

**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.** (Liège).—*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