

by a different mechanism: (1) Diseases attended with nasal occlusion (2) deformities or disease causing pressure of the parts one against the other; (3) affections of accessory nasal cavities. The author repeats Hajek's warning that no headache following influenza should ever be declared neuralgic until a thorough examination of the sinuses has excluded their implication.

Macleod Yearsley.

LARYNX.

Seifert (Würzburg).—*Contusion of the Larynx.* "Revue Hebd. de Laryngologie, d'Otologie, et de Rhinologie," November 7, 1908.

The rarity of contusion of the larynx justifies the publication of every case; the following is the sixteenth instance on record.

A ferry-man received a blow on the neck with the handle of an oar, which caused severe pain and increasing dysphagia. When admitted to the hospital on the twelfth day after the accident he was seriously ill and hardly able to swallow. The pharynx, as well as the base of the tongue and upper part of the larynx, were in a state of inflammatory oedema; there was an extravasation of blood in the soft palate and the adjoining region, and sloughing of the lower part of the uvula and of the left posterior pillar.

The treatment consisted of rest in bed, the application of cocaine and alypin locally to render swallowing possible, and the administration of nourishment in the form of cold liquids. Recovery was rapid. The author disapproves of scarifications, which may lead to secondary infections. In the present case secondary infection probably occurred after a digital examination made by another medical man five days after the accident.

Chichele Nourse.

Hardy, Dr. H.—*A Foreign Body removed from a Bronchus of the Second Order by means of the Bronchoscope.* "St. Petersburger med. Woch.," 1909, xxxiv, S. 201. Quoted from "Finska Läkaresällskapets Handl.," 1909, No. 3.

In a patient who had worn a tracheotomy tube for thirty years on account of a syphilitic stenosis, the tube had become separated from the plate and slipped down the trachea. In an attempt to withdraw it by means of an iron wire the patient had pushed it farther in and also injured the trachea. The author succeeded two days later in removing the tube by indirect bronchoscopy. The tube had reached a bronchus in the middle lobe of the right lung.

W. G. Porter.

Bell, James.—*Excision of Larynx and Pharynx for Carcinoma.* "Montreal Med. Journ.," February, 1909.

The patient, a female, unmarried, aged forty-six, had suffered from dysphagia and hoarseness for eight months. The difficulty in swallowing steadily increased. She was referred to Dr. H. J. Birkett for laryngoscopic examination. He found an area of epithelioma at the upper end of oesophagus and pharynx, closely adherent to lower part of larynx.

In operating, the larynx, the upper portion of the oesophagus and the involved area of the pharynx were removed in one mass, without preliminary tracheotomy. The stump of the trachea was fixed to a skin wound

just below the lower end of the vertical incision. The removal of pharyngeal tissues was not complete, and an attempt was ineffectually made to connect the mucous membrane of the upper and lower pharynx, in order to retain communication between the œsophagus and the mouth cavity. Consequently it is necessary to feed the patient by tube, and it is doubtful if she will ever be able to swallow satisfactorily. Although she has suffered a good deal of pain, she is in other respects doing well, and Dr. Bell has little fear of recurrence of the disease.

Price-Brown.

Brunetti, F., jun. (Padua).—*Anatomical and Anatomico-Pathological Researches on the Nerve-Endings in the Intrinsic Muscles of the Human Larynx.* "Archiv Ital. di Laringologia," April, 1909, p. 49.

The author gives a full account of the nerve-endings in the normal larynx. In a large number of his preparations he found the terminal nerves arranged in two reticular layers—one epi-lemmal, the other exceedingly fine, being in immediate contact with the muscle substance. For this layer he proposes the term "peri-muscular." As a general rule each muscular fibre has only one nerve-ending, the author's experience agreeing with that of Grabower that two nerve-endings for one muscular fibre are very rare. The nerve-endings themselves assumed, as elsewhere throughout the body, for the most part the plate form. The pathological specimens appear to have been taken mostly from cases of chronic laryngitis, such nerve changes as were present being degenerative and accompanied by the disappearance of the functional elements. In the opinion of the author these changes explain the "catarrhal paralysis" seen in chronic laryngitis.

