

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

these the blood flows slowly, and their dilatations act as most excellent sites for the development of focal infections.

The third group of veins is by far the most important; it consists of those ramifying through the temporal bone, and in indirect communication with the diploë of the occipital region. A still larger number are in direct communication with the large venous sinuses and cranial cavity, the mastoid vein being representative of the larger vessels. The smaller blood channels (often microscopic) ramify freely through the mastoid and petrous, and bring the tympanum and pneumatic cells into direct vascular connection with the cranial contents.

Another factor in the production of sinus complications is the natural feebleness of the rate of blood-flow and the tendency to localized lacunæ of blood stagnation, resulting from the differences of calibre of the vein as it pursues its tortuous course in this location. Further, there is an absence of any definite system of valves in the intracranial veins and sinuses, and it is not rare to see this also in the veins of the tympanum and mastoid.

The author then enumerates the pathways of infection in their order of frequency—viz., through the superior and median mastoid walls, through the posterior wall of the petrous bone into the posterior cranial fossa, etc. More rarely, infection may pass by the labyrinth and internal auditory meatus, and, extremely rarely, but none the less important, by the vessels passing through the antrum and lower walls, along the fossa for the bulb of the jugular vein and the carotid canal.

The anatomy of the mastoid vein and its pathological history is finally dealt with, and the author closes with a plea for a further study of the small venous channels of the temporal bone.

Macleod Yearsley.

REVIEW.

Beiträge zu der Functionuntersuchungen an Taubstummen in Dänemark ("Contributions to the Functional Examinations of Deaf Mutes in Denmark"). By E. SCHMIEGELOW. With thirteen illustrations in the text. Pp. 113. Copenhagen: Det Nordiske Forlag. Berlin: August Hirschwald. 1901.

The author has examined in detail 185 pupils from deaf-mute asylums in Denmark. Of these, 51 (28 per cent.) were found to be absolutely deaf, but 133 (72 per cent.) had more or less tone-hearing remaining. These residua were tested by Bezold's continuous series of tones, and an interesting comparison is made between the ranges of audition (amount of musical scale heard) of those hearing various vowels and those unable to do so. By this means Professor Schmiegelow finds that hearing for the portion of the scale between a^1 and e^3 is essential for the audition of words. The simple vowels require each a different extent of the range for pure tones. In selecting cases for treatment by means of hearing exercises the extent of the hearing for pure tones (tuning-forks, etc.) has to be kept in view.

Among the 185 pupils, 19 were found to be suffering from chronic cetid purulent otorrhœa, depending on median otitis with polypi