

appeared. The same systematic treatment as before was undergone, affording great improvement.

In December, 1900, the patient again returned with dyspnoea, aphonia, and cough, attended with expectoration of reddish-yellow particles. Tubercle bacilli were absent from expectoration, and heart and lungs were sound. Laryngoscopy revealed the inferior border of left ventricle moderately enlarged and red at anterior part, left vocal cord much hypertrophied and roughened, infiltration in anterior part of subglottic space. Structure of left cord was irrerecognisable, being replaced by masses of reddish-gray succulent tissue. The infiltration was especially marked in the middle of the glottis, and extended on to the anterior laryngo-tracheal wall down to the upper border of fourth ring of trachea. The vegetations of vocal cord were of soft consistence: those on the anterior wall were far harder. Mobility of the left cord was greatly hampered. Mucous membrane on post-laryngeal wall normal. Opposite the fifth and sixth rings of trachea the infiltration of three years ago was replaced by a slightly thickened membrane: other regions of trachea normal. There was no reappearance of growth in the portions of trachea affected in December, 1897. In two sittings the infiltrations were removed by *écraseur* and forceps, followed by use of bougies for a week. The patient was again discharged, breathing easily. Left vocal cord normal in every way, voice hoarse. In February, 1901, her condition was excellent, voice clear, and from all points of view was better than in February 28, 1898.

In discussing the treatment, the author is strongly in favour of methodical dilatation, combined with lateral compression, after L. v. Schroetter's method, and deprecates laryngo-fissure, save in cases where endo-laryngeal, endo-tracheal, or bronchoscopic interventions fail, or as a last resort.

As regards medical treatment, iodide of potash, salicylic acid, and injections of sublimate, have proved useless, and the sero-therapy of Pawlowsky is still *sub judice*.

The writer believes that although scleroma is for the most part endemic and often sporadic, still it may be found in any portion of Europe.

H. Clayton Fox.

### E.A.R.

**Dunn, John** (Richmond, Va.).—*The Inferior Occipital Plate of the Mastoid, with especial reference to Bezold's Mastoiditis.* "Arch. of Otol.," vol. xxxi., No. 2.

This is the space a sixth to a quarter of an inch wide on the under-surface of the mastoid internal to the digastric groove. It has a portion of the sigmoid sinus just above its inner table, and in some cases it contains air cells. In those cases of Bezold's mastoiditis which do not readily recover after opening the mastoid it is probable that the perforation has taken place through this part of the bone.

Dundas Grant.

**Lenoir, Oliver.**—*The Morphological Value of the Supra-meatal Spine and Tache Spongieuse in Antrectomy.* "Annals of Otology, Rhinology, and Laryngology," February, 1902.

The author demurs as to the developmental origin of the spine held by Poirier, who considers it a portion of the tympanic bone, designating it the "épine tympanale."

Lenoir, after examining 200 skulls, says that in no instance has he been able to find continuity between the tympanic bone and the spine. He appeals to comparative anatomy, and finds that in the horse, in which the tympanic ring is almost completely closed, that still, in the situation corresponding to the spine in man, there is a distinct osseous point, but definitely separated by a deep groove from the tympanic ring, and he feels justified in concluding that this point is the counterpart of the meatal spine in man. The same conditions obtain in the gorilla. The writer considers the spine to be a derivative of the element from which the outer portion of the epitympanum is formed (which would correspond to the squamosal). As regards the constancy of the spine and its value as a landmark, after an examination of 100 adult skulls, he only failed to find it present once, and that unilaterally; he therefore observes, "Are we not justified in depending on its existence for operative purposes?"

As to its existence in children, it is not present till the fourth year, and then only faintly marked. Only in children above the age of ten years is it well developed. As a landmark before the age of ten years it is therefore useless, but he points out that in its absence we have an alternative one. He states that immediately above the supra-meatal wall of the osseous meatus, and below the supra-mastoid ridge at the origin of the zygoma, is a spot in the bone riddled like a sieve with vascular foramina, and in the fresh condition so congested as to resemble a blood effusion. At this point the bone is soft, friable, and much congested. This spot he designates "tache spongieuse." In fetuses of more than eight months, and in children from one to two years of age, he always found the antrum corresponded to the above-mentioned spot.

Broca has invariably, in his clinical experience, tapped the antrum in young children at this spot. Later on, as the spine becomes developed, the vascular spot mentioned coincides with the point of bone immediately posterior to the spine.

The writer points out that this vascular zone describes, in proportion to the age, the arc of a circle having its centre at the apex of the osseous canal, gradually shifting in position from above downwards and backwards, becoming first apparent above and behind the osseous meatus as above described, and ending directly behind the spine. From a study of the position of the antrum at various ages he finds it coincides in position of being deep to the vascular spot, hence its special value as a landmark before the spine is present.

*H. Clayton Fox.*

## BACTERIOLOGY.

Raw, Nathan.—*Human and Bovine Tuberculosis.* "British Medical Journal," January 31, 1903.

In a preliminary note upon this subject, the author says that although, previous to the paper by Koch in 1901, he was taught to believe that the two diseases were really identical, he has, after careful observation, entirely changed his views. He considers that whilst the two diseases are separate and distinct, the human subject is susceptible to bovine tuberculosis, more especially in the early years of life, and also that bovine tuberculosis may set up serious lesions in the human body.