The most important effect was found in the diminution of cough, which before treatment was robbing the patients of sleep and interfering with their general well-being.

Galebsky's animal experiments with subsequent pathological study apparently prove that the injected liquids reach the alveoli of the lungs, the interstitial tissue, and the bronchial glands much more surely than the drugs introduced by inhalation. *Lauzun-Brown.*

Beck, H. G., and **Stokes, W. R.**—*An Epidemic Pneumococcal Catarrhal Disease.* "Journ. of Amer. Med. Assoc.," September 14, 1907.

The authors give an account of a peculiar epidemic that has appeared in two separate years in Baltimore. The disease exists as a distinct entity, occurs in the spring months, though similar epidemics have occurred in the autumn, and is characterised by purulent or fibrous inflammation of the mucous membranes of the eye, nose and throat. There is a characteristic, usually spasmodic cough, sometimes resembling pertussis. The disease commences with chilliness and slight fever, with sneezing, lacrymation, and mucous nasal discharge. There may be an associated bronchitis, but the symptoms indicate the chief trouble to be in the upper end of the air-passages. There are no serious nervous symptoms and little or no physical or mental depression; the average duration is from one week to ten days, though the cough often continues longer. The disease is infectious, running through families, and even animals do not appear to be altogether immune. Epidemic catarrh lacks the gastro-intestinal symptoms, constipation, or diarrhœa, due to the *Micrococcus catarrhalis.* So far as the eye symptoms are concerned, the disease is the same as the pneumococcic conjunctivitis described by Kölle and Wasserman as occurring in Europe in 1896. In most of the cases examined bacteriologically the pneumococcus was found, giving the usual culture and staining characteristics and producing characteristic effects in inoculation experiments. *Lauzun-Brown.*

LARYNX.

Felix, Eugène (Bucharest).—*Laryngeal Paralyses in Goitre.* "Arch. Internat. de Laryngol., d'Otol., et de Rhinol.," tome xxiv, No. 6, November—December, 1907.

The author brings together a considerable collection of opinions bearing upon two points; (1) the anatomical relations between the recurrent laryngeal nerve and the inferior thyroid artery; and (2) the occurrence of recurrent paralysis in goitre, particularly after operation.

With regard to the anatomical relations between the nerve and the artery the trend of opinion seems to be that while considerable variation exists, the rule is that on the left side the nerve lies behind the artery, and on the right side the nerve lies in front of the artery, thus fulfilling the expectation we should be likely to form when we remember that in the whole of its course the right nerve lies more anteriorly than the left.

On the question of the occurrence of recurrent paralysis the author has collected a large number of statistics, many of which are unfortunately vitiated by the fact that the cases reported were not submitted to

laryngoscopic examination. Rather more than 3000 operations are collected, and of these nearly 200 were afflicted with laryngeal paralysis after operation, *i. e.* between 6 and 7 per cent.

Sometimes the paralysis does not appear till long after the operation. Juliard, for example, reports a case where the patient left hospital without any sign of vocal impairment, but returned four months later with paralysis of one cord; and other observers have recorded similar experiences. Many of these cases are ascribed to the implication of the nerve in the scar.

The cause of the paralysis is not always the division of the nerve or its inclusion in a ligature, for many cases are on record where simple manipulation or "pulling about" of the recurrent was sufficient to induce paralytic phenomena, and it would even appear that the simple application to the unsevered nerve-trunk of antiseptic solutions, especially those made up with phenol, is occasionally followed by transitory paralysis. Monnier reports an interesting case of the former. He was operating under local anæsthesia on a goitre, and by chance included the recurrent nerve in the ligature of the inferior thyroid artery. He was at once apprised of the accident by a sudden change in the patient's voice, and the ligature was forthwith removed, but the corresponding vocal cord remained paralysed for three months. Complete recovery ultimately occurred.

Post-operative recurrent paralysis is, therefore, not necessarily permanent. The cases in which the nerve has simply been injured by pulling, antiseptics, etc., are, of course, more likely to recover than those where the nerve has been severed or caught up in a ligature, but even after division the cut ends frequently unite. Indeed, von Navratil is responsible for the report of a case operated on by him in which 1½ cm. of the recurrent nerve was accidentally excised, with consequent complete paralysis of the cord. But this entirely disappeared, we are told, after several applications of electricity.

