LARYNX.

Tratman, Frank—A Case of Fibroma of the Larynx. "Australasian Medical Gazette," August 21, 1911.

A man, aged fifty-four, suffered from hoarseness with dry cough. The whole of right vocal cord was red, and had on its middle a swelling as large as a pea, sessile and not ulcerated. The whole of the right cord with the growth and the contiguous part of the thyroid cartilage to which it was adherent was removed by thyrotomy. Tracheotomy tube removed at once and wound sewn up in whole length. A section showed the growth to be a pure fibroma. Patient left the hospital in eight days. [As "malignancy was not suspected," one wonders why so radical an operation was considered necessary.—Ref.]. *A. J. Brady.*

Oppikofer, E. (Basle).—Necrotic Inflammation of the Larynx, Trachea, and Œsophagus in Scarlet Fever. "Archiv für Laryngol.," vol. xxv, Part 2.

A downward extension of the necrotic process in severe scarlatinal angina has been hitherto regarded as very exceptional, and many of the text-books refer to this complication either very briefly or not at all. The author found among the records of 128 *post-mortem* examinations in scarlet fever cases, carried out at the Pathological Institute at Basle between the years 1874 and 1911, 92 instances of inflammation in the larynx, trachea or œsophagus; and in 66 of these the process was definitely necrotic. A short description is given of the condition found in each of the 66 cases, from which it appears that the laryngo-tracheal and œsophageal disease is probably always secondary to, and a downward extension of, a severe scarlatinal angina. The parts about the entrance to the larynx were most often attacked, but extension to the interior of the larynx was not infrequent; in 14 cases the trachea and in 3 the bronchi were also involved. Ulceration was found in the œsophagus in 15 cases, in all except 3 of which the larynx was also affected. Of the 66 patients 37 were males and 29 females, and the ages varied between a half and twenty-five years. Severe necrotic inflammation of the larynx and œsophagus was much more frequent in the earlier than in the later years of childhood, but even adults were not completely exempt. The author believes that in spite of the great rapidity with which destruction of tissue takes place in scarlet fever an early and rational local treatment may be of value in such cases in limiting the necrotic inflammation to its primary seat in the pharynx. The paper includes a detailed review of the literature. *Thomas Guthrie.*

EAR.

Weil, Arthur J.—Acute Otitis in Measles, Diphtheria and Scarlet Fever. "New Orleans Med. and Surg. Journ.," vol. iv, p. 210.

The author discusses frequency, and gives the origin of acute otitis thus: Scarlet fever—(1) Toxins of the disease; (2) extension from the throat; (3) general weakness and emaciation. Diphtheria affecting—(1) External auditory canal; (2) internal ear, analogous to post-diphtheritic paralysis of the soft palate, etc.; (3) Eustachian tube and middle ear; (4) middle ear similarly to the affections caused by scarlet fever or measles. Ætiology, prophylaxis, diagnosis, bacteriology, treatment and prognosis are separately dealt with in a useful paper. *Macleod Yearsley.*

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