into posterior nares. Microscopical examination proved it to be round celled sarcoma. Operation by external incisions. Tumour filled th antrum. The anterior inner and posterior walls of the antrum and floo of orbit were all removed. The wounds healed slowly, discharge ceasin in six weeks. Twenty-two months later patient died of sloughing ulce of feet, etc., and septicæmia. Never any return of facial growth.

CASE 5.—November, 1906; man, aged fifty-seven. Right nasa cavity free, with septum curved to left posteriorly. Left side very ope in front, but filled from floor to roof in rear part with new growth, whic bled freely on touching. Soft palate and pressed down. Naso-pharyn filled with irregular mass. Galvano-cautery operations under cocain were carried on for some time. But as pain continued to be severe, an the patient grew rapidly weaker, they were discontinued. Examinatio of segment proved case to be malignant. Patient succumbed.

CASE 6.—October, 1907; man, aged forty-eight. Many years ag nose was broken and deformed. Right nasal stenosis commenced twelv months ago, was complete six months later. Frontal and occipital head aches, much offensive discharge, swelling on right side of nose, no ea symptoms, no epistaxis, irregular growth in right nostril, left passag free, no appearance of growth post-rhinoscopically, no enlarged glands Microscopical examination proved growth to be malignant. Preliminar thyrotomy was done, and anæsthetic given through the opening in crico thyroid membrane. A modified Rouge operation followed. The anterio wall of antrum, outer wall of nose, ethmoid cells, what remained o turbinals and anterior wall of sphenoid, with much pus, were al removed. Patient made an uneventful recovery, as reported four month later.

CASE 7.—Youth, aged seventeen. Right nasal passage blocked. Disease so extensive that it was considered inoperable, but on accoun of alarming hæmorrhage the external right carotid was tied. Ten day later, circulation in temporal artery having returned, the ligature wa repeated, affording temporary relief. *Price-Brown.*

LARYNX.

Roger, Paul.—*A Variety of Laryngeal Stridor cured by the Removal o Adenoids.* "Ann de Méd. et Chir. Inf.," July 15, 1907. Review by PH. KUHN, Berlin, in "Arch. f. Kind.," Bd. 49, Heft 1 and 2

This refers to the case of a baby, aged sixteen months, who had suffered from laryngeal stridor since the age of six months. At twelv months nasal respiration was much impaired. Operation brought al symptoms absolutely to an end within three weeks. The author refer to the similarity of his observations with those of Eustace Smith, wh attributed a spasm of the ary-epiglottic folds to adenoid vegetations.

Alex. R. Tweedie.

Mancioli, Prof.—*Two Symptoms of Lesion of the Recurrent Nerve. Abatement of the Pulse, and Anæsthesia of the Vestibule.* "Bollet tino delle Malattie dell'Orecchio, etc.," November, 1908.

By stretching the recurrent nerve the author has experimentally pro duced in dogs a lowering of the pulse, which he could not produce by section or compression of the nerve.

It seems that this effect, which can be produced by the least stretching

depends upon the indirect stretching of the vagus, and it can be observed before the disturbance in the movement of the larynx.

Anæsthesia of the vestibule, or Massei's symptom, has been observed by Mancioli in all the clinical cases he has studied and provoked experimentally in ten dogs. In these dogs, in which complete section or compression of one or both the recurrent nerves had been effected, there was a manifest insensibility of the vestibule of the larynx.

The author believes that this depends on a *neuritis* which ascends from the recurrent to the plexiform ganglion, and from this descends to the superior laryngeal nerve. *V. Grazzi.*

Labarre, E. (Brussels).—*Laryngostomy for Absolute Obliteration of the Larynx.* "La Presse Oto-laryngologique Belge," September, 1908.

An account of a case of laryngostomy in a child, aged four, for cicatricial obliteration of the laryngeal cavity after intubation and tracheotomy a year previously.

The operation was performed by Dr. Cheval in January, 1908. The introduction of an œsophageal bougie enabled the operator to identify the anterior wall of the œsophagus easily. Instead of strips of gauze for keeping the rubber tube in place a new plan was employed. The drainage-tube was fastened securely to the tracheal cannula, with a second piece of tube so arranged as to act as a spring, fixed in front of it, for the purpose of increasing the pressure. This modification was found to shorten the period of dilatation.

