

of operating, both externally and *per vias naturales*, are criticised. There is an illustration and description of an instrument used by himself, which is similar to one used and described by Massei in 1897 in an Italian journal. *Guild.*

E A R.

Lermoyez and Mahu.—*A Simple Method of closing the Persistent Retroauricular Orifice after the Petro-mastoid Operation.* "Annales des Maladies de l'Oreille," June, 1901.

The authors discuss two questions: (1) Why should such orifices be closed? (2) When should they be closed?

In reply to the first question they give the following reasons: (1) It is an unsightly deformity, and may interfere with business and social life. (2) It exposes the ear to exterior injuries. In one of the authors' cases the entrance of draughts of air into the orifice caused vertigo, an inconvenience which ceased when it was closed.

In discussing the second point, When should the opening be closed? the authors divide their discussion into that of cases in which the operation has been done for chronic osteitis, and those requiring operation for cholesteatoma. In the former instances, one must wait until (1) there is no residue of suppuration; and (2) the epidermis of the cavity left by the operation is dry, solid, and adherent, with no desquamation and no eczema. Six months usually suffices. In the second instance, the cure is very uncertain. One must wait until there is no sign of further cholesteatomatous accumulation, and there is free access of air to the whole of the diseased cavity. Certain other elements intervene in deciding the question of closing the opening: (a) The size of the meatus; (b) the seat and amount of the cholesteatoma; (c) the social status of the patient. These are discussed at length.

The authors then proceed to enter into the various methods that have been from time to time proposed for closing the opening; these methods are those of Stacké, Mosetig-Moorhof, Passow, and Trautmann. They then pass on to their own method. The patient is anaesthetized by chloroform; the temporo-mastoid region is shaved and rendered aseptic, as are also the meatus and other parts. Posterior to the opening two incisions are made down to the periosteum. These incisions are half a centimetre above and below the opening, and are joined by two other incisions to form a trapezium. The skin is raised down to the periosteum, going well into the cavity, thus forming two wings. These wings are turned inwards towards one another, and sutured so as to completely cover in the opening. To relax tension, a semilunar incision is made over the mastoid about 15 millimetres from the posterior incision. By this means one obtains: (1) A cavity closed by a cutaneous covering, which only communicates with the exterior by the auditory meatus; (2) a pinna definitely fixed in the normal position. Healing takes place in about five days. The paper is well illustrated by diagrams, and several cases with photographs are appended. *Macleod Yearsley.*

Schengelidze, Dr.—*The Pathogeny of Purulent Ear Disease in Infancy.* "Archiv. für Kinderheilkunde."

This paper, which is divided into five chapters, extends to forty-five pages. The first chapter contains a historical survey of the subject,

and there is a full literary reference to the various authors quoted. In the remaining chapters the following questions are considered: The usual frequency of suppuration of the middle ear in infancy; the bacteriological condition, the anatomical peculiarities, and the etiology.

Ninety post-mortems showed purulent otitis media in 70.5 per cent.; in over 1,000 cases tabulated from other observers the percentage was 76.7. Both sides were usually affected, and the tympanic cavity was never found to be sterile post-mortem. Tables are given of the various organisms and their relative frequency; they were homogeneous with those of the ostium pharyngeum tubæ Eustachii, naso-pharynx, and lungs. *Diplococci Fraenkeli* (82.6 per cent.) and *Staphylococci pyogenes albi* (52.1 per cent.) were the commonest. The anatomy and histology of the tympanic cavity are fully described. Tables are given of measurements at different ages, and illustrations of the microscopic anatomy.

Guild.

REVIEWS.

Diseases of the Nose and Throat. By F. de Havilland Hall, M.D., F.R.C.P. London, and Herbert Tilley, M.D., B.S. London, F.R.C.S. Eng. London: H. K. Lewis.

This work was previously reviewed in this journal, and its reception by the profession has justified the production of a second edition. The present volume contains fifty pages more than the previous one, while the illustrations have been considerably increased.

Notwithstanding the fact that this comparatively small book deals with the important and extensive subjects of diseases of the nose, accessory sinuses, naso-pharynx, pharynx and larynx, the authors have successfully contrived to present it in a concise, readable and instructive manner. It has already taken its place amongst the many text-books at the disposal of the practitioner and student. In one respect this edition has been very much improved, viz., by the attention which is paid to surgical procedures generally, and specially in the regions of the accessory sinuses. The work is now edited by Dr. F. de Havilland Hall and Dr. Herbert Tilley. We have no doubt it will be appreciated by those it is intended to instruct, and that the second edition will also be well received.

Laryngeal Phthisis; or, Consumption of the Throat. By RICHARD LAKE, F.R.C.S. Rebman, London, 1901.

It is with pleasure that we welcome a monograph on laryngeal phthisis by an English writer, for the subject is one which has not received the attention of English laryngologists which its importance demands. One result of this has been that among all the recent advances in the treatment of this disease, not one can be claimed as having originated in this country. This is the more remarkable when we consider the great prevalence of phthisis throughout these islands, and the abundant opportunities which every medical clinique affords for the study of the disease in question. But we have also been extremely slow in adopting the advances in treatment which have been made elsewhere. This is so especially true of the surgical treatment