Williams (New York).—The Vaccine Treatment of Pyorrhœa Alveolaris. "Amer. Journ. Med. Sci.," May, 1911.

The cases treated by the writer fall into two groups, of which the first includes eight cases, which received autogenous vaccines. In all of these the disease was of long standing, and had been carefully treated by dentists. The improvement following vaccine treatment was rapid, and in almost all of them an apparently complete cure had taken place. The injections were not controlled by estimation of the opsonic index. The second group consisted of thirteen patients who were treated with stock vaccine. In spite of the fact that none of these patients received any dental treatment the results were very encouraging, although not sufficiently conclusive to justify the writer in formulating an opinion as to the limitations and possibilities of stock vaccines. The improvement in the general health of many of the patients was remarkable.

Thomas Guthrie.

Lautmann, Dr. (Paris).—Anæsthesia during Removal of Adenoids. "Zeitsch. f. Laryngol., Rhinol., etc.," Bd. iii, Heft 4.

Up to the age of four years children can be so firmly held that "adenoids" may be removed without narcosis. After this age the operation may have to be repeated if performed without an anæsthetic. The objections to anæsthesia are (1) loss of time; (2) danger. As a matter of fact the assistants in large clinics get accustomed to operate without anæsthesia, and object to use it. Lautmann says that most cases of hæmorrhage occur when the operation has been performed without narcosis. Ruprecht has recommended local anæsthesia, and Lautmann has tried the effect of painting with 20 per cent. alypin; he operates fifteen minutes after the application. Symptoms of poisoning were present in several of his cases. Lautmann is pleased with ethyl chloride anæsthesia administered in the apparatus of Camus.

J. S. Fraser.

LARYNX.

Fetterolf and Norris (Philadelphia).—The Anatomical Explanation of the Paralysis of the Left Recurrent Laryngeal Nerve found in certain cases of Mitral Stenosis. "Amer. Journ. Med. Sci.," May, 1911.

During the past thirteen years thirty-seven cases have been reported in which paralysis of the left recurrent laryngeal nerve was associated with mitral stenosis. The writers have analysed all these cases, and have carefully examined sections and dissections of hardened thoraces with a view to determining the cause of the association. In their opinion the two factors producing pressure on the nerve are increase in size of the surrounding structures, and alteration of position, both dependent on narrowing of the mitral orifice.

The obstruction to the blood-current results first in a dilatation of the left auricle and its appendix. Rise of pressure in this chamber is followed by the same condition in the pulmonary veins, and this in time dams back the blood in the lungs and tends to cause its stagnation in the pulmonary artery and right heart. In consequence there is always present a dilatation of the left auricle and of the pulmonary arteries and veins, which gives rise to a crowding of the mediastinal structures at the base

of the heart. Changes in position are due mainly to distension of the left auricle. The nerve is squeezed between the left pulmonary artery on the one hand and the aortic arch or ligamentum arteriosum on the other.

Reports of cases in which paralysis of the left recurrent laryngeal nerve is attributed to auricular pressure in the course of mitral stenosis should be accepted with much caution, especially in the absence of a *post-mortem* examination. *Thomas Guthrie.*

Flatau, Theodor S. (Berlin).—Surgical and Functional Treatment of Vocal Nodules, with Special Reference to the Question of Occupational Injury (Berufsschädigung). "Zeitsch. f. Laryngol., Rhinol., etc.," Bd. iii, Heft 4.

Small symmetrical nodules may be present in singers—especially in sopranos—without functional disturbances; in fact, these nodules probably serve a useful purpose. If these patients get a laryngeal catarrh which does not quickly pass off, the nodules become larger. After voice-rest, etc., the nodules usually return to their normal size. In such cases, the result of interference—by means of forceps, or the cautery—is not favourable. If a nodule causes functional disturbance it is usually unilateral, and is really a small cyst or polypus; such cases should be treated surgically. It is, however, not uncommon to find that, after surgical interference, the singing-voice is still unsatisfactory, though the speaking-voice may have improved, and the cords may present normal appearances on laryngoscopy. Endoscopy, however, shows a concavity on the cord opposite to that from which the nodule was removed. Vocal gymnastic training brings about a cure in a few weeks. In cases in which there is a broad-based projection from the edge of the vocal cord Flatau used a special chromic acid carrier. *J. S. Fraser.*

EAR.

Shearer, D. F.—A Method of Determining the Existence of Deafness. "Lancet," May 13, 1911, p. 1305.

The author suggests the use of a noise-producer. When applied to the ears of a patient reading aloud, the voice is raised automatically. The apparatus is controlled electrically, so that the sound made can be gradually increased in volume. *Macleod Yearsley.*

Harper, Jas.—Diffuse Latent Labyrinthitis: Its Dangers in the Radical Mastoid Operation. "Lancet," February 18, 1911, p. 430.

The author draws attention to the grave danger of operating on the mastoid before having tested the condition of the labyrinth. The caloric test should be applied to all cases. *Macleod Yearsley.*

Kerrison, Philip D.—Clinical Studies of Five Cases of Suppurative Labyrinthitis. "Laryngoscope," March, 1911, p. 161.

The first case, a nurse, aged twenty-one, developed acute otitis media and mastoiditis during an attack of hæmorrhagic measles. The right mastoid antrum and cells were opened, and five days later the patient developed vertigo and vomiting with rotatory nystagmus to the left. The mastoid cavity was curetted six weeks later for persistent discharge, and the nystagmus and vertigo then ceased. Testing ten weeks after the