

to stay *in situ* for twenty-four hours, is recommended; this acts as a mechanical cleanser, and can be used at home by the patient. He also recommends the use of a spray for cleansing purposes, consisting of borax 1, distilled water 17, glycerine 3. He claims that these measures, if thoroughly and long enough carried out, bring the progress of the disease to a standstill. To stimulate the regeneration of the mucous membrane he recommends massage.

Inserting foreign bodies, the use of diphtheritic serum, thyroid gland substance, and electrolysis have all been tried, but with temporary benefit.

He quotes Dreyfus, who speaks highly of soda sulphate of phenol (Merck), diluted with 2 to 3 parts of water, and painted over the diseased mucous membrane. Dreyfus claims that this, after a few applications, entirely removes the fœtor.

For laryngeal ozæna the author recommends boiled salt solution, used as an inhalation or injected in small quantities; this causes the crusts to be easily coughed up.

Anthony McCall.

LARYNX AND TRACHEA.

Béco, L.—*Diffuse Papillomata of Larynx and Trachea in a Child.*
"Revue Hebdom. de Laryng.," etc., October 19, 1901.

A boy, four and a half years old, was brought to hospital in March, 1899, on account of difficulty of breathing, of hoarseness, of coughing, and of snoring. He had the ordinary appearance of a child with adenoids, but the respiratory difficulty was greater than usual. The first examination was very incomplete, neither larynx nor naso-pharynx being examined. Four months later the naso-pharynx was examined and adenoids found. These and the enlarged tonsils were operated on, whereupon nasal respiration was established, but difficulty in breathing persisted, with supra- and infra-sternal retraction. A few days later the author succeeded in getting a view of the larynx, and found several papillomata in the arytenoid region. The child was then sent to the country, where he had whooping-cough and measles. After four months (November, 1899) the breathing had become so bad, with attacks of suffocation, that a low tracheotomy was performed. The tube was worn eight months, the larynx appearing to become more and more obstructed with papillomata. Thyrotomy was then done (July, 1900). The larynx was found packed with growths arising principally from the ventricular bands and the ventricles. These were thoroughly removed by cutting-forceps, scissors, bistoury, and galvano-cautery. Fifteen days later the tracheal cannula was removed without any trouble. Voice good and strong, but a little rough.

After another four months (November, 1900) the breathing was again bad, with attacks of suffocation. The larynx and trachea were again opened, the two wounds being made continuous, and extended as far down the trachea as possible. Fewer masses were found in the larynx than at the first operation, but growths, some of which were large, extended from the larynx down the trachea as far as it could be explored. These were all removed with galvano-cautery alone, so as to avoid bleeding. (This was carried out in two operations, the first having been interrupted and unduly prolonged by an attack of asphyxia caused by two large tracheal growths.) Recovery was

uneventful. Voice strong but somewhat rough, improvement in general health marked. Eleven months later absolutely no recurrence. It should be noted that, so far as can be gathered from the author's report, the trachea was not examined at all at the first operation; the tracheal growths, therefore, may have been present then.

Arthur J. Hutchison.

E A R.

Braislin, W. (Brooklyn).—*A Tumour of the Middle Ear springing from the Inner and Posterior Tympanic Walls simulating Exostosis, but consisting of Calcareous Laminæ.* "Arch. of Otol.," vol. xxx., No. 6.

In a case of chronic suppuration of the middle ear there was seen a pinkish-white, glistening excrescence covering almost the whole of the inner wall of the tympanum. It was removed by means of a small gouge, forceps, and curette, and when afterwards put together formed a thin convex shell of bone-like consistency; it was proved to be calcareous degeneration of an inflammatory hyperplastic growth in the tympanum.

Dundas Grant.

Brunel, P.—*On Paracentesis of the Membrana Tympani as a means of Diagnosis and Prognosis in Deafness.* "Revue Hebdom. de Laryng.," etc., October 26, 1901.

The importance attached by all otologists to the presence or the absence of bone-conduction is not justified. In many cases of otitis media sicca bone-conduction is almost or entirely lost, and the erroneous diagnosis of sclerosing panotitis is made. If, however, aërial conduction is improved by any method of treatment, bone-conduction will reappear and even become excellent. ("Sclerosis," "sclerosing panotitis," and "panotitis" are apparently used by the author as synonymous terms.) The only method of making a sure diagnosis and prognosis is to perform a free paracentesis of the membrane. When this is done the hearing is (1) worse than before, or (2) unaltered, or (3) improved. In the first case there is no room for doubt; the labyrinth is affected, prognosis is bad. In the second case it is almost certain that the deafness is due to fixation of the stapes by fibrous or osseous bands. This can be easily verified. Let a hook be passed round the handle of the malleus and movements of pressure and traction made; if the stapes is not fixed, a special sensation of bubbling (*bouillonnement*) is produced, accompanied by vertigo and at times syncope; if the stapes is ankylosed, these phenomena do not arise. In the third case the deafness is due entirely to thickening of the membrane, and perhaps a few adhesions, and the deafness can be cured, or at least much improved, by removal of the membrane together with the malleus and incus.

In support of these statements the author quotes three cases. In the first case the history, the appearance of the membranes, and the results of tests by watch and tuning-fork, were all in favour of disease of the labyrinth. Paracentesis of the left membrana was performed, and the hearing-power thereby at once diminished. The diagnosis of panotitis was made. In the other two cases, although the tests of hearing by watch, tuning-fork, etc., were not decisive, the history and the appearance of the membranes (opaque, retracted, etc.) pointed to middle-ear catarrh. Paracentesis improved the hearing-power; ossicu-