

the nasal mucous membrane with a 2 per cent. solution of "Nargol," a silver nucleide. The treatment is continued every third day until the membrane "assumes a normal appearance and the sensitiveness disappears." Cases are given. Macleod Yearsley.

NASO-PHARYNX.

King, Gordon.—*Report of Cases.* "New Orleans Med. and Surg. Journ.," September, 1908.

The cases reported are: (1) A case of fibroma of the naso-pharynx removed by avulsion: A boy, aged nine, operated upon for adenoids two years previously, the operation being followed by severe hæmorrhage. The fibroma was sessile, attached to the vault of the pharynx and the right choanal margin. Removal by avulsion was attended by severe hæmorrhage and collapse. (2) Sarcoma of the mastoid following operation for mastoiditis: A woman, aged sixty-eight, with old suppuration. The mastoid wound failed to heal, and a second operation for great pain and swelling revealed a mass of new tissue encroaching on the meninges. This proved to be a round-celled sarcoma. Patient died soon after from rapid recurrence. (3) Purulent meningitis of otitic origin, *via* Fallopian canal and internal auditory meatus: A negro, aged twenty-three. (4) Complete aphasia and right hemiplegia complicating acute otitis media: relieved by cerebral exploration. A girl, aged two and a half; suppuration followed measles. Left pain was treated by free myringotomy. One week later, sudden aphasia and paralysis of right arm and leg. Operation refused for a week. Radical mastoid, cranial cavity explored; brain was congested, but no abscess found. Patient recovered completely.

Macleod Yearsley.

LARYNX.

Iwanoff, A. (Moscow).—*The Laryngeal Affections met with in Syringobulbia.* "Zeitschrift. f. Laryngol.," vol. i, Part I.

The author has observed certain characteristics of the laryngeal paralysis occurring in syringobulbia, which he regards as pathognomonic of the disease. Of twenty-eight cases in which the larynx was affected, seven showed typical right or left recurrent paralysis. In the remaining twenty-one the condition was quite different, the paralysis being incomplete on one or both sides of the larynx, and of such a kind as to show a departure from Semon's rule that the *musc. posticus* is first involved. In all of these cases on one side at least some other muscle (most often the *thyro-arytænoideus internus* or the *arytænoideus transversus*) was paralysed, while the *crico-arytænoideus posticus* remained intact. It is this atypical mode of onset of the paralysis in the course of which individual muscles are affected which the author considers characteristic of the disease.

The laryngeal conditions found in syringobulbia differ from those occurring in syringomyelia. In the latter the paralysis is usually unilateral and complete (or sometimes affecting the *musc. posticus* alone), while in syringobulbia the paralysis is bilateral, and shows on one side at least the peculiar features mentioned above. In *tabes*

dorsalis the paralysis is always bilateral and follows Semon's rule. In disseminated sclerosis an atypical paralysis similar to that observed in syringobulbia may occur.

Thomas Guthrie.

TRACHEA.

Streit, H. (Königsberg).—*The Healing of Infected Tracheal Wounds.* "Arch. für Laryngol.," vol. xx, Part II.

The writer gives in detail the results of his experiments on seventeen full-grown cats. In each case tracheotomy was performed and the wound was inoculated with a fresh culture of capsulated bacilli and left open. Some of the animals died of septicopyæmia or pneumonia; the others were killed after a certain number of days or weeks, and the trachea and wound were histologically examined.

Epithelium.—Regeneration was found to begin early, and on the third day a thin layer of flattened epithelial cells was seen spreading from the edge of the old epithelium. On the fifteenth day the continuity of the epithelial covering was largely re-established. On the twenty-seventh day many ciliated cells were present, but in this respect restitution was not complete even after five months.

Glands.—Regeneration of these was first observed some five or six weeks after the operation, and after a period of five months they were present in the mucous membrane in almost normal quantity.

The cartilage twelve days after the operation showed definite signs of regeneration, in the shape of collections of cartilage-cells in relation with the cut tracheal cartilages. In the interval between the cut ends new formation of cartilage was observed on the fifteenth day. On the forty-third day the cut ends were found to be united partly by dense connective-tissue bundles and partly by young cartilage, apparently of perichondrial origin; a strong perichondrial capsule covered the outer surface of the cartilage.

The author's results agree in the main with those of Barth and Marchand.

Thomas Guthrie.

THYROID.

Trotter, W. (London).—*Malignant Disease of the Thyroid.* "Clinical Journal," September 13, 1908.

In a lecture on early clinical types of certain diseases, the author refers to the "minimal signs" upon which can be based a judgment sufficiently certain to render an operation necessary in carcinoma of the breast, traumatic compression of the brain, actinomycosis of the lung, and malignant disease of the thyroid. With regard to the last he gives the minimal picture in a very compact form: "A patient who has had a goitre for some years notices that it is beginning to increase in size and is becoming harder. Physical examination reveals a swelling—it may be quite small—which has no longer the perfectly distinct and globular outline of an adenoma and is not movable within the substance of the thyroid. It is hard, nodular, and can be felt to be welded with the thyroid substance. Such a tumour must be operated on, though there is no limitation in the movement of the thyroid and trachea during swallowing, no compression of the œsophagus, and no involvement of the trachea, recurrent laryngeal nerve, or carotid sheath."

Dundas Grant.