these "pressure points," an upper and lower on each side, and one or more of them may be found to be tender. The upper are situated on each side of the thyro-hyoid membrane, where the superior laryngeal nerve passes through the membrane; the lower are close to each side of the trachea and just above or behind the clavicle. In nearly every case the patients suffered from chronic pharyngitis and laryngitis, and the pain usually commenced during an acute exacerbation and continued for months if its true nature was not recognised. In none of the cases was there any evidence of hysteria.

The diagnosis is based on the absence of any local condition in the pharynx or larynx to account for the pain, and on the discovery of one or more of the tender spots mentioned above. The following directions are given for discovering these tender spots: For the upper, stand behind the patient, whose head is bent forwards, place the right thumb on the thyro-hyoid space and the left forefinger on the opposite side, then make short, energetic pressure on both sides at the same moment. This is, of course, disagreeable to any patient, but what is characteristic of this affection is the marked tenderness of one side when equal pressure is applied to both. To discover the lower the thumbs should be placed at the back of the neck on each side, while the tips of the middle and forefingers are pressed deeply in at each side of the trachea and just above the clavicles, till one feels the bodies of the vertebræ. Equal pressure should be applied on both sides and the amount of tenderness of the two sides compared.

The author regards the affection as a neuritis of the superior and inferior laryngeal nerves, secondary to an inflammation of the mucous membrane of the larynx and trachea. Of course, he holds that the recurrent is a mixed nerve and thinks his observations furnish another proof that the nerve contains sensory fibres.

Treatment is very satisfactory, as external massage appears to be always successful. Details of eighty-two cases are given.

Middlemass Hunt.

EAR.

Eagleton, W. P. (Newark, N. J.)—*Circulatory Disturbances following Ligation of the Internal Jugular Vein in Sinus Thrombosis, with Report of a Case.* "Arch. of Otol.," vol. xxxv, No. 2.

The case was a chronic one; the typical symptoms of otitic pyæmia supervened. Blood examination revealed malarial plasmodia, but temperature rose again, in spite of malaria. The mastoid, on operation, was normal; no bleeding came from the diploetic veins. The sinus was exposed at the "knee," and looked normal, but was blackened lower down, and a drop of pus oozed from the lowest part of the wall. The jugular was ligated, and this was immediately followed by profuse hæmorrhage from the upper wound, both soft parts and bone, thought to come chiefly from below. Firm plugging was necessary. Double optic neuritis, not previously present, supervened, and in a few days there was a general septic condition, the veins over the whole of the scalp and the upper part of the chest being very much distended. The patient lived for two months, in the course of which he had a cerebral hernia, symptoms of cerebellar abscess, vomiting, vertigo, loss of co-ordination on left side of both arm and leg. The cerebellum was twice explored, but nothing was

found. *Post mortem* the left lateral, the torcular, the inner one fourth of the right, nearly the whole of the superior longitudinal sinuses, were thrombosed. The cavernous and the petrosals were normal. There was rather extensive meningitis. The writer considers most of the conditions either directly or indirectly attributable to the sudden disturbances in the cranial circulation, produced by the ligation of the jugular. To prevent a disturbance of the return circulation he recommends the following means:

First, before ligating the jugular, by making as large an opening as possible in the sinus wall, and beginning this opening as far as possible down towards the bulb, without attempting to remove the clot, thus avoiding the possibility of mistaking a parietal for an occluding thrombus, and at the same time reducing to a minimum the probability of disseminating the thrombus.

Second, if the thrombus is, as in the case here reported, situated so low that this is impossible, then the application of a temporary clamp, such as the Crile clamp for temporary compression of the carotid, and if then there is no extra bleeding from the diploetic and other small veins, it is fair to infer that the circulation has in no ways been disturbed.

Third, by not injuring the external jugular in ligating.

Fourth, by ligating above the entrance of the facial whenever there is not a positive indication for a lower site being chosen.

Dundas Grant.

REVIEW.

Polypus of the Nose. By Eugene S. Yonge, M.D. 174 pp. London and Manchester: Sherratt and Hughes. 1906.

The etiology and pathology of nasal polypus have given rise to an almost unlimited amount of discussion, the most important statements on the subject being familiar to our readers. Dr. Eugene Yonge reviews them with great fairness and judgment, and rules them out of court so far as a certain number of cases, at least, is concerned. He considers that two elements are necessary, a sealing up of the orifice of a gland and an increase in the glandular secretion. These are produced by local inflammatory processes and some irritation stimulating the secretion. He supports his views by a most logical marshalling of the various facts, and confirms it by the result of actual experiment on the lower animal. The cat, as being subject to polypus, was selected, and the result of simultaneous excitement of inflammation and stimulation of the glands was the development of a growth like a small polypus on the maxillo-turbinal. Neither of the factors was sufficient alone to produce this effect. The whole process is so clearly described that it almost carries conviction captive. In any event it affords ample and satisfactory explanation of the development of polypi. We are bound to ask ourselves whether it affords the explanation of *all* of them. The exposition so far is most convincing, and we hope that the writer will continue his valuable experiments so as to establish his views on a firmer foundation. His instructions for treatment are thoroughly sound, and the indications for the selection of the methods of treatment suitable respectively for various cases are very judiciously set forth, but as