

with subsequent use of disinfectant solutions, and in cases of general infection sudorific treatment. *Holger Mygind.*

**Bloodworth.**—*Notes on the Treatment of Diphtheria by Hydrogen-peroxide.* "Therap. Gazette," May 16, 1892.

EFFECTUAL when used as spray or gargle. *B. J. Baron.*

**Kraus (Berlin).**—*Application of Tribromate of Iodine in Diphtheria.* "Archiv für Kinderheilk.," Band 14, Heft 1.

THE author has applied the medicament in three cases with good result. *Michael.*

## PHARYNX AND LARYNX.

**Linsley, Joseph H.** (New York).—*The Micro-Organisms of the Mouth.* "Med. Rec.," July 16, 1892.

IN a paper read before the Vermont State Dental Society the author protested against the prevalent application of the name leptothrix buccalis to every thread. A short account is given of the modes of making the bacterioscopic examination of the mouth, and of the most important of Miller's well-known investigations (*vide* JOURNAL OF LARYNGOLOGY, Sept., 1891). A word of warning is uttered with regard to the communicability to patients of pathological conditions from which the dentist may be suffering, especially tuberculosis. *Dundas Grant.*

**Morrice, G. G.** (London).—*On Perforations through the Anterior Pillars of the Fauces.* "Lancet," July 16, 1892.

THE writer quotes Dr. Walter Fowler's clinical note ("Lancet," Nov. 30, 1889), in which he expresses the opinion that these perforations are caused by suppurative or phlegmonous mischief in the tonsils, and generally as the result of scarlet fever. Dr. Morrice narrates three cases in which the cause was diphtheria. In two an oval piece of the left anterior pillar sloughed out, and post-diphtheritic sequelæ occurred. In the third a small hole formed in the right anterior pillar. He has seen perforation and partial destruction of the soft palate from scarlatina, but considers that diphtheria is the cause of the most complete and permanent perforations.

[Several authors have reported cases of this rare condition, in which they believed the perforations to be congenital. Max Toeplitz ("Arch. of Otolaryngology," 1892, No. 1) described a bilateral case, and gives references to the literature of the subject. Bosworth, after Cohen, describes the condition as separate mucous investment of the palato-glossus muscle.]

*Dundas Grant.*

**White, J. R.** (Grays, Essex).—*Case of Swallowing Fishbones.* "Lancet," Aug. 6, 1892.

A PATIENT with abdominal pain and tenderness and pyrexia had swallowed a large piece of fishbone about a month previous. The symptoms were almost those of enteric fever. About a week later he passed per

anum several pieces of fishbone, one a piece of the backbone nearly an inch long with spines attached. Recovery speedily followed.

*Dundas Grant.*

**Williams, Alfred** (Manchester).—*Fatal Hemorrhage from Impaction of Bone in Œsophagus.* "Brit. Med. Journ.," Feb. 6, 1892.

ACCIDENT to a man while eating a chop. Pain on swallowing. Examination with horse-hair probang failed to detect the foreign body. On seventh day a little blood was brought up at first in the morning, and about mid-day a large quantity, followed by death immediately. *Post-mortem*, bilateral perforation of œsophagus, that on left piercing aorta one-eighth of an inch above first right intercostal branch. *Wm. Robertson.*

**Symonds** (London).—*Papilloma of the Larynx.* "Brit. Med. Journ.," Feb. 6, 1892.

SPECIMEN shown, removed from a boy by thyroidotomy, to which operation objection was taken owing to the risk to the voice. *Wm. Robertson.*

**Taylor.**—*Tracheal Tugging associated with Aneurism of Arch of Aorta.* "Brit. Med. Journ.," Jan. 30, 1892.

PATIENT shown, illustrating the phenomenon. *Wm. Robertson.*

**Hunt.**—*Treatment of Phthisis.* "Brit. Med. Journ.," Jan. 30, 1892.

RELATES a preference for antiseptic intra-laryngeal injections, and a reference to successful results from a residence at Davos Platz.

