

cough or vomiting. On examining the mouth Dr. Koenig was surprised to find round the last upper molar on both sides a large swelling of the gum exactly of the same form and the same size, smooth, round, not inflamed, and of cartilaginous consistence. The young woman stated that this state of things dated from infancy, and that the swelling had never put her about in any way.

Abstracts.

LARYNX.

Strazza, G. (Genoa).—*On a Case of Severe Sub-glottic Stenosis produced by Amyloid Infiltration.* "Bolletto d'Malatt. del Orrechio," etc., November, 1906.

The patient was a man, aged fifty, in whom the phenomena of stenosis of the respiratory tract had developed slowly after an attack of influenza. Laryngoscopic examination revealed considerable narrowing of the sub-glottic space, apparently caused by diffuse infiltration of the whole of the mucous membrane; there being no immediate danger, tracheotomy was put off till the next day; during the night, almost without the nurses observing it, the patient died. On *post-mortem* examination there was no degenerative change in either the abdominal or pulmonary organs; there was simply an enormous uniform hyperplasia of the cricoid region and of the upper rings of the trachea, which was in the shape of a narrow elliptical funnel. There were evidences of acute exacerbations of tracheitis and bronchitis. The histological examination of the tissue which caused the stenosis showed that there was an old-standing change in the deeper layers of the mucous membrane followed by an intense amyloid infiltration, which constituted the greater part of the tumefaction. The most superficial parts of the mucous membrane were normal, and in them the constituent elements, the glands, were affected by a marked necrobiotic change resulting from the compression exercised by the amyloid mass. The author draws attention to the rarity of the case, because up to the present amyloid degeneration has been described only as found in small fibromata or other tumours. Photographs are shown of the pathological specimens and of numerous microscopical preparations which confirm his description in every detail.

V. Grazzi.

Casselberry, William E. (Chicago).—*Diagnosis and Treatment of Laryngeal Tuberculosis.* "Med. Record," July 20, 1907.

The diagnosis of tuberculosis of the larynx ordinarily is not difficult, yet in exceptional cases its substantiation or exclusion was beset with uncertainty. As a basis of comparison, the usual diagnostic data were formulated; the hyperplasia of the interarytænoid fold and vocal processes, of the arytænoids and ventricular bands, sooner or later of the vocal cords, and, lastly, of the epiglottis; the "mouse-nibbled" ulcers which early supervened amid the tumefaction not being conspicuously interblended with cicatrices. The first type is one of speedy development, persistent progress, and rapidly fatal termination. It was named the galloping

type in order further to emphasise the contrasts between it and the chronic hyperplastic type. Among the other unusual types which were apt to involve uncertainty in diagnosis were those in which the larynx was affected only on one side—the unilateral type, the verrucose type, the so-called conjoined syphilitic and tuberculous type, and the condition of arrest of the disease. Well-authenticated, convincing instances of the latter fortunate termination were discouragingly rare in literature, yet they certainly occurred. He considered that the treatment of the laryngeal complication was bound up in that of the pulmonary and general state, which, however, did not imply that local measures were without avail, for they certainly were helpful, though the general condition should not be subordinated to the local measures.

Lauzun-Brown.

Einhorn, A. (Berlin).—*A Remedial Inhalation for Asthma.* “Münc. med. Wochens.,” July 2, 1907.

The author draws attention to the variations in the analyses made at different times of a much-used patent spray for the cure of asthma, and, from experiment arrives at the conclusion that the following gives most satisfactory results:

Nitrite of Cocaine	1.028 per cent.
“ “ Atropine	0.581 “ “
Glycerine	32.16 “ “
Water	66.23 “ “

It should be used with a spray apparatus suitable for oily liquids and of such proportions as to give off 0.0122 grams of liquid in three minutes. This quantity would contain 0.00015 gram of nitrite of cocaine and 0.00007 of nitrite of atropine, and, therefore, well within the limits of safe dosage. Many of the sprays in the market give off five times as much. (The number of compressions of the bellows in each minute is not stated.)