Frequently, but not invariably, laryngeal paralysis due to the pressure of a goitre is cured by the operation. Goris thinks that in such cases of goitre-paralysis resection of the tumour should be adopted in preference to extirpation, but this is not the generally accepted opinion, since, if the operation is performed in such a way that the nerve is identified and isolated throughout its course between the inferior thyroid artery and the "inferior constrictor muscle," extirpation is quite safe. If the nerve is cut during the operation it should at once be sutured.

Felix draws attention to the necessity for careful examination of the larynx both before and after the operation. *Dan McKenzie.*

Lenhartz (Hamburg).—*Experiments with Calmette's Ophthalmic Reaction and von Pirquet's Cutaneous Tuberculin Test.* "Münch. Med. Woch.," November 26, 1907.

Lenhartz has tried the reactions in 111 persons, in 37 who were undoubtedly tuberculous. Of these 15 had been already treated with tuberculin and might, therefore, be immune. The cutaneous test was negative in 6 of them, well marked in 4, distinct in 2, and doubtful in 3; whereas the ophthalmic test was positive in 11, doubtful in 2, and not tried in 2. In 11 who were clinically non-tuberculous (9 adults and 2 children), both tests were positive in 4, the cutaneous positive in 1, and in the remaining 6, 3 gave negative reactions to both, 2 to the cutaneous (the ophthalmic not tried), 1 to the ophthalmic (the cutaneous

not tried). Of the 5 "positive" cases 4 had heart disease, chorea, perimetritis, catarrh of intestine respectively, and 1, apparently sound, was of delicate parentage. Of 63 suspicious cases 23 were positive to both, 40 negative to the cutaneous, and 36 to the ophthalmic (this being omitted in 4). The cases which were positive to these tests all reacted to the old tuberculin, and the tested conjunctiva became again congested.

Dundas Grant.

EAR.

Delsaux, V.—*Remarks Based on Six Cases of Thrombo-phlebitis of the Cranial Sinuses of Otitic Origin.* "La Presse Oto-laryngologique Belge," July, 1907.

The author directs attention to the fact, observed by Arnold, Neisser, and Metchnikoff, that penetration by the morbid germs takes place in the first instance by the vasa vasorum. Following this, the inner coat of the vein undergoes alteration, and a thrombus is formed. If the infection is very virulent the thrombosis rapidly fills the vein; if it is less severe the thrombus extends only along the wall. This special condition of the vein-wall affords an explanation of unsuccessful cases following treatment of thrombo-phlebitis.

When the jugular vein is tied in a situation where, besides being affected with endo-phlebitis and containing a thrombus, the wall of the vein is inflamed, not only is the thrombosis not arrested thereby, but a fresh attack of thrombo-phlebitis is started. *Chichele Nourse.*

Baber, C. Cresswell.—*On the Megaphone in Cases of Deafness.* "Lancet," October 12, 1907.

The author recommends an instrument measuring 12 in. in length $6\frac{3}{4}$ in. in diameter at the large end, and $2\frac{1}{2}$ in. in diameter at the mouthpiece. It is made of glazed cardboard or metal, and is very inexpensive. It avoids the necessity of putting any tube or ear-piece into the patient's ear, and enables one to speak to the deaf person without first drawing his attention. *StClair Thomson.*

Geigel (Wurzburg).—*The Function of the Auricle.* "Münch. Med. Woch.," November 19, 1907.

The author considers that the cartilage of the auricle enters into vibration and in that way helps to conduct sound. To neutralise this, in the case of artillerymen or others exposed to noises, he recommends compressing the tragus against the concha by means of the finger or a spring-compression pad, or filling the concha with moistened cotton-wool.

Dundas Grant.

MISCELLANEOUS.

Haun (Gladenbach).—*Narcosis with Warm Chloroform.* "Münch. Med. Woch.," November 26, 1907.

Observing that in the tropics chloroform narcosis is almost absolutely free from danger, the writer tried the effect of warming the chloroform. He did this by placing the drop-bottle filled with chloroform in hot water from time to time during the administration. He considers the results better than with cold chloroform. He discusses the reasons therefor.

Dundas Grant.