

**Moire, E. J.** (Bordeaux).—*The Tracheo-laryngeal Operation Wound in Carcinoma of the Larynx.* "Arch. für Laryngol.," vol. xxi, Part II.

Professor Moire claims to have been one of the first who in the year 1891 advised the performance of laryngo-fissure in one stage and without a preliminary tracheotomy at a previous sitting. At the present day the one-stage operation is almost universally practised, but most operators still consider it necessary to employ either the Rose or Trendelenberg position, or a special cannula such as that of Hahn or Trendelenberg. Owing to the numerous disadvantages of both of these cannulae the author has long ceased to use them, and has devised a special cannula flattened from side to side, which requires a small incision and presses upon and injures the tracheal walls to the least possible extent. The entrance of blood into the bronchi is effectually prevented by packing in gauze above the cannula, and a special position of the patient is thus rendered unnecessary.

Much stress is laid by the author on the advantages of removing the cannula immediately after the operation and carefully suturing both the laryngeal and the tracheal wounds. He has experienced no untoward results from this practice, and believes that it places the patient in the best possible position for withstanding secondary infection of the wound and the lungs, and greatly hastens healing. *Thomas Guthrie.*

### EAR.

**Stewart, Charles M.**—*The Surgery of the Auditory Labyrinth.* "Canadian Journ. of Med. and Surg.," January, 1909.

In an academic article upon the surgery of the labyrinth, in which he acknowledges the deep indebtedness which we owe to such men as Richard Lake, J. D. Richards, and Jansen, the writer gives a brief history of four cases, as follows:

(1) Tubercular labyrinthitis. A woman, aged twenty-one, after suffering from chronic suppurative otitis media for years, had radical mastoid operation. Result good; cavity dermatised and dry in seven weeks. Two years later developed phthisis. Shortly afterwards ear commenced to discharge again. In the pus were tubercle bacilli. Facial paralysis developed. The nerve could be seen when ear was mopped out. Nerve disintegrated and disappeared, due to irritation of pus and the spirit drops used. The patient was incapacitated by vertigo. The labyrinth was then extirpated; semi-circular canals, vestibule, and part of the cochlea removed. Vertigo persisted for ten days; ear healed perfectly. Patient looks well. Facial paralysis persists.

(2) Man, aged twenty-nine. No previous history of labyrinthine disease. While performing a radical operation on the mastoid, a fistulous opening was discovered in the external semi-circular canal with pus oozing from it. Canal was opened up to the ampullæ and curetted. Not followed by vertigo nor giddiness. Recovery uneventful.

(3) Woman, aged thirty-six. Radical operation was being done. Stapes seen in foramen ovale; it was very loose; caries round the opening. Stapes removed; inferior vestibulotomy done. Vertigo followed for two weeks. Hearing destroyed.

(4) Woman, aged forty-one. Suppurative otitis media for twelve years; facial paralysis for three weeks. Radical mastoid operation. Large sequestrum picked out of labyrinth composed of vestibule and

semi-circular canals. Recovery uneventful. Facial paralysis followed, but was nearly gone one year afterwards. *Price-Brown.*

### REVIEW.

*Diseases of the Nose, Throat and Ear, Medical and Surgical.* By WILLIAM LINCOLN BALLENGER, M.D. (471 engravings and 16 plates). London: Henry Kimpton. Glasgow: Alexander Stenhouse. 1908.

Dr. Ballenger is well known as a vigorous exponent of exceptionally original views in regard to the diseases of the nose, throat and ear. The portly volume with which he has presented us contains an elaborate account of the present state of our knowledge of these subjects, which is all the more interesting and readable because it is freely tinged with the originality which is characteristic of the author.

To the nose and accessory sinuses are devoted 285 large pages, to the pharynx and fauces 168, to the larynx 146, and to the ear 314.

The clinical anatomy and physiology of the nose and accessory sinuses naturally occupy the first place, and the author next discusses the relations of the nose, throat and ear to general medicine. Among the most valuable chapters are those dealing with such argumentative questions as the choice of operations for the correction of the obstructive lesions produced by deformities of the septum. The surgery of the tonsils is discussed without the bias in favour of the guillotine, which for various reasons is so strong on this side of the Atlantic. The subject is worthy of revision, and a judicious eclecticism is undoubtedly the proper frame of mind in which to deal with it, even if we hesitate to take quite literally the author's view that—"The technique of its removal should receive the same careful and patient attention that has been devoted to the removal of the vermiform appendix." The indications and the methods are very fully described. We should have wished for a more extensive discussion of malignant disease of the tonsil (p. 419).

The author is very radical in his treatment of purulent ethmoiditis, and describes a method for the removal of the ethmoidal cells and middle turbinal *en masse*, which he states that he has practised two hundred times without unfavourable result. Among many ingenious methods of intra-nasal operation may be noted the use of Vail's hollow-bladed saw for making a round opening in the antrum, also a magnified Ballenger swivel-knife for removing portions of turbinated bodies, and a very useful right-angled knife. In regard to the surgical correction of nasal deformities, an ingenious reverse chisel is recommended for subcutaneous use, especially in cases of "hump-nose." The author describes an operation of his own for shortening a long overhanging nose, such as we have occasionally seen to cause severe mental despondency. Paraffin injections receive favourable notice. A valuable chapter on the infective granulomata is devoted to tuberculosis, syphilis, actinomycosis, etc., as affecting the throat, nose and ear thereby; the chapters on the diseases of the separate organs are judiciously lightened.

In the paragraphs concerning the treatment of post-nasal adenoids, attention is very properly drawn to that condition which is so often overlooked, namely, a postero-superior recess in the naso-pharynx, caused by a projection of the atlas, which cannot be cleared by the ordinary curette. The author recommends in the presence of this condition a curette devised by Pyncheon, which is in reality a slight modification of Golding-