that such cases are really cases of tuberculosis of the marrow tissue in the nasal and palatine process of the upper jaw.

The author has no doubt in his own mind that antral empyema may occur in quite young children, and quotes various facts to substantiate his contention. *W. Milligan.*

Wishart, Gibb. — *Reduction of Turbinal Hypertrophies.* "Canadian Practitioner," July, 1901.

An academic article dealing with each phase of the subject, in which the author advises either the use of submucous galvano-puncture, the turbinal trocar, or the Graefe-knife introduced through a linear puncture in every instance that will admit. He does not approve of complete turbinectomy, and advises conservatism in all methods of treating nasal insufficiency. *Price-Brown.*

LARYNX, Etc.

Arslan.—*Laryngeal Hæmorrhage.* "Archiv. Ital. de Otologia," etc., July, 1901.

The author describes eleven cases of this affection, important not only for itself, but as regards the diagnosis of pulmonary hæmorrhage.

As in other pathological questions, the authorities are divided into two camps: Massei, Morell Mackenzie, Fraenkel, etc., regard it as autochthonous; while Moure, Rethel, and others believe it to be only a symptom of multiple lesions of the vocal organ or of pathological conditions of the whole body, and do not consider themselves justified in calling it idiopathic when provoked by common laryngeal catarrh, as in the author's cases. Accordingly, Schnitzler calls it *corditis hæmorrhagica;* Favitsky, Joal, etc., *acute hæmorrhagic laryngitis,* and these believe the hæmorrhage to be merely the effect of local inflammation. In the same way they regard laryngeal hæmorrhage due to general diseases: pseudo-leucæmia, hæmophilia, diabetes, etc., wherein the bleeding is favoured by changes in the mass of blood or in the vessels.

Massei considers laryngeal hæmorrhage a distinct affection when the amount of the bleeding from the free surface exceeds the limits attributed to the increased vocal tension, which is itself an effect of the local inflammation; but, except in a few cases, Arslan does not think this view justified by clinical experience. Moreover, the quantity of blood may vary at each examination. The expression that *the blood should flow from the free surface* he regards as correct. According to Arslan, hæmorrhagic laryngitis or pseudo-hæmoptysis is understood whenever a more or less abundant spitting of blood is produced from the larynx itself.

Besides his own 11 cases, Professor Arslan has collected from the literature others to the number of 73, with the following results: In 62 in which the sex was noted, 34 were men and 28 women, in contradiction to Stepanow, who believes the disease to be a female prerogative. Of the author's cases, 10 were men and only 1 a woman. As regards age, of 51 patients there were 5, 18 to 20 years; 29, 21 to 40; 12, 41 to 50; and 5, 51 to 60. The favourite age is, therefore, from 21 to 40 years, the time of life in which traumatic or mechanical causes are most frequent. Season has a certain influence. Of the 11 patients, 5 were attacked in January, 3 between October and November, 1 in March, and 2 in April.

The author examines at great length the various views of the pathogenesis of the affection, the number and variety of them being due to the effort of each writer to raise into a law whatever has favoured the hæmorrhage in his own patients.

In the greater number of cases laryngeal catarrh is held accountable, but, as Massei has justly observed, the exceedingly rare occurrence of laryngeal hæmorrhage compared with catarrh excludes the possibility of an etiological connection. Fraenkel and others think the cough is the necessary element through stasis and consecutive increase of endovascular pressure. This is, however, in opposition to the fact that in early infancy, when the forms of persistent cough are of extraordinary frequency, laryngeal hæmorrhage is very rare. However, in certain special conditions of the organ cough may cause the rupture of a vessel. Too much importance is attached to over-use of the voice. Of the 73 patients, 8 were singers, 2 were affected with hæmophilia, and in only 3 could the bleeding be attributed to the emission of a high note. These rare cases, in view of the great frequency of abuse of the voice, justify its exclusion as an important cause, and for the same reason hæmophilia, pseudo-leucæmia, etc., may be excluded.

Professor Arslan gives details of his own cases, as well as a résumé of the important features of the more remarkable cases of others, and from these deduces the following clinical picture of the disease: The greater number of the patients have always previously enjoyed good health, and have no local or hereditary predisposition. A few have had catarrh of the larynx. The attack occurs suddenly after some vocal effort or without apparent cause. The patients sometimes unexpectedly bring up sputum tinged with blood or have a distinct hæmorrhage. The hæmorrhage is often preceded by a sense of a foreign body in the larynx. In almost all cases the bleeding recurs several times, lasting sometimes many months. It may assume a periodic form, especially in women at the menstrual epoch. Examination of the thorax often gives negative results; moreover, the majority of the patients are of robust constitution.

The author gives the differential diagnosis at great length, but it may be briefly summed up in that he relies on the laryngoscope as the means of distinguishing laryngeal hæmorrhage from other bleedings from the respiratory tract. It enables the observer to distinguish between bleeding from the larynx in uncomplicated cases, but also in those in which this affection is superadded to pulmonary disease.

The author's conclusions are: That in many patients there is a special local predisposition to laryngeal hæmorrhage, and that some occasional cause—vocal effort, menstruation, etc.—is enough to provoke it. Almost in all cases—*i.e.*, in fourteen out of seventeen—there is a vascular ectasia in the larynx. In twelve patients the ectasia occupied the vocal cord, and especially near the point of union with the mucosa of the ventricle. The dilatation is usually unilateral and limited to a single vessel, which is tortuous, swollen, or ruptured in one or more places. The remainder of this very interesting paper is devoted to a consideration of the prognosis (usually favourable in uncomplicated cases) and to the treatment, which consists in the means commonly employed for the arrest of hæmorrhage from the respiratory tract.

