lesions; (2) the fair constancy of the clinical and bacterial picture: (3) the disappearance of the organisms as the healing process begins. The disease is no doubt often confused with diphtheria, syphilis, stomatitis, tonsillitis, etc. Place finds peroxide of hydrogen swabbing until the ulcers are pretty clean and then painting with 2 per cent. solution of chromic acid twice daily the best treatment.

Macleod Yearsley.

Pusateri, S. (Palermo).—Chronic Vincent's Angina. "Archiv. f. Laryngol.," vol. xxv, Part III.

In the case reported, that of a man, aged twenty-six, the disease had apparently been present for a year before the patient came under the author's notice. Bacteriological examination showed the presence of the fusiform bacillus and spirillum. The ulceration involved the left tonsil, the bed of the right tonsil which had been destroyed, and portions of the faucial pillars. Treatment consisted of local applications of 3½ per cent. zinc chloride solution and 2 per cent. glycerine iodi, with a fluid diet and intestinal disinfection. Healing was complete three months after the case was first seen by the writer. The angina was never accompanied by stomatitis. *Thomas Guthrie.*

LARYNX.

Thomson, StClair.—Intrinsic Cancer of the Larynx; Operation by Laryngo-fissure; Lasting Cure in 80 per cent. of Cases. "Brit. Med. Journ.," February 17, 1912.

Cases of cancer of the larynx may be divided into two groups—intrinsic and extrinsic. This classification is of the greatest importance, for while extrinsic cancer is, according to Butlin, "a dire disease," it is quite otherwise with intrinsic cancer; there is probably no other region of the body where operation for cancer can show anything like the satisfactory results that can be obtained when the disease occurs in the interior of the larynx and is removed by laryngo-fissure.

There are two principal reasons why statistics and reports are not more frequently forthcoming: (1) Many cases do not consult a laryngologist for a persistent hoarseness until too advanced for a successful operation, and (2) cancer of the larynx is not a common disease.

Ten cases were operated on between the years 1900 and 1910, a period of ten years.

These ten cases are summarised in the table on p. 179.

The duration of the cure in each case from the date of operation to February, 1912, has been as follows:

One case, 7½ years; one case, 4 years 4 months; one case, 3 years; one case, 2 years 2 months since laryngectomy; one case, 2 years 1 month; two cases, 1 year 3 months; one case died from other causes 15 months after operation; one case died from cancer of tongue on opposite side 3 years after operation and without local recurrence; one case died from local recurrence. Total, ten cases.

The conclusions to be drawn from this record can be stated fairly briefly:

All the patients were males. Their ages varied between 43 and 68. Five, or 50 per cent., were under 50, four were between 50 and 60, one was nearly 70. In no case did thyrotomy reveal any error of diagnosis. The death-rate from the operation was *nil*. Only one case is dead from local recurrence. A second case died from separate develop-

Case.	Sex and age.	Duration of hoarseness.	Kept under observation	Enlarged glands	Movement of vocal cord	Preliminary microscopic examination	Halin's tube.	Pathological report.	Recurrence.
I	M., 47	3 months	4 months	None	Good	Not made	Used	Epithelioma	None locally. Death from cancer of opposite side of tongue 3 years later.
II	M., 49	2 years	—	Small gland on crico-thyroid membrane	Abolished	,,	,,	Carcinoma	None at end of 15 months. Death from other causes.
III	M., 48	13 months	9 months	Slight on opposite side	Slightly impaired	,,	,,	Epithelioma	None after 7 years 6 months.
IV	M., 49	6 months	1 month	None	Ditto	,,	,,	,,	Recurrence in 8 months. Death.
V	M., 54	1 year	—	,,	Abolished	,,	Not used	,,	None after 4 years 4 months.
VI	M., 59	3 months	—	,,	Good	Positive	,,	,,	None after 3 years.
VII	M., 43	1 year	—	,,	Slightly impaired	Not made	,,	,,	Recurrence in 9 months. Laryngectomy. No recurrence since, 2 years 2 months.
VIII	M., 58	6 months	—	,,	Good	Positive	,,	,,	None after 2 years 1 month.
IX	M., 68	3 months	...	,,	,,	Not made	,,	,,	None after 1 year 3 months.
X	M., 55	7 months	—	,,	Abolished	Negative	,,	,,	,, ,,

https://doi.org/10.1017/S1755146300187840 Published online by Cambridge University Press

ment of cancer in another part of the body. A third patient is dead from another cause. Laryngo-fissure alone has yielded a lasting cure in 80 per cent. of cases. Laryngo-fissure, supplemented by excision of the larynx in a case of local recurrence, has preserved 90 per cent. of the patients. In the only two cases in which there was local recurrence the disease reappeared within the year following the operation of laryngo-fissure. This fully confirms Sir Felix Semon's conclusion that there is little or no anxiety as to return of intrinsic cancer if the larynx remains free for twelve months.

Some points of diagnosis—mobility of the affected cord and preliminary microscopic examination of removed portion—are then referred to, and the paper concludes with some consideration of anæsthesia and surgical technique. *Author's abstract.*

EAR.

Snow, Sargent F.—Acute Middle-ear and Mastoid Inflammations: The Relations of Active Auto-intoxications. "Lancet," October 14, 1911, p. 1070.

Snow draws attention to the fact that constitutional as well as surgical treatment is called for in these cases, and that closer observations on acute pharyngeal, nasal, sinus, middle-ear and mastoid inflammations are invariably related to an active autotoxic state of the system. He considers mercury, iodine, and similar "alteratives" are antigens. He prescribes calomel in doses of $\frac{1}{10}$ gr., frequently repeated up to 1 $1\frac{1}{2}$ gr., followed by a dose of castor-oil and salines. This plan is repeated in two days and continued every second day until active symptoms are subsiding. During convalescence, calomel, in good dosage at least every five days, is given as an intestinal cleanser, glandular stimulant, and corrective. *Macleod Yearsley.*

REVIEWS.

A Practical Handbook of the Diseases of the Ear for Senior Students and Practitioners. By William Milligan, M.D., Aurist and Laryngologist to the Royal Infirmary, Manchester, etc., and Wyatt Wingrave, M.D., Pathologist to the Central London Throat and Ear Hospital, and to the Polyclinic, London. With 293 illustrations and 6 coloured plates. Pp. 596. London: Macmillan & Co., 1911.

The book before us is decidedly a remarkable work, destined to pass through numerous editions. It is of course a conscientious and, at the same time, a compendious study of diseases of the ear, but it has the special characteristic of being founded on original investigations into the bedside and laboratory pathology of the organ of hearing, unhampered by traditions. The authors are well known in their respective spheres, and accordingly the subject is vigorously dealt with from both points of view. There is an interesting sketch of the development of the ear, containing much information in few words, followed by a chapter on the anatomy from the naked eye and microscopical points of view, the latest edition of "Quain's Anatomy" being drawn upon for a few of the illustrations, the majority being, however, from original preparations and