

Rudloff, Dr. P. (Wiesbaden).—*Adenoid Operation on the Pendent Head under General Anæsthesia.* "Arch. of Otol.," vol. xxx, No. 3.

The writer uses Boecker's ring-knife and Hartmann's for Rosenmüller's fossæ. He refers to the proximity of the internal carotid to Rosenmüller's fossa, and quotes the fatal case described by Schmiegelow. He calls attention to the occasional projection of the atlas, and enumerates it among the indications for the adoption of the hanging-head posture during adenoid operation. (We confess to feeling a difficulty in following him in this respect, as the hanging head would seem to exaggerate rather than diminish this obstruction, whereas pulling the head directly upwards in a line with the vertebræ, and bending it if anything slightly forwards rather than backwards, would straighten the cervical portion of the spinal column, and bring the vault of the pharynx more readily within reach.—D. G.)

Dundas Grant.

LARYNX.

Brownlee, H. F.—*Foreign Body lodged for Four Months in the Trachea of a Thirteen-months-old Child.* "Med. Record," July 6, 1901.

The child was at first supposed to be suffering from croup. Gradually dyspnoea became more marked, and called for tracheotomy. This was performed under chloroform anæsthesia. The foreign body proved to be a flake of coal, about $\frac{1}{4}$ inch in width and $\frac{1}{2}$ inch in length, and of about the thickness of a finger-nail. Inflammation around the foreign body had suddenly and markedly increased the stenosis. Rapid recovery followed the tracheotomy.

W. Milligan.

Killian (Freiburg).—*Hysteria in Reference to the Larynx.* "Münchener Medicinische Wochenschrift," No. 26, 1901.

His investigations tend to show that the appearance of paresis of the vocal cords, as seen in hysterical dysphonia and aphonia, should not be described as a muscle paralysis, as the muscles are not persistently paralyzed; the appearance is only the peripheral expression of a deficiency in cerebral will movement. This idea has already been expressed by Rosenbach, who talks of "voice paralysis," not vocal cord paralysis. All the hysterical appearances—even the unusual form of spasm movements—can be produced at pleasure by healthy persons, only it requires long practice.

Guild.

Krebs.—*Derangement of Voice after Injury to the Cervical Sympathetic.* "Münchener Medicinische Wochenschrift," No. 27, 1901.

During an operation for the removal of an angioma under the angle of the jaw the sympathetic was injured. There was ptosis, anomalous salivary secretion, and other symptoms. The voice was also impaired, although the recurrent nerve was not damaged. Krebs states that the laryngoscope showed no change in the thyro-arytenoid muscle, unless the recurrent nerve is affected; but delicate tests of the voice showed that a part of the muscle not supplied by the recurrent was paralyzed.

Guild.

Natier and Rousselot.—*Cases of Nodular Laryngitis.*—"Transactions of the Laryngological Society," Paris, May, 1901.

These cases are not always singers, and if they are, they must be inferior artistes who fatigue the vocal cords. A general neurotic con-

dition, with defective respiratory movements, are the chief causes of nodular laryngitis. Suitable constitutional treatment and exercises in breathing generally cure the case without local treatment.

Anthony McCall.

Rivière and Vincent.—*Tracheal Injection.* "La Médecine Moderne," No. 2, 1901.

In chest cases the authors point out that this method of treatment saves the stomach from irritation. This idea is not a recent one; it was first used by Garel in 1888, and exploited by Louis Dor in 1890. More recently M. Mendel has studied the question, and believes that by following the curve of the base of the tongue and injecting on inspiration a laryngoscope is not necessary. The substances used were menthol, cinnamon, eucalyptus, etc., and the best results were gained in the cases suffering from tuberculous disease.

Bronchitics generally objected, and no opinion can be formed as to its efficacy in such cases. The excipient used was oil; water caused cough, and glycerine was not used, for fear of hæmorrhage (experiments on rabbits having shown such results).

Anthony McCall.

Trautmann, Gottfried.—*New Sterile Laryngeal Mirror.* "Münchener Medicinische Wochenschrift," No. 25, 1901.

This paper describes the various forms of laryngeal mirrors which have been invented capable of being disinfected. The author's is composed of three parts, which can be taken asunder. The mirror can be obtained from Beck and Plazotta, Munich.

Guild.

E A R.

Brandegge, W. P. (New York).—*Tympanic Vertigo due to Obstruction within the Eustachian Tube.* "Arch. of Otol.," vol. xxx., No. 3.

The writer considers tympanic vertigo really a labyrinthine disease, although the removable cause is stricture of the Eustachian tube. The best way of restoring the patency is, to his mind, electrolysis, following the method devised by Ducloux of New York. He narrates numerous cases in which vertigo was due entirely to tubal occlusion, the results speaking very highly for the method of treatment which he employs. (The reviewer has found dilatation of the tube by means of Weber-Liel's intratympanic catheter most efficacious, acting on the principle of "vital" instead of electrolytic dilatation.—D. G.)

Dundas Grant.

Connal.—*Furunculosis of the External Auditory Canal.* "Glasgow Medical Journal," July, 1901.

This paper gives the differential diagnosis, pathology and treatment of furunculosis. Early incision is recommended. One case of coincident hyperæmia of the labyrinth is described, where deafness was permanent. The paper is illustrated with five photographs. There were 2½ per cent. of cases of furuncle in the Glasgow Ear Hospital in 5,653 cases. In 70 per cent. it was the sole lesion, in the others it was associated with notably chronic purulent inflammation of the middle ear, less frequently with ceruminous collections and eczema.

Guild.