There is a summary of previous researches as well as a fairly full bibliography. The author does not appear to be aware of the investigations and papers of Horsley and Semon on the innervation of the larynx and the changes produced by disease.

James Donelan.

Jacob, L. (Strassburg).—*A Case of Croupous Laryngeal Tracheitis without Loeffler's Bacillus.* "Münch. med. Wochenschr.," February 23, 1909.

The patient was a woman, aged thirty-three, in the sixth month of gravidity. Her attack commenced with hoarseness, without other symptoms. This increased, and there gradually developed dyspnoea, pain in swallowing, and cough. The patient became very ill, the face and hands cyanotic; respiration was very difficult and accompanied by loud stridor. There was in-suction of the intercostal spaces, pulse frequent and soft, temperature 39.1° C. (102.4° F.). The mouth and nose were quite free, but the mucous membrane of the entrance of the larynx was swollen and red, the lateral walls being covered with a whitish membrane, while the lining of the trachea was of a greyish-white. There was complete absence of any swelling of the cervical and submaxillary lymphatic glands. Antitoxin was administered, ice applications, cold drinks, and the continuous inhalation of steam, and the internal exhibition of the anisated solution of ammonia was followed by the expectoration of the membrane, with diminished stridor and cyanosis. Bronchitis developed, but gradually disappeared, and the patient was soon quite well, with the exception of a little hoarseness. Bacteriological examination of the membranes was completely negative as regards diphtheria bacilli and showed small cocci

and diplococci. The case presented the features of diphtheritic croup, but there was absence of glandular enlargement and of involvement of the nose, while the fever was rather high. The author refers to a paper by Jacod in *La Semaine Medicale*, 1907, No. 43, and to a recent work on "Pneumococcic Infection of the Upper Air-passages" by Reiche and Schomerus in the *Reports of the Hamburg State Infirmary* for 1907.

Dundas Grant.

E.A.R.

Gomperz, B. (Vienna).—*Politzerisation in Children*. "Arch. f. Ohrenheilk.," Bd. 76, Heft 1 and 2.

In a recent article Walb has described a method of Politzerising young children who refrain from crying at the moment when we want them to cry in order to inflate. An assistant passes his finger or a spatula to the base of the child's tongue, and during the retching movements set up thereby the bag is compressed.

Gomperz, with the same object, has the child's head held back, and, after the nozzle of the bag is fitted into the nostril an assistant syringes some water into the child's mouth.

The author has a strong belief in the value of Politzerisation in the treatment of acute otitis in early infancy, but he does not employ inflation until the acute inflammatory phenomena are on the wane. In very young infants the bag should be compressed in the smallest possible manner.

Dan McKenzie.

Frey, Dr. Hugo (Wien).—*On the Question of so-called Recurring Mastoiditis*. "Monats. für Ohrenheilk.," Jahrg. 42, Heft 10.

In an interesting article under this title Dr. Frey describes two cases whose history and course he gives at length, together with a critical survey on the probable sequence of pathological events which took place.

The first case is that of a boy, aged five and a half, who in January, 1901, had an attack of influenza which was followed by an inflammation of the middle ear on the right side. This condition subsided after a "long while," but at Easter a periosteal abscess occurred necessitating an incision, the result being a complete cure. Four weeks before his admission to Politzer's clinic in November, 1901, he had had pain in the left ear, which subsided uneventfully. For the previous six days pain had again occurred on this side, accompanied with fever and some post-aural swelling.

On examination the right ear was found normal excepting the fact that it showed evidences of past recent, though now quiescent, inflammation. The left ear was the seat of a general inflammation; there was a purulent discharge from the meatus and a fluctuating swelling behind the ear. The radical operation was performed, and after running a quite usual course the discharge ceased and the wound was completely healed all within four weeks.

In June, 1902, the patient was again brought to the clinic, and his mother reported that he had been feverish and complained of his throat for the last few days. In and around the operation wounds on both sides was a fluctuating area of inflammation, which, however, caused very little pain or tenderness. On June 22 both sides were operated upon. Pus was only found between the soft parts and the bone. On the left side the bone in the neighbourhood of the original operation was found