

Sondermann (Dieringhausen).—*Suction Treatment in Diseases of the Nose.* "Münc. med. Woch.," November 6, 1906.

In answer to criticisms the writer urges the necessity for confining the treatment to suitable cases, eliminating in the first instance those about whose operative treatment doubt may remain, whether it be as to caries or necrosis, new growths, abnormal distension of the cavities, threatening symptoms from extension to neighbouring organs, and so forth. In those cases which do not come under this category it is necessary to draw a wide distinction between the acute and the chronic, the former being those essentially adapted for the suction treatment, the latter much more doubtful. If the suction causes increase of pain rather than relief, it should be stopped. Failure sometimes follows from its not being practised often enough. It may even be necessary for a time to use it every hour. In ozæna it ought to be used with great frequency. For hospital treatment where the same instrument has to be used for many patients, the writer has devised an olive-shaped tip for the nose instead of the "mask," with a view to greater ease in disinfection. For the extraction of fluids from the accessory cavities the head has to be turned in the position indicated by anatomy as being most favourable.

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LARYNX.

Wichern, H., and Loening, F. (Leipzig).—*Displacement of the Larynx and Trachea in Various Diseases of the Thoracic Organs.* "Münc. med. Woch.," October 16, 1906.

An oblique displacement of these parts may be detected by inspection under good illumination and by palpation. It may be brought about by pressure or by traction, and has been observed accordingly in such diseases as aneurysm, sarcoma, pleurisy, pneumo-thorax, and pulmonary tuberculosis.

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THYROID AND TRACHEA.

Diriart and Rozler.—*Paralysis of the Recurrent Nerve from Thyroid Compression; Thyroidectomy; Cure.* "Annales des Mal. de l'Oreille du Nez, du Larynx, et du Pharynx," September, 1906.

A woman, aged forty, of delicate constitution, suddenly became aphonic, and shortly afterwards experienced several suffocative attacks. Dr. Diriart found a thyroid tumour occupying the left side of the neck; its upper limit extended to the middle of the anterior border of the sterno-mastoid and its lower pole dipped into the pre-sternal notch. The swelling was mobile, not painful on pressure, and there were no glandular enlargements or accessory growths. A laryngoscopic examination revealed the larynx displaced to the right. The left cord, which was flaccid with concave margin and apparently shortened, occupied the cadaveric position; the right, which was normal, passed over the middle during phonation. A diagnosis of recurrent paralysis from thyroid compression was made and operation advised. The left half of the thyroid, including the growth, was excised in the usual way. Nothing unusual was noted save that a process of the growth extended into the tracheo-oesophageal groove.