eighteen months. In nine the disease was unilateral. The cases are narrated in detail. The chief complaint was of nasal and post-nasal discharge and chronic head cold. Headache was common. Rhinological appearances were fairly constant, atrophic changes being observed in most. None of the signs and symptoms could be considered as pathognomonic of sphenoidal disease, but were, rather, suggestive of disease in the posterior accessory cavities, and examination of the sinus was necessary to complete the diagnosis. This examination is discussed. Treatment is fully considered; in the majority of cases milder measures than operation should be tried, as nasal douching following by drying and insufflation of powdered boric acid; or the sinus may be regularly washed out and similarly dried and insufflated. When operation is necessary the middle turbinal usually requires to be removed. Indeed, this is sometimes sufficient, by giving freer drainage, to cure the condition. For opening the sinus, Syme prefers a Hajek's punch, followed by curetting and swabbing with zinc chloride, etc., drying and dusting with powdered boric acid. The anterior wall should be removed as completely as possible.

A portion of the paper is devoted to the ocular conditions of the patients reported upon. *Macleod Yearsley.*

PHARYNX.

Coues, W. P.—*The Results of the Clinical Throat Examination of 212 School Children.* "Boston Med. and Surg. Journ.," February 17, 1910.

The children ranged from six to fifteen years: 153 (over 72 per cent.) showed chronic tonsillar hypertrophy; 103 (50 per cent.) showed marked dental caries. Discussing causation, the author considers three factors as predisposing: (1) Poor home surroundings; lack of fresh air and sunlight; (2) improper and insufficient food and neglect of the teeth; (3) unhygienic school conditions. *Macleod Yearsley.*

Flatau (Berlin).—*The Treatment of Peritonsillar Abscess.* "Archives Internationales de Laryngologie, d'Otologie, et de Rhinologie," November–December, 1909.

The author warns against the use of poultices and fomentations, which may produce erosion of the arterioles and lead to fatal hæmorrhage when an incision is made, quoting cases in his own experience.

He recommends dry cupping externally over the insertion of the sterno-cleido muscle two or three times daily, the cup or cups remaining *in situ* for an hour at a time.

By this means he claims that swallowing is made easier and the course of the disease in many cases checked.

Should pus be suspected he advises exploratory puncture with a trocar and cannula, followed by aspiration or incision when necessary, though this is more painful. *Anthony McCall.*

Roe, J. O.—*Palato-pharyngeal Adhesions: Methods adopted for their Relief, with Report of a New Operation.* "Journ. Amer. Med. Assoc.," January 15, 1910.

The author describes an interesting and rather rare condition—that of palato-pharyngeal adhesions. They may be (1) congenital; (2) simple

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inflammatory—catarrhal; (3) the result of excoriation by acid discharges; (4) local manifestations of exanthemata, tubercle, syphilis; and (5) traumatic. Treatment, either by mechanical dilators, caustics, permanent obliterators, suture, or plastic operation, is unsatisfactory and tedious.

Macleod Yearsley.

LARYNX.

Beck, J. C. (Chicago).—*Cyst of Epiglottis.* "The Laryngoscope," September, 1909, p. 704.

Child, aged five, brought to hospital on account of urgent dyspnœa. Immediate tracheotomy. Subsequently a diagnosis of papilloma or myxoma with œdema of the glottis was made. Six weeks later, by the direct method, an attempt was made to snare off the tumour, which was about the size of a hazel-nut. It collapsed, however, and discharged its contents. Beck then removed as much of the cyst-wall as possible, and cauterised the cavity.

Several months later the patient returned with a recurrence. External pharyngotomy was then performed, and the entire cyst removed. The author suggests that it was of the thyro-glossal type.

Dan McKenzie.

Scheier, M. (Berlin).—*On Unilateral Disease of Vocal Cord.* "Arch. f. Lar.," Bd. xxii, Heft 3.

Man, aged fifty-three, with hoarseness of five months' duration. Right vocal cord quite normal; left cord in its whole length red, swollen, beset with small granular excrescences, especially near the vocal process; no defect in mobility. "Silence treatment" was followed by diminution to a slight redness of the left cord.

This case is published as being an exception to the rule that unilateral disease of the vocal cords is generally of a serious nature, say tuberculous, syphilitic, or malignant, and several other such exceptional cases are referred to.

Dundas Grant.

MacDonald, W. A. (Toronto).—*Case of Congenital Membrane between the Vocal Cords.* "Canadian Journ. of Med. and Surg.," December, 1909.

Patient, female, aged twelve, thin and anæmic; voice high-pitched, feeble falsetto, almost aphonic. On examination tonsils were found to be hypertrophic, almost touching in the median line. In the larynx a membranous crescentic web united the vocal cords. The centre of the web was thin and of a greyish yellow colour.

On August 28, under bromide of ethyl, the tonsils were removed. On September 7, under cocaine anæsthesia and adrenalin, the membrane was completely and clearly removed by one bite of the Halle-Krause double punch-forceps. There was no bleeding. But under the first membrane there now appeared to be a second membrane. This, however, proved to be the thickened commissure of the one already removed.

The voice was lowered very much immediately after the operation and had improved in volume and tone. In eight days the anterior commissure filled up again and the voice became higher pitched. Treatment by nitrate of silver had no effect.

On October 4 the original operation was repeated. On October 10

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