

LARYNX.

Schmiegelow, E.—*Tuberculosis of the Larynx in a Man of Sixty-two.*

“Danish Otological and Laryngological Society,” October, 1901;

“Annales des Maladies de l’Oreille, du Larynx,” etc., July, 1902.

The author reports a case of a laryngeal tumour in a man of sixty-two which was excised with Mackenzie’s forceps.

On microscopic examination the tumour was found to be tuberculous. Five months after the operation the patient was in good general health, voice clear, the vocal cords white, and no infiltration.

The author advocates the endolaryngeal method of removing tumours for microscopic examination, and points out the danger of setting up acute mischief after thyrotomy, should the tumour prove tuberculous.

Anthony M’Call.

MOUTH, FAUCES, Etc.

Boys, A. H.—*A Unique Accident.* “British Medical Journal,” August 9, 1902.

A female patient went to sleep with her front false teeth in, and awoke with a violent sneeze. This forced the uvula underneath the plate, and she had to take the plate out before the uvula could be released. The result was that the uvula was torn considerably, but with very little hæmorrhage or displacement, and required no treatment beyond a cleansing gargle.

W. Jobson Horne.

E A R.

Oppenheimer, Seymour.—*The Venous System of the Temporal Bone and its Relation to the Complications of Mastoid Disease.* “New York Medical Record,” August 23, 1902.

In this article a very important point in otology is treated with considerable thoroughness. Its value will be readily understood when it is borne in mind that the aggregate area of the veins is much greater than that of the arteries of the temporal bone, and that the veins anastomose one with another, so as to produce a complete network throughout the external and internal surfaces and cells of this region. The intimate connection with the sinuses, meninges, and cranial fossæ readily explains the liability to infection following mastoid necrosis. In a considerable number of cases of sinus thrombosis and brain abscess complicating aural suppuration the infective material is carried directly to the parts by means of the large, or even minute, venous channels. Excluding the sinuses, the venous channels present three distinct systems in relation to the mastoid area. The first of these is formed by the anastomosis between the veins of the cerebral membranes with those of the pia mater, cerebrum, and cerebellum, the diploic channels, and the internal maxillary vein (through the spinous foramen). The second system, an essential factor in some of the sinus cases of mastoid complications, is that of the diploic veins. In