Fréche.—*Complete Occlusion of the Choanæ.* Soc. d'Anat. de Bordeaux, April 23, 1894.

EXHIBITION of a patient treated for an occlusion of both posterior nares. The orifice was re-established by multiple incisions, drainage, and frequent passage of Benique's tubes. The author thinks the case dependent upon hereditary syphilis. *A. Cartaz.*

Sheild, Marmaduke (London).—*Chloroform in Nasal Growths.* "Lancet," Feb. 3, 1894.

MR. SHEILD contends that large and tough adenoid masses will certainly for most operators require "a longer period of anæsthesia than it is well to attempt to procure by nitrous oxide gas." He holds that it is necessary to extirpate the adenoid tissue completely to prevent fresh budding. He favours the use of ether preceded by gas, considers the sitting posture the most dangerous, and makes the very valuable statement that if the patient be allowed to take half a dozen respirations before the operation is commenced it will lessen the amount of blood lost. *Dundas Grant.*

Collier, Mayo (London).—*Chloroform in Nasal Growths.* "Lancet," Feb. 3, 1894.

MR. COLLIER facetiously formulates the view that "the most desirable "anæsthetic in a large majority of the minor operations on the throat, "post-nasal space and nose is no anæsthetic at all," and further remarks that a four per cent. solution of cocaine will produce all the anæsthesia required in ordinary cases with an ordinarily skilled operator. He protests against the administration of an anæsthetic for little surgical procedures that involve not pain, but slight discomfort. [These views will be only of doubtful acceptability to patients.] *Dundas Grant.*

Holloway, W. (London).—*Chloroform in Nasal Growths.* "Lancet," Feb. 3, 1894.

DR. HOLLOWAY replies to several writers who have commented on his statements, pointing out the possibility of waiting for the cessation of hæmorrhage from the tonsils and then practising a second administration of gas for the removal of the adenoids. *Dundas Grant.*

LARYNX.

Grayson, C. P.—*Carcinoma of the Larynx with consecutive Epithelioma of the Lip.* "Med. News," April 7, 1894.

THE author points out that metastasis associated with laryngeal cancer is of very rare occurrence. Glandular involvement is a late feature of malignant disease of the larynx, usually not making its appearance until ulceration has existed for some time.

The patient, a married man, aged thirty-four, had until the present illness enjoyed uninterrupted good health.

In December, 1891, he had a severe attack of influenza. This was followed in December, 1892, by another attack, of briefer duration, however, than the first. Following this attack his throat began to be irritable. A few months after this he came under the author's notice. On examination the two ary-epiglottic folds were seen to be much swollen. The right ventricular band was deeply ulcerated, the lower border of the ulcer being lost to view in the subglottic space. Upon the left side the mucous membrane was infiltrated, but no ulceration was present. In addition to the laryngeal trouble a circular ulcer, about eight millimètres in diameter, was found upon the inner surface of the right lip to the right of the middle line. Treatment was at once adopted, but in spite of everything the ulceration increased and the submaxillary glands became enlarged.

W. Milligan.

Moritz, Siegmund.—*The Laryngeal Manifestations of Locomotor Ataxy.* "Med. Chronicle," May, 1894.

IN this interesting paper the author classifies the symptoms which precede or accompany the other manifestations of locomotor ataxy in the following way :—

1. Disturbance of co-ordination in the respiratory function or phonation, a true ataxy of the vocal cords.
2. Spasmodic affections, the so-called "laryngeal crises."
3. Motor paralysis of laryngeal muscles.
4. Paræsthesia, hyperæsthesia, or anæsthesia of the laryngeal mucous membrane.

An ataxic condition of the vocal cords is perhaps one of the earliest laryngeal signs of locomotor ataxy. In some cases the patient suddenly and unexpectedly loses his voice, or at least the power of articulating, and the voice becomes thick, dull, and discordant as though the vocal cords did not act in unison. Krause, who was the first to observe this interrupted movement of the vocal cords during adduction and abduction, describes the cords as being suddenly approximated, then remaining still in a semi-adducted position, and then approximated in the median position.

The cords, after having been driven together with great force, recoiled during abduction into the most extreme inspiratory position.

The laryngeal crises are characterized by their spasmodic nature. Occasionally they are attended by vertigo, profuse perspirations, lightning pains in the extremities, pains in the back, etc. The laryngeal crisis is seldom fatal. These attacks may come on very frequently or there may be only one or two during the whole course of the disease.

Laryngeal paralyses are frequently met with as signs of locomotor ataxy. Burger, in an analysis of eighty-four cases of laryngeal paralysis in ataxy, summarizes the results as follows :—

Abductor paralysis, bilateral 46, unilateral 11 ; paralysis of abductor and of thyro-arytenoid muscles, 8 cases ; complete paralysis of recurrent nerve, 6 cases.

