Fraenkel, B. (Berlin).—*Adenoid Vegetations.* "Eulenburg's Realencyclopædie." EXCELLENT review of the pathology and treatment of this disorder, with good illustrations. *Michael.*

Otto (Dorpat).—*On Enuresis Nocturna, and a Case of this Disease complicated by Obstruction of the Nose.* "Petersburger Med. Woch.," 1893, No. 38.

A LADY, eighteen years old, with enuresis nocturna, and treated ineffectually by every other means, was cured by the author by operating upon adenoid vegetations which were present. A recurrence was cured by galvano-cauterization of a synechia between the septum and turbinated bone. *Michael.*

LARYNX.

Brown, Price.—*A Case of Elongation of the Epiglottis.* "The Canadian Practitioner," Oct., 1893.

THE patient was a young lady of twenty-three with a strong tubercular family history, and was said by her family doctor to have apical disease. The respiration during childhood was whistling; she took cold easily, always with concomitant hoarseness and sometimes aphonia, and had great difficulty in clearing the throat from mucus. The epiglottis was long and narrow with the end turned up, and occupied a horizontal position, the free end meeting the pharynx in inspiration and slightly raised during expiration. The epiglottis was shortened to about a quarter of an inch by repeated applications of the galvano-cautery. When the treatment was completed the vocal cords were visible, and the total result most satisfactory. *R. Lake.*

Bennett, O. Prescot.—*The Falsetto Voice.* "Med. Record," Nov. 3, 1893.

THE divisions known as "lower chest," "upper chest," and "throat register," and in females also "second falsetto" and "head register," are discussed briefly, and the change of the male voice at puberty, with brief allusion to the persistence of the boy's voice on its ascent into falsetto. The want of change is said to be due to the improper use of the muscles of phonation, retraction of abdominal muscles, which restrains and renders tense the chest and neck muscles, and is considered chiefly habit by the author, though, as in Lincoln's case, the removal of a pharyngeal tonsil cured the trouble. The author quotes a case of a male, aged twenty-one, who had a high falsetto voice, though he could speak a few words in the lower register, becoming rapidly tired in the attempt. The larynx was markedly congested from overstain of the voice. When he sang in the high register the glottis was reduced to a mere slit, and the edges of the cords alone vibrated. Now, when he sings in the low register, the vocal chink is larger and elliptical, and the whole cord, and indeed the walls of the larynx, vibrate. The cure consisted in proving and convincing the patient that the high voice is not the normal one, and that he can use the lower one. He advises keeping away from business for a few days, and having regular lessons in the normal key. *R. Lake.*

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Kayser (Breslau).—*Case of Hysterical Dumbness.* "Therap. Monats.," 1893, No. 8.

A PATIENT, twenty-three years old, had a laryngeal catarrh in his eighteenth year. He was treated that time by electricity, and suddenly became conscious for a short time. These attacks ended in the loss of speech. The attacks of consciousness were repeated sometimes; the ability to speak did not reappear after this. He now came under treatment by the author. When he was treated with electricity, spasms of the muscles of the neck followed. The larynx showed a slight catarrhal condition. When he tried to phonate the vocal bands came for a moment into the middle line, but then separated from one another. Without doubt there is apsithyria. Cure was obtained by exercises and suggestion.

Michael.

Grayson, C. P.—*An Instance of Spontaneous Healing of an Ulcerative Tuberculous Laryngitis.* "Med. News," Nov. 4, 1893.

THE patient, when first seen, had advanced pulmonary tuberculosis with bacilli present in sputum. The larynx showed cicatrices of the posterior extremities of ventricular bands, a tuberculous vegetation in the meso-arytenoid fold, only a narrow fringe of the vocal cords remained, the processi vocales were destroyed. His history was as follows :—He was twenty-five years old. Seventeen months previously he got tipsy and shouted and sang a good deal. Two days later he lost his voice and had pain on attempting phonation. Two weeks later the pain went ; he then began to lose flesh, having now lost forty pounds. Five months after the loss of voice he had an attack of hæmoptysis and a cough commenced. He had had no treatment. The probable course was non-recovery of the voice after the simple laryngitis, progressive loss of weight and hæmorrhage with cessation of laryngeal trouble and attack of the larynx, and the author deduces that the lung was not the original site of disease, but the bacilli entered through the erosions in the laryngeal mucous membrane during the laryngitis. *R. Lake.*

Bennett, O. Prescott.—(1) *Anchylosis of the Crico-Arytenoid Articulation, and* (2) *Congenital Bony Occlusion of the Posterior Nares.* "Annals of Ophthalmology and Otology," Vol. II., No. 1, Jan., 1893.

