

that, if there is any relation between a high narrow palate and adenoids, it is possible that the palate shape is rather a cause of adenoids than *vice versa*. In dealing with the *condition of the teeth*, it was found that 49.4 per cent. of the normal children had teeth which showed no obvious caries, and 51.4 per cent. had caries affecting from one to ten teeth, whilst of the adenoid children 40.9 per cent. had good teeth, and 59 per cent. had from one to thirteen teeth carious. It appeared, from the relation of mouth-breathing to carious teeth, that adenoids were more important than oral respiration or palate shape, a fact probably accounted for by the increased tendency to oral sepsis in adenoid children. The author also considers that irregularity of the upper incisors is less a result of adenoids than of palate-shape. Last of all, *ear complications* are dealt with. Fifty-one out of 1246 children had ear complications; that is to say, 4 per cent. of these scholars had either deafness or discharge, or both, on one or both sides, save two, who suffered from intermittent ear pain, which probably meant potential ear affection. What is of great importance was that *every single one of these children had adenoids*, and in no one normal child was there any sign or history of ear complication. The number 51, therefore, means in reality that out of 471 cases of adenoids 10.8 per cent. suffered from ear complications. This strongly emphasises the fact that the large majority of ear affections in school-children owe their existence to adenoids.

Author's Abstract.

LARYNX.

Schmiegelow, E. (Copenhagen).—*Clinical Contributions to the Pathology of Laryngeal Cancer.* "Arch. für Laryngol.," vol. xxiii, Part III.

A paper based upon 48 cases of primary laryngeal cancer from the author's own practice, of which 40 were males and 8 females. Three were under forty years of age, the youngest a man, aged twenty-eight. The starting-point of the disease was as follows: Ventricular band 5, arytænoid region 4, vocal cord 23, sinus of Morgagni 1, epiglottis 1. In 14 others the point of origin could not be determined. In three cases the growth was pedunculated and those are recorded in detail. All three originated from the arytænoid region and could not be distinguished by the laryngoscope from a pedunculated fibroma or sarcoma. The diagnosis was made by the removal of a portion for microscopic examination, and the author insists on the importance of this method in making an early diagnosis of malignant disease of the larynx. In 25 of his cases the diagnosis was established in this way and 19 were reported as typical epithelioma, 3 polypoid alveolar carcinoma, 2 adeno-carcinoma and 1 medullary carcinoma. In 3 the diagnosis was confirmed by examination of a portion removed at the operation. In the remaining 20 the diagnosis was based on clinical grounds alone, either because the disease was already far advanced or because the case was only seen once. One must not, however, place implicit confidence on the pathological report. Mistakes may arise from the presence together of a simple and a malignant growth in the same larynx, as the author found in two of his cases; or the portion removed may not go sufficiently deep into the substance of the growth to show its real character; again, quite competent pathologists have been known to make mistakes, and to pronounce a simple papilloma to be malignant or a tuberculoma to be a carcinoma.

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 Nasopharynx.* "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 nasopharynx 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