After five months of treatment there seemed a fair prospect of reaching a cure. *Chichele Nourse.*

Jackson, C. (Pittsburg).—*Tracheo-bronchoscopy for the Removal of Foreign Bodies.* "Archiv für Laryngol.," vol. xx, Part III.

Dr. Jackson draws attention to the advantage possessed by his bronchoscope and tubular laryngeal speculum in virtue of their illumination by a lamp placed at the lower end of the tube. He states that, so far as the view obtained is concerned, a superior bronchoscopy is no less satisfactory than an inferior; it is, in fact, quite impossible when looking through the tube to say whether its length is 20 cm. or 70 cm.

He reports two interesting cases (one of them that of a child aged four) in each of which a large-headed pin was removed from the left bronchus by superior bronchoscopy. Including these two cases the author has carried out ten bronchoscopies for foreign bodies. In seven of these the foreign body was removed, in three it was not. Eight were superior and two were inferior bronchoscopies. Among seven cases of foreign body in the trachea, tracheoscopy was performed in four through the natural passages and in three through a tracheal incision.

Thomas Guthrie.

Massei, Prof. (Naples).—*Giant Tumours of Larynx.* "Archives Internationales de Laryngologie, d'Otologie, et de Rhinologie," September–October, 1908.

The author gives in detail the operative treatment of ten cases in which tumours, although of great size, were removed by the direct method. This was done by the use of the galvanic snare, curette, and forceps, even where a preliminary tracheotomy was practised.

In most of the cases only cocaine and adrenalin were used, although several *séances* were necessary. *Anthony McCall.*

Hammes, Franz.—*On Surgical Emphysema Occurring after Intubation.* "Arch. f. Kinderheilk.," 1908, Bd. 48, p. 207.

Surgical emphysema resulting directly from intubation is undoubtedly a rare accident. It may be caused in two ways: One by injury to the mucous membrane either at the time of introduction of the tube or from pressure; the other, where the mucous membrane is uninjured by rupture of an alveolus in the lung. Only three such cases have been recorded, two by L. Bauer and one by v. Bokay. The author has seen it occur twice out of 200 cases which had been treated by intubation.

The first, a child, aged three, was admitted suffering from diphtheria. Intubation was performed twice; the second time that the tube was coughed up a thick membrane was also expelled and the breathing remained free; the tube had been in place forty-eight hours altogether.

Two days later emphysema appeared in both supra-clavicular regions. This was gradually absorbed and the child recovered. The second was a child, aged eight. Intubation was carried out on admission without difficulty. The following days there was marked emphysema in the supra-clavicular areas; this also was gradually absorbed and the child recovered.

The author argues that the rupture of an alveolus occurs during an inspiratory and not an expiratory movement. The occurrence of emphysema does not appear to increase the gravity of the prognosis.

W. G. Porter.

ŒSOPHAGUS.

Klemur, P.—*On the Operation for Stenosis of the Œsophagus.* "St. Petersburger med. Wochenschr.," 1908, xxxiii, 597.

The author has operated on five cases after the method devised by himself. Of these two died. In one there was a large blood-clot in the stomach, and the child, already very weak, died as a result of this hæmorrhage.

In the second case, where he failed to pass the bougie from the stomach, he was forced to perform an œsophagotomy, and it was then possible to pass the bougie. When the bougie was changed a hæmorrhage rose from the internal jugular vein, and the child died in spite of immediate ligation of the vessel.

The method of immediate closure of the stomach wound after successful introduction of the bougie obviates the discomfort of a slowly closing fistula.

W. G. Porter.

EAR.

Mayer, O. (Graz).—*The Affections of Organs of Hearing in General Paralysis (of the Insane).* "Arch. f. Ohrenheilk.," Bd. 72, Heft. 1 and 2, p. 94.

Although it is well known that optic atrophy and retinal changes without optic atrophy are not infrequently found in general paralysis, but little attention has hitherto been paid to the condition of the organs of hearing in the disease. The author has made a searching pathological examination of the auditory organ in five patients.

Pathological changes were found in the nervous apparatus in all the ears examined, and varied from incipient degeneration to complete atrophy. The degenerative process attacking the auditory nerve-trunk, ganglia, and end-organs may either be primary or secondary to similar changes in the medulla. In addition to such atrophies a "marantic