Suarez de Mendoza.—*Remarks on the Operation for Frontal Sinusitis.* "Archives Internationales de Laryngologie," etc., November—December, 1900.

The author draws attention to an anomaly of the frontal sinus, which, when the surgeon is ignorant of it, may compromise the success of an operation. This anomaly is the presence of a supplementary sinus, on one or both sides, completely independent of the normal sinus and possessing its own naso-frontal canal. These supplementary frontal sinuses are described as situated behind the normal cavities, and the author gives diagrams which amply explain his description.

Macleod Yearsley.

LARYNX.

Burggisses, W.—*Abductor Paralysis caused by a Foreign Body.* "Korrespondenz blatt für Schweizer Aerzte," No. 15, 1900.

A soldier swallowed a set of teeth, which stuck near the larynx. Two days after their removal tracheotomy was required owing to threatened asphyxia. The laryngoscope showed double abductor paralysis, which has required the continual use of a tracheotomy-tube.

Guild.

Fischbein, Dr.—*Treatment of Spasm of the Glottis.* "Deutsche Aertze-Zeitung," 1900, Heft 24.

This paper gives a full history of fourteen cases. In all the author found signs of rickets; all the various kinds of infantile food had been used. He thinks it is less common in children fed on the breast. He considers spasm of the glottis to be always caused by auto-intoxication from the intestine. Toxins are found in the products of metabolism, which act on the peripheral ends of the vagus and reflexly cause spasm. When these are removed and appropriate diet given, the spasm disappears and does not recur. *Guild.*

Gougenheim and Lombard.—*Indications for Intralaryngeal Operations in Cancer of the Larynx.* "Annales des Maladies de l'Oreille," etc., January, 1901.

These authors quote as the conventional justification for the intralaryngeal method the existence of cases in which certain forms of intrinsic cancer remain for a long time limited to one cord or one ventricular band, and do not tend to progress. This condition obtains in patients of advanced age—just that class in which we feel reluctant to operate by the usual methods. The slow growth has an undoubted relation to the exact nature of the neoplasm, for certain epitheliomata and sarcomata, with a predominance of the fibrous element, tend to grow very slowly. Moreover, there are pedunculated epitheliomata, in which immediate removal may be required to anticipate certain accidents. The authors do not believe, however, that the foregoing justifications are logical in the great majority of cases, nor that the natural channels can ever serve as a universally available avenue for removal of malignant deposits in the larynx. Intralaryngeal removal should be regarded rather as an operation for diagnostic purposes than for cure. *Macleod Yearsley.*

Grünbaum, Otto F. F.—*Note on the Administration of an Anæsthetic to a Patient with Double Abductor Paralysis.* "Lancet," March 2, 1901.

Patient, aged twenty-four, was admitted for operation for hæmatocele. He stated that he thought his heart was weak, as he was breathless on exertion. No disease was found, and the anæsthetic was commenced. The patient took gas well; he passed under the influence of ether, and had nearly lost the cyanosis due to the gas when he ceased breathing. A gag was inserted and his tongue was drawn well forwards, but, no signs of voluntary respiration occurring, artificial respiration was resorted to without delay. Since the pupils continued to dilate while the passage of air into the lungs was accompanied by considerable noise, tracheotomy was suggested, but not performed, because the nature of the puff of air pressed out of the thorax during artificial respiration proved that there was a satisfactory air entry. Five minims of liquor strychninæ were injected. Two minutes later the pupils began to contract, and after six minutes voluntary respiration with loud stridor began. Shortly afterwards the patient regained consciousness, and recovered sufficiently to sit in a chair before the fire. He continued to gasp for breath, but showed that he had returned to sense and sensibility by a refusal to inhale any medication. The stridor gradually decreased, and forty minutes later it had disappeared. The following day the patient was feeling quite well. The character of the dyspnœa which occurred under anæsthesia suggested some laryngeal stenosis. On questioning the patient further about his breathlessness on exertion, it was elicited that any exertion produced noisy stridulous breathing, and, further, that this difficulty had existed as long as he could remember.

On the 14th Dr. J. B. Ball was asked to examine the patient. He reported that both vocal cords lay near the middle line, and on deep inspiration approached each other slightly, still further narrowing the glottic aperture. The condition appeared to be that of complete bilateral abductor paralysis. The appearance was not exactly typical, as there was a slight obliquity in the line of the glottic aperture.

The object of recording the case is to add to the list of pathological conditions which may lead to death during the administration of an anæsthetic, but which (without exceptional examination) may not give any evidence of their existence during life or on the post-mortem table, however minute an investigation be made. *StClair Thomson.*

Jankelevitch, Dr. J. (Bourges).—*Case of Severe Dyspnœa due to Relaxation of the Glosso-Epiglottic Folds.* "Monatschrift für Ohrenheilkunde," January, 1900.

The relaxation allowed the epiglottis to be sucked into the entrance of the larynx during inspiration. A peculiar valve-sound accompanied inspiration, and this was seen to be due to the flapping of the epiglottis against the ventricular bands, which it completely covered.

The relaxed folds were repeatedly cauterized close to the base of the tongue, and the anæmia from which the patient suffered was treated. Great improvement in a month. *William Lamb.*

Moure (Bordeaux).—*One of the Principal Causes of Difficulty in removing the Tube after Tracheotomy in Children.* "Revue Hebdomadaire de Laryngologie," etc., 1900, No. 47.