In cases where *post-mortem* examinations have been made changes have been found in the medulla oblongata. These changes consisted in

the presence of foci of degeneration in the nuclei of the spinal accessory and vagus nerve, in the posterior pyramidal tracts, and in the floor of the fourth ventricle. Degenerative changes were also found in the peripheral laryngeal nerves, the vagus and the recurrent. The laryngeus superior was usually unaffected. In a few cases the postici muscles were found degenerated. *W. Milligan.*

Stewart, T. M. — *Laryngitis in Females.* "Journ. Ophthal., Otol., and Laryngol.," Jan., 1894.

A NOTE on the connection between menstrual and other uterine disturbances and laryngitis in females, urging attention to these troubles, if present, as an aid to the cure of the laryngeal disorder. He also notes the condition of laryngeal spasm caused by applications to the endometrium. *R. Lake.*

Vaubin—*Changes in the Respiratory Murmur in cases of Laryngeal Diseases.* "Revue Méd. Franche Comté," June, 1893.

IN a tubercular patient, with ulceration of the arytenoid fold, tumefaction of ventricular bands and perichondritis, during auscultation there was a complete absence of respiratory murmur, and other signs of pulmonary consumption. The pulmonary disease was very pronounced. Some days later an attack of vomiting, with considerable purulent discharge, left a large cavity at the apex of the lungs. Vaubin thinks that in some cases the diminishing or disappearance of respiratory murmurs during auscultation may be the result of some laryngeal obstacle, even though slight. *A. Cartaz.*

Barling (Birmingham).—*Larynx: Specimen.* "Brit. Med. Journ.," Feb. 24, 1894.

THE larynx was taken from a middle-aged man, the subject of old phthisis. The patient suffered from laryngeal obstruction, due to extensive tuberculous disease of the ary-epiglottic folds and the interarytenoid space. Tracheotomy was decided on, but the man died during the night, apparently from syncope. *Wm. Robertson.*

Mackenzie, Hunter (Edinburgh).—*Some Clinical Observations on the Bacillus of Tubercle.* "Brit. Med. Journ.," March 3, 1894.

IN the course of his remarks the author states "it may be taken as a "maxim that the higher up the locus of the bacilli in the respiratory "tract the more unfavourable is the prognosis. Thus, when the larynx "is their seat the prognosis is more grave than when the lungs alone "are affected, and a pharyngeal implication is the most unfavourable of "all." One might expect the opposite to hold good, and that the more accessible the disease the more favourable it ought to be. A simple chronic laryngitis may become tuberculous, an occurrence which in the first instance is revealed by the sputum only. In considering the question of the diagnosis of laryngeal phthisis from the laryngoscopic characters, and also from the presence of tubercle bacilli in the sputum, it ought not to be lost sight of that, as one writer (Ruehle) puts it, "the larynx is "the locality *par excellence* in which syphilis and phthisis intermingle "and intersect each other." The possibility of syphilis being present

in apparently pure laryngeal phthisis, with tubercle bacillary sputum, ought always, therefore, to be borne in mind. *Wm. Robertson.*

Harris, Thomas (Manchester).—*Neurosis of Larynx.* "Brit. Med. Journ.," Feb. 3, 1894.

THIS occurred in a man, aged fifty-five, who three months before had had shortness of breath, and in whom a deep expiration was accompanied by marked stridor, the inspiration being also slightly stridulous. The larynx was perfectly healthy, and presented no paralysis of the abductor or other muscles. The man presented well-marked tracheal tugging, also very slight pulsation over the manubrium sterni, which was only visible at the end of expiration, and a markedly accentuated second aortic sound. Dr. Harris mentioned two other cases of expiratory stridor; in both cases a sacculated aneurism of the aorta was found, which markedly compressed the trachea. The present case was referred to the same cause—viz., the aneurism being so placed that greater pressure was exerted on the trachea and greater stenosis caused, during expiration, than during inspiration. *Wm. Robertson.*

Donilles.—*Foreign Body in the Respiratory Tract in a Child—Expulsion of the Body during Vomiting—Death from Exhaustion.* "Dauphiné Méd.," Feb., 1894.

THE title indicates the case. *A. Cartaz.*

EARS.

Lake (London). — *A Modified Aural Speculum.* "Brit. Med. Journ.," Feb. 3, 1894.

THIS is a speculum for the ear made of the same materials used in the manufacture of Fergusson's vaginal speculum. Increased reflective power, ability to use caustics innocuously (to speculum), and a good direct light to do away with the use of a reflector, are the advantages claimed.
Wm. Robertson.

Lund (Manchester). — *An Ear Syringe Guard.* "Brit. Med. Journ.," Feb. 3, 1894.

THE principal feature of this is a guard mounted on the nozzle of the syringe. This guard rests on the temple in front and behind on the mastoid. Through an aperture in the guard the front of the nozzle is passed to the distance required by screw action. The guard is fixed by the finger and thumb during use. [The only drawback is that the guard obscures the view of the meatus and the direction of its axis.—REP.]
Wm. Robertson.

Bissell, E. J. — *Aural Massage.* "Journ. Ophthal., Otol., and Laryngol.," Jan., 1894.

THE author uses a telephone-receiver attached to a Gœtel-battery, which gives a large range of vibrations by means of a ribbon rheotome, which can vary from sixty to twenty thousand per minute. *R. Lake.*