other tumours, 14; cause not stated, 12. The nine cases of so-called true caseous rhinitis were those in which there was no evident cause in the history, and which were therefore believed to depend on the scrofulous diathesis and a specific micro-organism. It is generally argued that in view of the prevalence of the scrofulous diathesis the number of cases of caseous rhinitis ought to be much greater if it depended on that cause. Masini,[1] on the other hand, endeavours to turn this against the common theory by saying that, in view of the great frequency of nasal stenosis, foreign bodies, sinusitis, etc., the disease should be more common if it arose from these. Dr. Michele, relying on his statistics, contends that, while scrofula is very common, this disease is rare; that if it depended on scrofula it should be sometimes bilateral, while it is practically always unilateral. The rapid cure also excludes scrofula; there is, moreover, only one case of recurrence reported in the literature, that of Massei.

As regards the bacteriology, the author points out the results obtained, and gives a list of the organisms found in the cases reported as true rhinitis caseosa. The constant and specific form of microbe, which could be regarded as the essential cause of the malady, is wanting. He sums up the etiology of the disease, *a purulent secretion and an obstacle to its elimination*. Having referred to the more recent cases of Cozzolino, Wagnier, Cimmino and others, he draws the following conclusions:

1. The small number of cases of *rhinitis caseosa vera*, with some exceptions, present the clinical features necessary for the disease according to the common theory. The rare exceptions leave room to doubt that the observations have been exact.

2. The rarity of the affection, the rapidity of cure and absence of recurrence exclude scrofula as a cause.

3. The disease cannot be regarded as microbic, because no specific microbe has been found.

He especially sets aside the *Streptothrix alba* of Guarnaccia, because it was found in a case of the so-called *false* disease, and even if it had been in one of the *true* it does not matter, as it so closely resembles the filamentous forms seen in pseudo-rhinitis. Moreover, the *Streptothrix alba* inoculated has never produced the disease in man or animal. *James Donelan.*

Ostmann (Marbury).—*Obliteration of the Vessels in the Nose by the Galvano-Cautery, as a Preliminary to Intranasal Operations.* "Deutsche Medicinische Wochenschrift," 1901, No. 14.

Ostmann recommends that the arterial supply of the nose should be stopped by the electro-cautery before operating on the nose. The loss of blood is reduced to a minimum, and the operation field remains clear. *Guild.*

LARYNX.

Monselles, Salvadore.—*Papilloma of the Larynx in Children and their Treatment.* "Archiv. für Kinderheilkunde."

This is a lengthy paper of thirty pages, which gives a very full account of laryngeal papilloma. The pathology is fully discussed, with the help of quotations from various authors. The clinical history of some cases falling under his own observations is given. The various methods

[1] *Annal. di Laring. ed Otolog.*, 1900.

of operating, both externally and *per vias naturales*, are criticised. There is an illustration and description of an instrument used by himself, which is similar to one used and described by Massei in 1897 in an Italian journal. *Guild.*

E A R.

Lermoyez and Mahu.—*A Simple Method of closing the Persistent Retro-auricular Orifice after the Petro-mastoid Operation.* "Annales des Maladies de l'Oreille," June, 1901.

The authors discuss two questions: (1) Why should such orifices be closed? (2) When should they be closed?

In reply to the first question they give the following reasons: (1) It is an unsightly deformity, and may interfere with business and social life. (2) It exposes the ear to exterior injuries. In one of the authors' cases the entrance of draughts of air into the orifice caused vertigo, an inconvenience which ceased when it was closed.

In discussing the second point, When should the opening be closed? the authors divide their discussion into that of cases in which the operation has been done for chronic osteitis, and those requiring operation for cholesteatoma. In the former instances, one must wait until (1) there is no residue of suppuration; and (2) the epidermis of the cavity left by the operation is dry, solid, and adherent, with no desquamation and no eczema. Six months usually suffices. In the second instance, the cure is very uncertain. One must wait until there is no sign of further cholesteatomatous accumulation, and there is free access of air to the whole of the diseased cavity. Certain other elements intervene in deciding the question of closing the opening: (*a*) The size of the meatus; (*b*) the seat and amount of the cholesteatoma; (*c*) the social status of the patient. These are discussed at length.

The authors then proceed to enter into the various methods that have been from time to time proposed for closing the opening; these methods are those of Stackë, Mosetig-Moorhof, Passow, and Trautmann. They then pass on to their own method. The patient is anæsthetized by chloroform; the temporo-mastoid region is shaved and rendered aseptic, as are also the meatus and other parts. Posterior to the opening two incisions are made down to the periosteum. These incisions are half a centimetre above and below the opening, and are joined by two other incisions to form a trapezium. The skin is raised down to the periosteum, going well into the cavity, thus forming two wings. These wings are turned inwards towards one another, and sutured so as to completely cover in the opening. To relax tension, a semilunar incision is made over the mastoid about 15 millimetres from the posterior incision. By this means one obtains: (1) A cavity closed by a cutaneous covering, which only communicates with the exterior by the auditory meatus; (2) a pinna definitely fixed in the normal position. Healing takes place in about five days. The paper is well illustrated by diagrams, and several cases with photographs are appended. *Macleod Yearsley.*

Schengelidze, Dr.—*The Pathogeny of Purulent Ear Disease in Infancy.* "Archiv. für Kinderheilkunde."

This paper, which is divided into five chapters, extends to forty-five pages. The first chapter contains a historical survey of the subject,