(1) A BUTCHER, aged thirty, complaining of weak and hoarse voice, has occasional pains in limbs, no history of syphilis, has had rheumatic fever with laryngeal pain, slight dyspnœa on exertion. Left vocal cord fixed, its posterior third swollen and congested, left arytenoid also swollen and congested, some nasal stenosis. Nasal stenosis was treated, and in four months, under iodide of potash, the swelling and congestion of the larynx disappeared, but the cord remained fixed. These cases are very rare. Causation may be due to chondritis, perichondritis, synovitis, and trauma, perhaps paralysis. Perichondritis may be primary or secondary, due to enteric fever, syphilis, typhus, synovitis (gouty, rheumatic or simple). Rheumatic anchylosis is exceedingly rare. Its chief diagnostic symptoms are fixation of one or both cords, with marked irregularity of the arytenoids or upper part of the cricoid.

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(2) The origin of this malformation is obscure and congenital. The patient, a male of eighteen years, had never been able to breathe through the right nostril, and had no sense of smell on that side and but little on the left; he also suffered from severe frontal headache; the right side was constantly plugged with mucus. Anterior rhinoscopy. The septum deviated to the right in its posterior third, completely closing the cavity. By posterior rhinoscopy the right nostril was seen to be completely occluded. This bony occlusion was perforated with a trephine three-eighths of an inch in diameter, and enlarged by a burr to its full size, both instruments being driven by an electro-motor. The cure was complete, the sense of smell being improved also. *R. Lake.*

Newcomb, J. E.—*Rheumatism of Crico-Arytenoid Joint.* "Ann. of Ophthal. and Otol.," Oct., 1893.

A SHORT and clear account of the affection and its usual treatment. The symptoms quoted are disagreeable sensation at angle of jaw, generally relieved by pressure, which frequently elicits crepitation, increased by swallowing—swelling may or may not be present; "chorea" of the vocal cords may be present; swallowing generally easy at first, dysphagia later: cords become fixed midway between ab- and ad-duction. *R. Lake.*

Künne.—*On Lipomata of the Upper Air-Passages.* Inaugural Dissertation. Würzburg, 1894.

REPORT on the cases published up to now, and a description of a microscopical examination (in the report a case published by Schuchardt is not mentioned), and report of the case of a patient operated upon by Köhler and not yet published. A patient, forty-five years old, had been hoarse for some years, and had attacks of asphyxia. The laryngoscope showed a tumour the size of a cherry, broad-based and situated between the arytenoid cartilages. Extirpation was effected by the galvano-cautery. *Michael.*

Hopkins, F. E. (New York).—*A Case of Foreign Body impacted in the Larynx.* New York Acad. Med. "Boston Med. and Surg. Journ.," Oct. 26, 1893.

PATIENT, a male, aged twenty-seven, drew into his larynx a piece of bone whilst eating soup. Spasm of the larynx followed, and a medical man failed to relieve the patient, but passed a probang several times. Five days later he consulted Mr. Hopkins, complaining of pain, shortness of breath, cough, and hoarseness. Pain was especially on the right side. On examination:—Whole larynx congested, left ventricular band red and swollen, concealing the vocal cord; an ivory white body was seen upon the anterior half of the right vocal cord, extending during inspiration over the middle line. The left ventricular band was ulcerated by rubbing against the bone. The removal by a bent probe was tried, but failed, so for some time did the attempted removal by Mackenzie's forceps. After however, exerting a strain of five pounds, and directing the patient to cough, the bone was ejected. It was a pointed wedge, a quarter of an inch thick, half an inch wide, and eleven-sixteenths of an inch long. It had been buried in the right false ventricular band. It was seven days before the two cords were healed and the voice fully restored.

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Dr. C. H. Knight alluded to a case shown by him in 1889, in which the voice was permanently altered in pitch after the impaction of a foreign body for sixteen days. *R. Lake.*

Lichtwitz (Bordeaux).—*Instruments for Operation upon Laryngeal Neoplasms of Children by the Method of Intubation with Fenestrated Tubes.* "Deutsche Med. Woch.," 1893, No. 43.

THE author operates upon neoplasms in children after the introduction of an O'Dwyer tube (*see* the report in this Journal). For this purpose he applies two instruments to the tube, a cutting spoon or a cutting crown. Both instruments are fixed on Stoerk's handle. *Michael.*

Birkett.—*Case of Subcordal Sarcoma removed by Thyrotomy.* "Canadian Practitioner," Oct., 1893.

