than the air-conduction, either when the prongs of a strongly vibrating fork were held in front of the meatus and then the handle applied to the cartilage, or if the conduction of the soft parts and the cartilage were compared by means of his method with the otoscope. Further, it was remarkable that when the ear was occluded the cartilage-conduction became weaker. It proved that air- or cartilage-conduction were not interdependent. If the perforation were occluded by means of a swab this abnormal response disappeared. ALEX. R. TWEEDIE (*trans.*).

Abstracts.

PHARYNX.

Citelli.—*Three Cases of Primary Gangrene of the Pharynx.* "Arch. Internat. de Laryngologie, etc.," Tome xxvii, No. 1, January–February, 1909, p. 66.

The patients were a female, aged twenty-five, the subject of syphilis, a child, aged eight, and an adult male. The male alone recovered.

In all the cases the throat at first presented whitish, circumscribed patches, which, in two, gave rise to suspicion of diphtheria. But the rapid extension of the lesion and the transformation of the tissues into foul necrotic masses induced the author to look upon the disease as gangrene due to the action of virulent septic organisms. In one case three injections of diphtheria antitoxin were given, in another one injection, in neither with any benefit.

Bacteriological examination was not made in any of the cases.

The recovery in the last case is ascribed to the action of anti-streptococcus serum. *Dan McKenzie.*

NOSE.

Sluder, G.—*The Anatomical and Clinical Relations of the Spheno-palatine (Meckel's) Ganglion to the Nose and its Accessory Sinuses.* "New York Med. Journ.," August 14, 1909.

The author reports cases of severe neuralgia of migraine type, associated with post-ethmoidal or sphenoidal sinusitis, or both. On the assumption that the pain was due to pressure on or infiltration of Meckel's ganglion, he made various applications, through the nose, over the sphenopalatine foramen with remarkable effect. The most satisfactory analgesic was a saturated (67 per cent.) cocaine solution, of which one drop was usually sufficient, whilst 0·4 per cent. solution of formaldehyde was nearly as good. *Macleod Yearsley.*

Leland, G. A. (Boston).—*Nasal and Naso-pharyngeal Conditions as Causative Factors in Middle-ear Diseases.* "Boston Med. and Surg. Journ.," September 30, 1909.

After pointing out the number of middle-ear conditions traceable to nasal causes, and the excellent way in which the ear is protected, the

author considers this protection under the heads of (1) structure of Eustachian tube, and (2) influence of normal respiration. Describing the normal respiratory movements which take place in the Eustachian tubes, he points out that continuous nasal respiration is essential to the preservation of proper nasal passages, and that the time to cure chronic middle-ear catarrh is in early life, by restoring the movements of the Eustachian tubes. In removing adenoids it is of the highest importance that the fossæ of Rosenmüller should be cleared efficiently, and operation is practically useless without this precaution. In later life, also, the freedom of the Eustachian lip for its movements in respiration is essential in treating catarrhal deafness. We cannot, however, go so far as to believe, as Leland suggests, that oto-sclerosis may be prevented by these measures. *Macleod Yearsley.*

LARYNX.

Kessel, O. G. (Stuttgart).—*Contusion of the Larynx; ? Dislocation of the Left Arytænoid Cartilage.* "Medicin. Corresp-Blatt des Württem. ärztlich. Landesvereins," October 9, 1909.

A labourer, aged forty-two, sustained a severe blow on the head from a mass of earth which fell on him, whilst at work, from a height of two metres. He was knocked down, and as he fell the handle of a tool which he was using struck him on the throat and chin. He was able to rise at once, but directly he spoke it was noticed that his voice, which before had always been clear and resonant, was now husky; otherwise he had no difficulty in breathing and did not cough up any blood. About three hours after the accident he applied for treatment, when the following conditions were observed: He complained only of the hoarseness of his voice and very slight pain and difficulty in swallowing. There was a flesh wound on the chin 5 cm. long and a small excoriation over the larynx. The hyoid bone and thyroid cartilage were not tender nor was any crepitus to be detected, but the upper portion of the larynx at the side was sensitive on pressure. On examination of the nose and naso-pharynx no abnormality was noted. The upper opening of the larynx was normal in contour and in its movements during phonation, but at the base of the tongue was a patch of submucous hæmorrhage especially marked on the left side, and in addition the left pharyngo-epiglottic fold was also injected. The ary-epiglottic folds were also swollen, the left being more affected than the right, and the left arytænoid cartilage itself was œdematous. The left vocal cord lay in the middle line perfectly motionless, as was also the left arytænoid cartilage. The left ventricular band was much swollen and injected, but still allowed this latter condition to be recognised. Both vocal cords were white but traversed by distended vessels. The movements of the right vocal cord were normal. The examination of the trachea by the direct method revealed nothing abnormal (a procedure which under the circumstances it would have surely seemed well to postpone), that is to say, the appearances apart from the general swelling and injection were those which obtain in the condition of complete recurrent palsy on one side.

The patient at his own wish returned home and no further complications ensued. The swelling subsided in three weeks, but the left cord still remained immovable although the voice improved somewhat. He returned to his work in five weeks from the date of the accident. Four months later an examination showed that the left cord was yet unable to