

**Craig, Robert H.** (Montreal).—*Papilloma of the Larynx—High Tracheotomy, Thyrotomy, Recovery.* "Montreal Medical Journal," September, 1904.

This is the history of a laryngeal papilloma occurring in a girl aged seven. She was a subject of atrophic rhinitis with ozæna. She had difficulty in breathing, and was aphonic. Examination with the laryngoscope revealed a large cauliflower-like growth on the anterior half of the larynx. It was sessile and appeared to arise from the angle at the junction of the wings of the thyroid. Alcoholic applications were made for several weeks without avail, the growth continuing to enlarge rapidly. Intra-laryngeal operation could not be tolerated by the child; and as stenosis and difficulty in breathing increased, external operation became imperative. A high tracheotomy was first done, followed by thyrotomy. On opening the larynx, a large sessile papilloma appeared, occupying the whole of the anterior angle of the larynx. The anterior third of the right vocal cord had completely disappeared, and there was a punched-out area about the size of a ten-cent. piece involving the mucosa immediately above the level of the destroyed vocal cord.

The tumour was removed with curette, snare, and scissors, after which the base and ulcerated area were thoroughly cauterised with the galvano-cautery.

The thyroid cartilage was then approximated carefully with chromicised catgut, and the external incision closed with silk. Five days later the skin and cartilaginous incision commenced to slough, probably due to the cauterisation. Consequently the sutures were removed and the wound allowed to heal by granulation.

On the twelfth day the tracheotomy tube was removed for twenty-four hours and then replaced. Two days later it was taken out for good, as the patient could breathe fairly well through the larynx.

One month after operation a fibrous band had replaced the anterior third of the right vocal cord. It had, however, unfortunately become adherent to the cord of the opposite side. The voice had not returned, but breathing was nearly normal. Two months later—at the time the report was made—the mucosa of the larynx presented a fairly normal appearance. The voice was improving slowly, the breathing was perfect, and the patient could whisper and cry. The operator hoped that the removal of the synechia at a later date would do much toward restoring the voice.

*Price Brown.*

## EAR.

**Kerley, C. G.** (New York).—*Acute Otitis in Children: a Study of Fifty-one Operative Cases in Private Practice.* "Archives of Pediatrics," October, 1904.

The cases from which the paper is written varied in age from three months to fourteen years. The largest number (12) were between three and six years, whilst 10 were between thirteen and sixteen months. Thirty-four cases were of good development and health. In 28 both ears were involved, and in 2 a second attack took place. As regards *etiology*: Catarrhal cords were associated in 38 cases, measles in 7, scarlet fever in 2, and rōtheln in 1 case. The otitis was primary (without involvement of the respiratory tract) in 3 cases. In 48 cases pus was

found in the middle ear, serum in the remaining three. Bacteriological examination showed streptococci in the majority of cases. Pain and localised signs were present in 17, absent in 34 cases. Mastoid involvement requiring operation occurred in 4 cases only, and in 1 of these both mastoids were affected. In 3 cases jugular bulb thrombosis occurred. The chief points of interest in the paper are sufficiently indicated above. Cases are quoted and charts given. *Macleod Yearsley.*

**Haug, Rud** (Munich).—*Cysts of Tympanic Membrane.* "Archives Intern de Laryngologie," etc., November—December, 1904.

Professor Haug records a case of a young woman aged thirty six who came to him complaining of increasing deafness. On examination the tympanum in the left ear was completely hidden by a large spherical growth, bluish-grey in colour, and of a soft consistence. On incision a yellowish-brown liquid escaped without any fœtid smell, and containing crystallised granules. A second cyst was discovered behind the large one, containing the same kind of fluid.

No trace of the hammer could be found, but what appeared to be membrane was seen between the remains of the two cysts. On incising this a hissing sound of escaping air was heard, but no fluid. An immediate improvement in the hearing took place.

The contents of the cysts consisted of degenerated hæmoglobin, cholesterin crystals, and epithelial cells in various stages of degeneration.

*Anthony McCull.*

**Pugnat, Amedée** (Geneva).—*A Case of Periostitis of the Temporal Bone, complicated by a Sub-periosteal Mastoid Abscess.* "Archives Intern de Laryngologie, etc.," November—December, 1904.

The patient had acute otitis, which was quickly followed by a discharge, only slight and lasting a short time. This was followed by a swelling behind the ear and extending to the eyebrow on the same side, which proved to be a subperiosteal abscess. A mastoid abscess was also present. The author asks the question whether an early incision might not have saved this complication.

A bacteriological examination of the pus revealed the presence of streptococci.

*Anthony McCull.*

#### BOOKS RECEIVED.

**W. Lamb, M.D.** *Guide to the Examination of the Throat, Nose and Ear, for Senior Students and Junior Practitioners.* London: Baillière, Tindall and Cox. 1904. 5s. net.

**Philip R. W. de Santi, F.R.C.S.** *Malignant Disease of the Larynx (Carcinoma and Sarcoma).* London: Baillière, Tindall and Cox. 1904. 4s.

**Friedrich Siebenmann, M.D.** *Grundzüge der Anatomie und Pathogenese der Taubstummheit.* Wiesbaden: J. F. Bergmann. Glasgow: F. Bauermeister. 1904. 3s. 9d.

*Die Anatomie der Taubstummheit.* Herausgegeben im auftrage der Deutschen Otologischen Gesellschaft. Erste lieferung mit 4 tafeln. Wiesbaden: J. F. Bergmann. Glasgow: F. Bauermeister. 1904. 5s. 6d.