—D. G.] *Dundas Grant.*

REVIEWS.

A Text-book of Diseases of the Ear. By Macleod Yearsley, F.R.C.S. London: Kegan Paul, Trench, Trübner & Co., Ltd., 1908.

In his preface the author remarks that it has been his aim throughout his text-book to give as complete an account as possible of the various diseases and injuries to which the organ of hearing is liable, and in as concise a form as is compatible with clearness.

In our opinion he has succeeded admirably, and has placed before his readers with commendable judgment not only his own carefully considered views, but those also of many whose names are well known and highly appreciated in the rapidly growing domain of otology.

Following a capital summary devoted to the anatomy and physiology of the organ of hearing a chapter is devoted to "The Clinical Investigation of the Ear, Nose, and Naso-pharynx."

In dealing with tuning-fork tests we notice that Gardiner-Brown's tuning-fork is condemned, but that no reasons are given for the strong condemnation.

The author agrees with Lake's classification of tuning-fork tests, remarking, however, that it does not include the normal reaction, nor does it, in fact, include that somewhat common condition where Rinne is negative combined with normal bone and reduced aërial conduction.

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