LARRAUD.—Recurrent Facial Erysipelas in a Case of Tornwaldt's Angina. *Journ. de Sci. Méd. de Lille*, April 27, 1888.

NOTES of the case of a woman, aged twenty-six, who, from the age of thirteen, had had thirty attacks of facial erysipelas. The malady commenced on each occasion with glandular swelling under the jaw, and by redness round the lachrymal duct. The erysipelas spread from the nose in this case. The patient had Tornwaldt's disease. **Joal.**

WEIL (Stuttgart).—**On Adenoid Vegetations.** *Wurtemberg Med. Correspond.*, 1888, No. 27.

AN article reviewing the subject, and recommending Schutze's forceps. **Michael.**

LARYNX.

CHEATHAM, W.—Report on Laryngology. *American Practitioner*, August 18, 1888.

THE subjects reported upon are the local treatment of laryngeal tuberculosis, intubation of the larynx, and partial and total extirpation of the larynx for cancer, and the paper consists nearly entirely of long abstracts quoted from the *Journal of Laryngology* without acknowledgment. This is particularly the case in the report upon extirpation of the larynx, the seven columns of which it is composed being abstracted almost bodily from the *Journal of Laryngology*, without acknowledgment either to that journal or to the author of the articles on extirpation of the larynx.

R. Norris Wolfenden.

AREITZA.—Traumatic Aphasia and Aphonia relieved by Hypnotism. *Correo Medico Castellano*, Salamanca, July 10, 1888.

A MAN received several blows from a stone on the head, and lost consciousness. He recovered it after a few hours, but without being able to speak or to emit a sound. The patient breathed and swallowed well, he understood all that was said to him, and he wrote in his usual manner. After five days without any relief, he was hypnotized by the method of Bernheim. From the second sitting aphonia disappeared; aphasia persisted, however, a longer time. Notwithstanding that from the third sitting he pronounced perfectly all the words suggested, he found some difficulty in pronouncing the others, changing some syllables or omitting others, but in the end he succeeded in speaking correctly.

Ramon de la Sota.

BROWNE, LENNOX (London).—**A Case of Traumatic Perichondritis of the Larynx.** *British Medical Journal*, April 28, 1888.

THE author records this case as an example of a somewhat rare acci-

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dent, and as being confirmatory of the fact that caries is not a necessary sequence of perichondrial inflammation. The author further avails himself of this opportunity of repeating the opinion long held by him, that perichondritis may arise quite independently of any of the specific dyscrasia.

Hunter Mackenzie.

MORRIS, HENRY (London).—**Two Cases of Laryngotomy: A Suggestion as to the Applicability of Sutures to the Air Passages in Case of Cut-Throat.** *British Medical Journal*, April 21, 1888.

THE first case was a large recurrent myeloid sarcoma of the face, in which a preliminary laryngotomy, with the insertion of a Hahn's canula, was performed. The growth was then removed, and recovery ensued. The second case was one of papilloma of the larynx, which could not be eradicated by endo-laryngeal means, but which was removed by extra-laryngeal incision. Immediate healing took place after suturing the wound in the larynx.

Hunter Mackenzie.

CASADESUS, ROQUER.—A Case of Impaction of a Pin through the Left Vocal Cord: Extraction per Vias Naturales. *Rev. de Laringologia, Otologia y Rinologia*, Barcelona, July, 1888.

A GIRL, aged six and a half years, was carried to Dr. Casadesus, who discovered with the laryngoscope a pin impacted in the left vocal cord near its ventricular border, with the head downwards. Having applied cocaine the pin was grasped with the lateral forceps of Luer, but on using traction carefully it was impossible to extract it because it was impeded by its head. Repeated trials that and the following day were useless. Forty-eight hours after, the inflamed tissues offered less resistance, and with small effort the pin was dislodged and the patient relieved.

Ramon de la Sota.

SORENSEN (Copenhagen).—**Division of the Posterior Wall of the Trachea by Tracheotomy.** *Ugeskrift for Laeger*, June 9, 1888.

THE author reports five cases of the above accident occurring during the last four years amongst 502 cases of tracheotomy for croup or diphtheria in the Copenhagen Hospital for Infectious Diseases. In the first two cases the true cause of arrested breathing after the introduction of the canula through the laryngeal wound was not discovered until the division was found at the post-mortem examination, having in both cases caused emphysema of the mediastinal tissue and pneumothorax. In the third case the nature of this misfortune was revealed during life, and the canula introduced at last into the trachea. The patient survived the operation eight hours, and at the post-mortem examination was found inflammation of nearly the whole left larynx and pneumothorax of the left side. In the fourth and fifth cases the accident was also diagnosed during the operation, and the canula also introduced at last into the trachea; in one of these cases the patient died four days after the operation, the post-mortem examination not showing any immediate effect of the division of the posterior wall of the trachea, and in the

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other case the patient recovered speedily. The author advises passing a feather through the tube to try whether the passage for the canula be free. **Holger Mygind.**

GRASER (Erlangen).—**On Intubation of the Larynx.** *Münchener Med. Woch.*, 1888, No. 38.