THE patient, a pregnant woman, suffered with dyspnœa, hoarseness, and then almost complete aphonia. Laryngoscopic examination showed a subglottic tumour, dark red in colour, nearly filling the larynx; vocal cords free. Tracheotomy was performed; labour induced; the growth diminishing in size. Three weeks later thyrotomy was done, and the tumour was removed. It sprang from the right side just below the vocal cord; its base was touched with chromic acid. The wound was closed and recovery followed. The growth was a spindle-celled sarcoma. *R. Lake.*

Gluck.—*Extirpation of half of the Larynx.* Berliner Med. Gesellschaft Meeting, Nov. 8, 1893.

THE author showed a patient, sixty-eight years old, on whom he had performed this operation five and a quarter years before. In place of the extirpated left vocal band a membrane had been formed substituting the vocal band. The voice is satisfactory. No recurrence up to the present. *Michael.*

Pinaczek (Krakau).—***Appendix to the Paper on Laryngo-Fissure.*** "Zeit. fur Chirurgie," Band 37, Heft 1 and 2. (*See* the report in this Journal.)

Appendix to case 34.—The patient, already twice operated upon, had to be operated upon a third time, but up to now without relief.

Appendix to case 40.—Laryngo-fissure was performed a third time with cure. Closure of the fistula by plastic operation.

Appendix to case 42.—Second laryngo-fissure; extirpation of the cicatrices. The patient is up to now not completely cured.

Appendix to case 43.—Second laryngo-fissure; at present removal of the canula is impossible.

Appendix to case 44.—A patient, thirty years old, had tubercular ulcers in the larynx. They were enucleated. Some months later stenosis of the larynx occurred. Tracheotomy, followed by laryngo-fissure and enucleation, was without effect.

Appendix to case 45.—Third laryngo-fissure was necessary on account of scleroma. The canula could be removed, but the patient is aphonic.

Appendix to case 46.—Chorditis inferior hypertrophica. Tracheotomy followed by laryngotomy and enucleation of the hypertrophic masses Removal of the canula. Aphonia.

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Appendix to case 47.—Laryngo-fissure in a child five years old, who had a piece of bone impacted in the trachea. Removal of the foreign body. Cure.

Appendix to cases 48, 49, *and* 50.—Cases of chorditis inferior hypertrophica. Tracheotomy, laryngotomy. Removal of the canula.

Appendix to case 51.—A patient, forty years old, tracheotomized on account of perichondritis resulting from typhoid. The canula could not be removed. Laryngo-fissure and removal of a hypertrophic portion of the mucous membrane was followed by cure. *Michael.*

THYROID GLAND, NECK, &c.

Dupuis, Thomas R.—*Goitre.* "Transactions, Canadian Medical Association," Sept. 21, 1892.

IN this communication the subject of goitre is pretty fully discussed. The relative values of the different methods of treatment are considered at some length. The author pronounces against extirpation. Electrolysis as a means of cure is not mentioned. Nothing new. *George W. Major.*

Troje.—*Morbus Basedowii* (*Graves' Disease*). Schlesische Gesellschaft für Vaterländische Cultur in Breslau, Meeting, June 2, 1893.

THE author showed a case of this disease cured by the extirpation of the goitre. *Michael.*

Dickson, Charles R. (Toronto).—*Electrolysis in Goitre.* "Canadian Practitioner," Aug. 16, 1892.

IN an article on "Electrolysis in Practice" Dr. Dickson, electro-therapeutist to the Toronto General Hospital, gives some directions as to the use of electricity in goitres. In goitre the oblong electrode is positive, and is placed behind the shoulders. At the site of puncture a hypodermic injection of a mixture of five per cent. cocaine and six per cent. antipyrin in distilled water is made. The growth is then steadied by the left hand, and the patient directed to swallow several times to aid in mapping out the boundaries. A steel needle negative, insulated to within a couple of inches, or less, of its tip, is introduced through the isthmus into the lobe which is most enlarged, and the current turned slowly on. He starts with ten milliamperes for ten minutes, and at later sittings may go up to fifty or more. Subsequent punctures may, as a rule, be made through the first opening, the needle being thrust into different parts of the lobe. Once a week is considered sufficiently often for each sitting. The wound may be dressed with iodoform and boracic acid.

Cystic goitres are the most amenable to treatment. An aspirating needle, insulated to within an inch of its tip, is used to evacuate the contents of the cyst, which is then injected to distension with a solution of chloride of sodium; connect the needle with the negative wire, and use

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