The author ascribes the difficulty in removing the tube in order that the patient may again breathe *per vias naturales* to the tracheotomy incision having been made too high up—*i.e.*, through the ligamentum thyreoideum medium or the cricoid cartilage. There results fixation of the crico-arytenoid joint and stenosis of the larynx from approximation of the vocal cords. There also results—in young children where the cricoid cartilage is in the immediate neighbourhood of the regio subglottica—inflammation of the surrounding mucous membrane due to the presence of the tracheotomy-tube—*i.e.*, laryngitis subglottica.

Moure recommends that the cricoid cartilage should be avoided—the incision made through the first or second tracheal ring. If the incision has been made through the cricoid, and there is difficulty in removal, he advises tracheotomy to be done over again lower down, and to wait till the laryngeal condition subsides; if this does not take place, one must proceed to dilatation of the larynx, intubation, or even laryngo-fissure, for the purpose of removing the infiltrated tissue.

Guild.

Ploc, C.—*Death from Enlarged Thymus.* "Prager Medicinische Wochenschrift," Nos. 50, 51.

This communication consists of a literary review and a report of two cases. One was a patient, sixteen years old, who was operated on for undescended testicle; he died in chloroform narcosis, with signs of failure of the heart's action. Post-mortem showed enlargement of the thymus 5 by 9 centimetres, marked enlargement of the lymphatic tissue at the base of the tongue, and of the tonsils, enlargement of liver and spleen, and hyperplasia of the lymphatics in the intestine. The other case was in a man, forty-eight years old, with tuberculous disease; he died suddenly in bed. Post-mortem showed a lympho-sarcoma of the thymus, 5 centimetres long, 4 centimetres broad, which formed a tumour on the ascending part of the arch of the aorta and at the origin of the large vessels. *Guild.*

Thomson, StClair.—*Cystic Hygroma of Neck.* "Lancet," March 2, 1901.

At a meeting of the Clinical Society of London, on February 22, Dr. StClair Thomson showed a woman, aged twenty-nine years, with a large irregular, soft swelling in the region of the upper half of the right sterno-mastoid. It was elastic and fluctuating, and was neither adherent nor inflamed. She was positive that the swelling commenced just before her marriage (at the age of twenty-seven years), as a small lump on the right side of the neck. This increased during pregnancy, and became larger after her first child was born, in September, 1900. Mr. Bland-Sutton had stated that congenital serous cysts of the neck were "always noticed at or immediately after birth." Possibly, as they originated below the deep cervical fascia, the one in this case escaped notice until it had made its way through this membrane and had become superficial. *Jobson Horne.*

Tsakyroglous, Dr. (Smyrna).—*A Case of Leech in the Larynx.* "Monatschrift für Ohrenheilkunde," January, 1900.

Spitting of blood and dyspnœa were complained of. The leech (*Hirudo sanguisuga*) was seen to have fastened on the base of the epiglottis, and lay on the ventricular bands. It was removed with forceps. The patient had drunk from a suspicious spring in the neighbourhood of Esme a week previously, and thought he had swallowed a leech. This species is frequently found in the throats of horses and cattle. *William Lamb.*

Zuckerkandl, Professor E.—*Notes on the Larynx of a Singer.* "Monatschrift für Ohrenheilkunde," January, 1900.

The glottis was long and narrow, the cricoid cartilage very slender; thus, adduction would be easy. There was a strongly-developed superficial layer of the crico-thyro-arytenoideus, connected with the arytenoideus proper. The fibres of the thyro-arytenoideus which go to the epiglottis and to the ary-epiglottic folds were so strongly developed that when contracted the walls of the upper segment of the larynx must have been thrown into a condition of tension favourable to resonance. The muscles of the cords were also large, and, in fact, there was generally increased muscular development to meet increased work. *William Lamb.*

E A R.

Bezold, F. (Munich).—*Re-examination of the Hearing of Deaf-mutes originally tested in* 1893. "Arch. of Otol.," vol. xxix., Nos. 2 and 3.

The re-examination was carried out by means of more powerful instruments devised by Professor Edelmann. Only twenty-eight of the scholars previously examined now remained, but Professor Bezold found his former observations very closely confirmed, the "islands" of hearing being in some instances slightly more marked than when the older instruments were used, and some formerly taken to be quite deaf were found to have limited areas of audition. Professor Bezold expresses disappointment with the result of hearing exercises by means of tones, but in his Group VI. (inability to learn to speak, but with a very wide range of audition for sounds) he considers cultivation of the ear by speech very promising. The paper is illustrated by graphic charts. *Dundas Grant.*

Bezold.—*Three Cases of Intracranial Complications of Acute Otitis Media.* "Munch. Med. Wochen.," No. 22, 1900.

In a case of acute purulent otitis media during the fourth week, sinus phlebitis developed, followed by metastatic deposits in the lung. The jugular vein was tied and the sinus cleared out. Recovery followed.

In another case, as the result of acute non-perforative otitis media, an abscess developed in the posterior part of the temporo-sphenoidal lobe. The abscess was opened and drained. Recovery took place.
W. Milligan.