THE author has applied O'Dwyer's method in seven cases. In one case of great diphtheritic stenosis, tracheotomy could be replaced by intubation, and the case was cured. In three other cases tracheotomy had to be performed, in spite of intubation, within a short time, but in all cases without effect. In a fifth case the stenosis was increased by intubation, tracheotomy was immediately performed, and membrane removed, and the case was cured. In two cases in which the tracheal canula could not be dispensed with, it could be removed after the introduction of an intubation tube. The author recommends the method for further experiment. **Michael.**

HARVIE, J. B.—**Intubation of the Larynx.** *Montreal Medical Journal*, August, 1888.

THE author has done the operation ten times with two recoveries, seven of his cases dying before the end of the third day. In all the cases the symptoms were most unfavourable. In fifty per cent. there was bronchopneumonia and evidence of pulmonary collapse before the tube was introduced. The relief experienced by the patients was, however, in all cases superior to tracheotomy. He favours feeding by rectum only. The reviewer regrets that he cannot speak as highly of intubation as Dr. Harvie. In cases of diphtheria, when the administration of internal remedies is of first importance, the presence of the tube becomes a source of embarrassment, and even of great danger. **G. W. Major.**

PALM (Berlin).—**On Tamponading the Trachea.** *Berl. Klin. Woch.*, 1888, Nos. 33, 34.

AFTER having described a method of tamponading the trachea with sponges as "Hahn's tampon canula" (which is really a misunderstood and deteriorated modification of the abstractor's method), the author relates the results of thus treating thirty-eight cases. In most of them the fatal termination was caused by bronchitis, pneumonia, and mediastinitis, thus proving the faults of the method. **Michael.**

MICHAEL (Hamburg).—**On Tamponading the Trachea.** *Berlin Klin. Woch.*, 1888, No. 37.

THE author described the method of performing this two years before Hahn, and claims priority. Hahn's modification, which consists in taking away the gutta-percha cover, is a deterioration of the original method, since the sponge alone does not act as a tampon, but merely as a filter. **Michael.**

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CHIARI.—A Case of Tracheal Stenosis, occurring Seven Years after Diphtheria, cured by Tubage. *Ann. des Mal. du Larynx &c.*, July, 1888.

THE author has had occasion to examine many adults tracheotomized during infancy, without finding any laryngeal or tracheal symptom. The case in question was that of a boy of twelve, who, seven years before, had been tracheotomized on account of diphtheria, during which period diphtheritic exudations had occurred in the trachea, with necrosis of cartilages, necessitating the presence of the canula for three weeks. Repeated attacks of bronchitis had followed. Seven years after, he experienced signs of tracheal stenosis, and Chiari found stenosis extending from the third ring of the trachea to two or three rings below. The contraction was caused by cicatrices, caused by loss of substance, leaving a passage large enough for breathing in the child, but not large enough for adult development. Methodical dilatation with elastic catheters, maintained in situ a quarter of an hour, was adopted, and improvement was noted at the end of fifteen days. The treatment was continued until the capacity of the trachea had reached three-quarters of the normal, and respiration was almost free. The tumours noted at the site of the stricture, and which were not only cicatricial tissue, but tumefied mucous membrane also, were rapidly absorbed. The result of the treatment was most satisfactory, the patient being free from signs of stricture fifteen months after. **R. Norris Wolfenden.**

X.—A Pine-Nut in the Trachea. *El Aula Medica*, Valladolid, July 10, 1888.

A GIRL, aged nine years, had two pine cones in her mouth, and suddenly she swallowed them, causing coughing and dyspnœa. With the force of the coughing she dislodged one pine-nut, but the other remained in the respiratory tract for ten days, producing frequent asphyxiative attacks. Tracheotomy was performed. By the force of coughing the foreign body was thrown out and the cure was effected. **Ramon de la Sota.**

NECK, &c.

TRESILIAN, FREDERICK (Mon.).—**A Case of Myxœdema** *British Medical Journal*, April 21, 1888.

IN connection with a case already reported (vide *Journal of Laryngology*, &c., vol. ii. p. 312), the author writes to say that he inadvertently omitted to state the condition of the thyroid gland. As neither the gland nor its isthmus could be felt, it was very probably atrophied.

Hunter Mackenzie.

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