local lesions and destruction of tissue. It may be the only symptom of approaching uræmia. It is rare in acute nephritis, but occurs in scarlet fever as a sign of profound intoxication. *Macleod Yearsley.*

Guthrie, Thos.—*A Method of Removing Naso-pharyngeal Fibromata, with two Illustrative Cases.* "Lancet," October 29, 1910.

The author discusses these uncommon growths and the methods of dealing with them by operation. His method is then detailed. It is essentially that advocated by Brady, with the difference that the bony anterior nasal aperture is widened through an intra-nasal instead of an external incision. *Macleod Yearsley.*

LARYNX AND TRACHEA.

Blumenfeld, F. (Wiesbaden).—*On the Pathological Anatomy of the Vocal Cords.* "Zeitschr. f. Laryngol.," vol. iii, Part III.

The text for this paper was supplied by a specimen of laryngeal carcinoma removed *post-mortem* from a man who succumbed to an accident prior to operation for the laryngeal disease. The preparation showed a carcinomatous growth corresponding in extent exactly with the entire vocal cord of one side, the boundary of which had apparently not been transgressed.

From a consideration of this and other similar cases the author concludes that carcinoma of the vocal cord grows chiefly in a direction parallel to the long axis of the cord, which it tends to involve completely or to a very large extent before it encroaches on surrounding parts. This characteristic method of growth is due to the arrangement of the submucous lymphatic space of the cord, which forms a closed sac. This sac is bounded above by the linea arcuata superior of Reinke, which separates it from the ventricle of Morgagni, and below by the linea arcuata inferior, which separates it from the lymphatic spaces of the subglottic mucosa. These lineæ arcuatæ correspond to the lines of transition from squamous- to cylindrical-celled epithelium.

In virtue of these anatomical conditions, vocal cord carcinoma must be regarded as occupying, from a clinical and therapeutic standpoint, a somewhat exceptional position. This is exemplified by the successful results which have not infrequently followed its removal by endo-laryngeal methods. The author would accordingly suggest a classification of laryngeal carcinoma for clinical purposes as follows:

(1) Extrinsic carcinoma, affecting ary-epiglottic folds, interarytænoid area, or pharyngeal wall of larynx.

(2) Intrinsic carcinoma affecting parts of the interior of the larynx other than the vocal cords.

(3) Intrinsic carcinoma limited to one or both vocal cords. In addition to this there would be, of course, a group of more extensive cases, in which the point of origin could no longer be ascertained.

Such a classification would be useful for statistical purposes and for estimating the value of different methods of operation.

Thomas Guthrie.

Citelli (Catania).—*Intubation and Tracheotomy in Acute Laryngeal Stenosis in Children.* "Zeitschr. f. Laryngol.," vol. iii, Part III.

The author belongs to neither of the two groups of those who advocate exclusively either intubation or tracheotomy. It is his practice when

called to see a child suffering from dangerous acute laryngeal obstruction to proceed at once to intubation. If the child can be kept under constant observation and the tube lies well in position, it is allowed to remain for twenty-four hours, after which it is removed. If the obstruction then returns the tube is replaced for another twenty-four hours. If, however, on removal at the end of that time the obstruction again returns, the tube is replaced, but a tracheotomy is at once performed, and is, of course much simplified by the presence of the intubation tube. The latter is then permanently removed, and only employed later if constant dilatation of the laryngeal lumen is required, in which case its lower end is fixed to the tracheotomy tube.

The essential point of the method consists in the combination of intubation and tracheotomy with the object of diminishing the not inconsiderable number of chronic stenoses which follow the employment of either procedure alone. While admitting that the method entails the performance of a certain number of tracheotomies that might have been avoided, the author claims for it the great advantage that it prevents a considerable number of chronic laryngeal stenoses, which are undoubtedly due to irritation of the inflamed mucous membrane by the intubation tube. *Thomas Guthrie.*

Chiari, Prof. O.—*A Case of Superior Bronchoscopy which ended Fatally.* "Monats. f. Ohrenh.," Year 44, No. 8.

An undersized boy, aged seven, was admitted to the clinic June 6, 1910, as he was reported to have inhaled a grain of maize three days before. The chest was carefully examined; auscultation afforded no help, but under the X rays a shadow, the size of a bean, was detected at the upper part of the left bronchus. A direct examination was at once undertaken, and, as local anæsthesia was insufficient, Billroth's mixture was given. After some little trouble a foreign body was located in the left bronchus and a portion removed with difficulty. The mucous membrane was much swollen. Suddenly the child stopped breathing, and no pulse could be felt. Tracheotomy, artificial respiration, and various restoratives were ineffectual, although carried out for about one hour. The examination had lasted one hour.

At the autopsy the grain of corn, partially separated from its husk, was found firmly impacted in the left bronchus. A purulent bronchitis had already commenced on the left side.

Chiari attributes the death to the child's debilitated general condition, associated with length of time under manipulation, which the circumstances of the case necessitated, and not to the administration of a general anæsthetic. The extremely firm impaction of the maize also rendered it very improbable that an attempt to remove it by inferior bronchoscopy through a tracheotomy wound, performed to start with, would have been any more successful. *Alex. R. Tweedie.*

EAR.

Urbantschitsch, V.—*Influence of Otitis Media on Olfactory Perception.* "Monatschr. f. Ohren.," No. 3, 1910.

Many authorities have noted a disturbance of olfactory perception in cases of otitic abscess of the temporal lobe. The author found, in one case, that the disturbance remained after complete healing of the abscess, and investigated as to how far aural inflammations alone imply olfactory