James Donelan.

Garel, J.—*Several Curious Cases of Foreign Bodies in the Larynx.* "Annales des Maladies de l'Oreille," etc., August, 1901.

This is a somewhat lengthy paper, but is not without interest. Four cases are cited in all. They are the most curious in the author's collection. When one peruses them, one is astonished to see how the larynx can tolerate the presence of some foreign bodies, even for a period of several weeks, without their provoking worse accidents than aphonia and intermittent attacks of suffocation. The first case is that of a nail in the larynx of a boy eight years old. The nail measured 27½ millimetres long, with a diameter of 2 millimetres at the body and 4 millimetres at the head. It was fixed obliquely in the larynx from below up, and from left to right. It was removed under cocaine with forceps.

The second case was one of a man, aged thirty-seven, who carried part of a spoon in the larynx for three weeks. The patient was an epileptic, and during a fit his wife tried to prevent him from biting his tongue by inserting a spoon between his teeth. He bit the spoon, part of which slipped into the larynx. The portion bitten off was about half the bowl, and rested between the vocal cords, its point against the anterior commissure and the bitten part between the arytenoid eminences. It was easily removed.

In the third case, a child of four years and a half swallowed the hook of a laced boot, which remained in the larynx for sixteen months. Its extraction was less easy than in the case of the former foreign bodies, necessitating tracheotomy.

The last case, that of a pin stuck in the larynx, occurred in a woman, aged fifty-three years. The pin was swallowed with some soup, which she was eating rapidly. It was 35 millimetres long, and bore a black head 4 millimetres in diameter. Its extraction was easy.

Macleod Yearsley.

Hankins, George T. (Sydney).—*Case of Extirpation of the Larynx for Epithelioma.* "The Australasian Medical Gazette," September 20, 1901.

The patient was a man aged fifty-seven, who three months previously had some malignant glands removed from the angle of the jaw on the left side. The growth now involved the right side of the larynx up to the middle line, the vocal cords not being implicated. After tracheotomy had been performed and the larynx plugged with gauze, a transverse subhyoid incision was made from one sterno-mastoid to another, the thyro-hyoid membrane being divided and the epiglottis turned out through the wound; a vertical median incision was then made from the first incision to the tracheotomy wound, the soft parts peeled back, the superior cornua of the thyroid cartilage divided, and the larynx dissected downwards from the œsophagus. The trachea being divided below the cricoid cartilage and the larynx removed, the upper end of the trachea was stitched to the skin, and the pharyngeal wound closed by sewing mucosa to mucosa and skin to skin. The bleeding during the operation was unimportant, and, notwithstanding an attack of pneumonia and a recurrence of the disease in the glands at the angle of the jaw and on the right margin of the wound, which had to be removed, the patient made steady progress, and eight months after the operation he was in excellent health. *StGeorge Reid.*

Stewart.—"American Journal of the Medical Sciences," September, 1901.

Direct infection of a nurse from a consumptive patient is reported in the description of a case of acute splenic miliary tuberculosis. The patient was a young woman who had had no evidence of tubercular infection prior to her attendance upon a phthisical patient. The patient was in poor circumstances, and had apartments which were badly heated and damp, and the nurse's nourishment while attending him was of very poor quality. In the middle of her second week of attendance upon the case she became acutely ill, and died sixty-eight days later, the autopsy revealing a universal tubercular infection.

ŒSOPHAGUS.

Le Fort, René.—*A Coin in the Œsophagus.* "L'Echo Méd. du Nord," July 7, 1901.

A child, three years old, had swallowed a coin seven days before being brought to hospital. Its health was excellent; external examination negative, but the X rays demonstrated the presence of a coin just above the sternum. An attempt was made, under chloroform, to extract the coin with a Kirmisson's coin-catcher, but without success; œsophagotomy was therefore performed, and the coin easily removed. After turning back the sterno-mastoid, cutting the omohyoid, and dragging the trachea and the thyroid gland forwards and the vasculo-nervous bundle outwards, the coin could be felt lying in the œsophagus by the finger. A short incision was made in the œsophagus, and the coin steadily and firmly pulled out with a pair of forceps. The mucous membrane of the œsophagus had commenced to ulcerate. The œsophageal wound was therefore left unstitched, and a large drainage-tube placed in contact with it, so as to insure thorough free drainage, the tube being gradually shortened as the wound healed from the bottom. Feeding from the first day by means of nasal catheter. Recovery uneventful. *Arthur J. Hutchison.*

Poli, Camillo (Genoa).—*A Tracheoscopic Sign of Foreign Bodies in the Œsophagus.* Monograph from the "Bolletino della R. Acad. Med. Genova," Anno XVI., No. 4.

The author describes a case in which a chicken-bone impacted in the œsophagus caused protrusion of the posterior wall of the trachea at the level of the sixth or seventh ring in the form of a hemispherical tumour. The obstruction was removed with the sound. The eighty years of the patient and other circumstances caused the introduction of the sound to be postponed until the tracheoscopic image demonstrated its necessity. *James Donelan.*

EAR.

Alexander, G.—*Mastoid Operations under Schleich's Local Anæsthesia.* "Wiener Klinische Wochenschrift," No. 33, August 15, 1901.

This method of obtaining anæsthesia was used in several cases where a general anæsthetic seemed inadvisable; the ages of the patients varied from seventeen to sixty-seven years, and the disease in the ear