

through a small opening made in the mucous membrane of the outer wall of the nose, directly opposite to the root of each maxillary nasal process, and guided by the finger on the skin the groove between the cheek and the nose was sawn from top to bottom. The incision with the saw was made deep enough to allow of the production of a green-stick fracture of the nasal processes, the forceps named above being used in the same way as before."

The maxillary nasal processes and the nasal bones were then readily adjusted, and by regular and frequent manual pressure on the part of the nurse during the first thirty-six hours the bones were kept in place. A slight pitting in the centre line below the nasal bones was overcome by injection of paraffin. The result is said to be a perfect one.

*Price-Brown.*

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### LARYNX.

Neufeld, L. (Posen).—*On Laryngeal Spasm in the Adult.* "Arch. für Laryngol.," vol. xx, Part II.

The first of the three cases here reported was that of the writer himself. A child living in his house suffered from a severe attack of whooping-cough, during the course of which the writer contracted a violent naso-pharyngeal catarrh. After this had lasted for four days, on rising in the morning and trying to clear his throat he was suddenly seized with a laryngeal spasm which lasted only a few seconds, but was accompanied by marked cyanosis and an intense feeling of suffocation. These attacks were repeated for six days, after which the author was able to check them by the immediate use of a spray of hot Ems water. The upper air-passages, apart from slight catarrhal changes, were normal. The catarrh disappeared after about six months, and although the author has frequently suffered from "colds" since then, there has never been any return of the laryngeal spasm.

Another very similar case is reported in which the patient was an adult male, and the attacks were so severe that it became necessary to keep him in a surgical clinic, in case a tracheotomy should be required. Both this case and that of the author himself were almost certainly examples of an unusual form of whooping-cough.

The third case was an instance of what is known as ictus laryngis, and is of special interest, as the trouble certainly arose as a traumatic neurosis. A smith, aged twenty-three, slept in a room with a smoking grate. He was attacked with acute laryngitis, which was accompanied by attacks of glottic spasm. The laryngitis soon disappeared under treatment, but the attacks of suffocation were repeated for over a year, and often occurred several times a day, so as to render him totally unable to work. The first laryngeal examination was sufficient to bring about an attack, which was characterised by sudden and complete loss of consciousness, deep cyanosis, dilated pupils, and slow pulse. Consciousness did not return for twenty minutes. The attacks occurred almost spontaneously during speaking or laughing, or as a result of mental excitement. They could be arrested by pressure on the larynx. There was no aura.

*Thomas Guthrie.*

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