Dundas Grant.

Schaefer, F. (Münich).—*Professor Alfred Einhorn's Remedial Inhalation for Asthma.* “Münc. med. Wochens.,” No. 28, 1907.

The writer, who first submitted a well-known secret “asthma-cure” for analysis, speaks highly of the formula arrived at by Professor Einhorn, which he finds even more effective than the secret remedy. He dwells upon the necessity for seeing that the patient times the compression of the bellows so that the spray is received as inspiration is commencing. The advantage of knowing exactly what we are using is very obvious.

Dundas Grant.

Coolidge, A., jun.—*Vocal Nodules in Children.* “Boston Med. and Surg. Journ.,” May 30, 1907.

A case of a girl, aged ten, is reported briefly. She had been hoarse five years, having acquired a habit of speaking loudly on account of a companion's deafness. Adenoids were removed about the same time, but without altering the vocal character. Examination showed two pearly-white nodules, one on the border of each vocal cord, between the anterior and middle thirds. The author briefly reviews the literature of vocal nodules, and points out that they are rarely mentioned as occurring in children. In his own experience they not infrequently appear as early as four or five years of age. He believes they often disappear during adolescence, especially in boys at the time of the change of voice. He has

certainly seen them much more frequently in boys than in men. Rest and the proper use of the voice are the essential points in treatment.

Macleod Yearsley.

NASO-PHARYNX.

Osler, William (Regius Professor of Medicine, Oxford).—*Mouth-Breathers.*

At the Second International Congress of School Hygiene, in his introductory remarks to the Section dealing with the Medical and Hygienic Inspection in Schools, directed attention to the condition of the nose and throat as points of great importance. Kit Catlin, he said, the well-known writer on the North American Indians, published a stirring pamphlet many years ago with the title "*Shut your Mouth and Save your Life,*" showing how all of the native tribes of North America were nose-breathers, and he attributed most of the ills of civilisation to the mouth-breathing. I think it is safe to say that there are more mouth-breathers in England to the acre than in any country in the world. In so many persons, if not when quiet, on the slightest exertion the mouth is open, and often with it a most unlovely expression of the face. Dr. Crowley estimates that 28 per cent. of the Bradford school were mouth-breathers. This result of nasal catarrh, and of enlargement of the tonsils, and of the lymphoid structures of the throat, has a most injurious effect on the growth of children and on the formation of the mouth and of the chest, and what is more serious, a mouth-breather has rarely much mental snap or energy. One can read the mind's complexion in his dull, heavy, expressionless face. What here are we to do? The condition is one by no means easy to treat, requiring much skill and sometimes a serious operation. The same problems confront us with regard to the state of the eyes and of the ears, just as important as those relating to the infectious disease. The school clinic, which seems a necessity, and for which so many plead, has really great difficulties in the way of its establishment, particularly in the very districts in which it is most needed. Are we to look forward to travelling specialists in each district before whom the children will be lined up—Monday the eyes, Tuesday the ears, Wednesday the teeth, and so on? Much may be done to prevent these defects and diseases, more particularly the nasal catarrh, the adenoids, and the deafness. The temperature of many of the schools is too low in the winter; in others the ventilation combines a maximum of draught with a minimum of heat. And most important of all, the damp condition of the houses in which so many of the poor people live favours the chronic nasal, pharyngeal catarrh. The discussion of these and other problems will at any rate stir up public interest, and even if many of the suggestions savour of socialism I do not think this is to be dreaded when placed in the balance against the health of the nation.

Lauzun-Brown.

EAR.

Bárány (Vienna).—*The Investigation of Reflex Ocular Movements, Vestibular and Optic, and their Significance in the Regional Diagnosis of Ocular Palsies.* "Münch. med. Wochens.," Nos. 22 and 23, 1907.

For some time past it has been noticed that in certain cases of conjugate deviation of the eyes from a cerebral lesion the patient, though unable