As to treatment, 9 had no operative treatment, 6 had a simple tracheotomy, 5 were treated by endo-laryngeal methods alone, 20 by thyrotomy, 4 by partial resection, and 5 by total resection of the larynx. Of the three pedunculated growths which were removed by the cold snare followed by application of cautery, one recurred after one and a half years, one after two, and one after seven years. The author thinks these results justify endo-laryngeal treatment in cases of pedunculated growth, if the patient is kept under observation so that any recurrence can be treated at once. The recurrence after seven years was at the site of the original growth. The results of operative treatment were as follows: Of the five treated by endo-laryngeal removal all recurred except one which is reported as "cured," though less than a year had elapsed since the operation. Thyrotomy was performed in 20 cases and in 10 there has been no local recurrence, the length of time since operation varying from one and a half to seventeen years. Of the other 10, 3 died from the operation, 1 of secondary hæmorrhage, and 2 of pneumonia, and the remaining 6 all died of recurrence within a year. Of the 10 "cured" cases, 1 died after seventeen years of cancer of rectum and another after eight years of cancer of stomach. Of the four partial resections, all got over the operation but died later of recurrence, and of the total resections 1 has remained cured for twelve years, 2 died of pneumonia following operation, and 2 of recurrence.

Middlemass Hunt.

EAR.

Frazer, J. E.—*The Early Development of the Eustachian Tube and Naso-pharynx.* "Brit. Med. Journ.," October 15, 1910.

A most interesting exposition of the author's views, based on his own investigations. He regards the Eustachian tube and middle-ear cavity as derived from a recess that is a part of the pharyngeal cavity and contains in its walls first, second, and probably third, arch elements. The naso-pharynx is to be looked upon as a secondary enlargement of the primitive pharynx, mainly affecting its roof. *Macleod Yearsley.*

Evans, J. Howell.—*Auricular and Peri-auricular Dermoids, Fistulæ, and Tumours of Congenital Origin.* "The British Journal of Children's Diseases," November, 1910, p. 490.

After a concise description of the development of the external ear, the occurrence of accessory auricles, fistulæ of the external ear, and cysts and tumours around the ear (classified as—[1] auricular, [*a*] pre-auricular. [2] peri-auricular, [*b*] supra-auricular, and [*c*] post-auricular) are discussed, and the author expresses the opinion that the rarer tumours known as congenital cholesteatomata arise in connection with the development of the otic vesicle. *Macleod Yearsley.*

Richards, G. L.—*A Point in the Technique of the Use of Nitrate of Silver in the Treatment of Chronic Suppurative Otitis Media.* "Boston Med. and Surg. Journ.," September 8, 1910.

The author advocates the following method: Cleanse the suppurative area by syringing, suction, wiping and removing all polypi and *débris*. Enlarge small perforations, if need be. Lay patient's head over so that affected ear lies uppermost and horizontal. Instil nitrate of silver solution to fill canal and allow to remain five minutes, then wipe out and insert light

wick of cotton or gauze. Begin with 3 per cent. solution, increasing gradually to 20 per cent. if necessary. Repeat every other day to once a week. *Macleod Yearsley.*

Sewell, Lindley.—*A Case of Chronic Suppurative Otitis Media with Labyrinthine Fistula and Spontaneous Nystagmus.* "Brit. Med. Journ.," November 12, 1910, p. 1524.

Occurred in a woman, aged twenty-four. The fistula was in the region of the external horizontal canal and was left untouched at the radical mastoid operation performed. Complete recovery resulted.
Macleod Yearsley.

Mathewson, G. H. (Montreal).—*Mastoiditis in Infants.* "Dominion Med. Monthly," September, 1910.

The author contends that there are air-cells in the infantile mastoid and that some of them are as large as in some adult mastoids. He cites fourteen cases, varying in age from four to twenty months. (Mathewson's paper is not convincing, and he appears to have mistaken the limitrophic cells of Broca for mastoid cells.—M. Y.)
Macleod Yearsley.

REVIEWS.

Hints for the General Practitioner in Rhinology and Laryngology. By Dr. Johann Fein, Privatdocent at the University of Vienna. Translated by J. Bowring Horgan, M.B., B.Ch. With 40 figures in the text and 2 photographic plates. London: Rebman, Ltd., 1910.

It has been said that a little learning is a dangerous thing. But it can be very useful if imparted with judgment and applied with conscientiousness and discretion. The general practitioner is often tempted to say, "I know nothing about the nose and the larynx," or he may run to the other extreme and profess to know everything about them. With the increasing development of the education of the general practitioner the former position is scarcely justified, but when we consider the growing increase in the knowledge of diseases of the nose and throat, the latter is equally irrational. Dr. Johann Fein, in his "Hints for the General Practitioner in Rhinology and Laryngology," strives to demonstrate a middle course in which the interests of the general practitioner, the specialist, and, above all, the patient, are seriously studied. This book is not intended to take the place of systematic handbooks, and the different sections are classified on a clinical and practical basis. For instance, we have diseases of the nose which can be recognised and treated by anterior rhinoscopy, first without a speculum, and next with one; this is followed by a section on diseases of the nose, the recognition and treatment of which is only possible for one who has had some special technical training. The same principle is applied to diseases of the throat. Many of the headings refer to symptoms rather than to the names of diseases. Dr. Fein appears to us to under-value the general competency of the practitioner, and it seems strange to us to read "that there are many doctors who, for example, believe that the turbinals are attached to the nasal septum and