*Wm. Robertson.*

**Frankel, Eugen** (Hamburg).—*Etiology of Primary Laryngeal Croup.* "Deutsche Med. Woch.," 1892, No. 24.

OF four cases which died from so-called true croup (in all, the pharynx was free from pseudo-membranes, but the larynx and trachea were covered with pseudo-membranes, which could be easily removed without any loss of substance of the mucous membrane), the author has made exact bacteriological examinations, and has found in all cases Loeffler's bacillus. He concludes that idiopathic croup of the larynx is etiologically identical with that laryngeal croup which is combined with the genuine pharyngeal diphtheria. *Michael.*

**West, S.** (London).—*Case of Hysterical Paralysis of the Abductors of the Larynx and of the Diaphragm, associated with Peculiar Movements of the Palate.* "Lancet," Aug. 6, 1892.

A WOMAN, aged thirty-eight, was admitted with dyspnœa, dilatation of the *alæ nasi*, and flushing of the face, but no cyanosis. The breathing was entirely confined to the upper part of the chest, the diaphragm ascending instead of descending, and the intercostal space being indrawn during inspiration. The larynx remained fixed [no "excursion" such as accompanies laryngeal obstruction]. There were peculiar movements of the palate [a clerical error has crept in, so that the word "expiration" occurs in two places, in one of which it ought to have been "inspiration."—ED.] The vocal cords were nearly apposed during inspiration, but separated

to the cadaveric position during expiration. They were quite white, but the patient spoke with a hoarse voice. The arytenoids did not move towards the middle line on inspiration [they pivoted so as to invert the vocal processes.—ED.], but left a triangular space posteriorly. The abductors were obviously paralysed. On phonation the arytenoid cartilages approached each other, and therefore there was no paralysis of the posterior or oblique arytenoid muscles. There was a history of previous functional clenching and fixation of the jaws. The breathing was much quieter during sleep, and a diagnosis of hysteria was made. Chloroform was administered as a test, but she took it badly, and its further use was wisely avoided. The interrupted current was freely used, and on one occasion intubation was practised. A sudden remarkable improvement took place, and was irregularly maintained.

*Dundas Grant.*

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## NOSE AND NASO-PHARYNX.

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**Stewart** (Nottingham).—*The Nasal Cavities and their Diseases.* "Brit. Med. Journ.," Feb. 6, 1892.

PAPER read.

*Wm. Robertson.*

**Heryng and Rajchman** (Warsaw).—*On the application of Electric Transillumination to the Examination of Cavities and Organs of the Human Body.* "Gaz. Lekarska," 1892, Nos. 9 and 10.

THE author reports his further results of transillumination of the antrum of Highmore. In thirty cases he recognised purulent inflammation of this sinus, without recourse to exploratory puncture (Schmidt's method). He further speaks of his trials of transillumination of the frontal sinus (Vohsen's method, however, in his opinion is better), as well as of the mastoid processes, together with Dr. Guranowski. *John Sedziak.*

**Anderson** (Nottingham).—*Nasal Hydrorrhoea.* "Brit. Med. Journ.," Feb. 6, 1892.

THE patient, a girl aged nineteen, suffered from clear, watery discharge from the left nostril, increased by inclining the head to the right and downwards. Small alveolar perforation led to no result. A perforation (alveolar), large enough to admit the finger, and curetting of polypi found in antrum, effected a cure in six weeks. *Wm. Robertson.*

**Bronner** (Bradford).—*Asthma of Nasal Origin.* "Brit. Med. Journ.," Jan. 30, 1892.

RECOGNIZES a two-fold etiology from nasal obstruction, and also from nasal irritation. He quite properly recommends an exhaustive intra-nasal examination in all cases. *Wm. Robertson.*

**Conitzer.**—*Naso-Pharyngeal Polypus covered with Hairs.* Aertzlicher Verein, Hamburg. Meeting, May 17, 1892.

THE author showed a case. It exhibited all the elements of the external