exophthalmos ; the nose was large, and a growth issued externally from the left nares. A tumour like a small citron was visible in the pharyngeal cavity. A longitudinal incision from the left external aperture of the nares was made with the bistoury, extending to the outer canthus of the eye ; the zygoma was cut with scissors, as well as the corresponding part of the right superior maxillary bone. The whole bone was dislocated, and the nasal bones of the left side taken out. Considerable hæmorrhage occurred. The operator with the hand quickly removed the whole tumour. Recovery speedily followed. **Massei.**

HEYDENREICH.—New Method of Removing Naso-Pharyngeal Polypi. *Semaine Méd., May* 9, 1888.

THE author explains König's method of removing polypi with a sharp spoon, after preliminary division of the nose in the median line. He advises great circumspection in resorting to this method. **Joal.**

LARYNX.

MACKENZIE, G. HUNTER (Edinburgh).—**Case of Chronic Laryngitis, probably Tubercular, treated by Tracheotomy and by Endo-laryngeal Removal of Growth** *British Medical Journal, February* 4, 1888.

RECORD of a case with substantial improvement following the operation of tracheotomy, and in which a small warty-looking growth was removed from the vocal cord. **Hunter Mackenzie.**

LOEWE (Berlin).—**On the Removal of Pathological Secretions of the Larynx by Forced Injections of Water.**—*Monatssch. für Ohrenheilk.*, 1888, *No.* 5.

THE author cleanses the larynx by forced injections, and says that this method has been performed by him in many cases with good results. **Michael.**

STEELL, GRAHAM (Manchester).—**Spontaneous Detachment of a Laryngeal Polypus.** *British Medical Journal, February* 4, 1888.

NARRATION of a case. **Hunter Mackenzie.**

AUDUBERT. — Cyst of the Ventricular Band. *Rev. Mens. de Laryngol., April*, 1888.

THE author relates a case seen at the clinic of Prof. Moure. Cysts of the ventricular bands are very rare. Garel, of Lyons, and Seiffert have each related similar cases, and the observation now published is the third case known. **Joal.**

KIDD, PERCY (London).—**A Case of Angioma of the Larynx.** *British Medical Journal, March* 17, 1888.

A CASE in which an angiomatous growth, attached to the anterior third of

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the left vocal cord, was removed by endo-laryngeal means. The author remarks upon the rarity of angioma of the larynx. **Hunter Mackenzie.**

URUNUELA.—Fibrous and very Voluminous Laryngeal Polypus, which filled the Supra-glottic Region; Aphonia; Imminent Danger of Death by Asphyxia. *Revista de Laringologia, Otologia y Rinologia, May*, 1888.

A MAN, forty-five years old, suffered intense catarrh. Four years previously his voice was hoarse, and for one year he had been completely aphonic, and experienced frequent fits of suffocation. For the last two months he had been unable to lie down, and has always been obliged to keep his head bent forwards, and to lean upon the back of a chair. Many times he suffered from an exceedingly troublesome cough. On laryngoscopical examination, there was found a pyriform and non-mammillated growth, the size of a hazel-nut, which almost obstructed the glottis. It was seen to be growing from the anterior end of the right vocal cord. The author removed the polypus with the Mackenzie forceps. The operation was attended with a slight hæmorrhage, and a good respiration was restored. Only a small fleshy point remained, which was exterminated with the galvano-cautery. After a month the patient was discharged, the voice and respiration being fairly good. **Ramon de la Sota.**

SOTA.—On the Measures to be followed in Intubation of the Larynx in order to Avoid its Difficulties. *El Siglo Medico, June* 24, 1888.

THE author describes the instruments used to perform intubation, and then the manner of procedure. He advises that the tube be adapted to the age and size of the child; and in case of doubt selects the largest one. The silk must be strong, and a metre long. The obturator must be screwed tightly to the introducer. The child should be wrapped in a sheet, its feet held between the knees of a competent person, who will sustain it seated upon his thighs, with its trunk resting on his chest and its head upon his left shoulder. Another person must keep this steady, and directed a little backwards. The operator will cover the index finger of his left hand up to the junction of the first with the second phalanx. A piece of the finger of a glove is the best. Sota introduced the tube according to O'Dwyer's rules, but he does not approve of Waxham's advice to bear the instrument under the finger. When the tube is well located, the thread is taken away before cutting it near to the teeth, and putting the index finger upon the head of the tube. The little patient cannot drink whilst the tube is in the larynx. That must be removed if the respiration is troublesome, or six days after intubation. If dyspnœa appears, the tube must be introduced. **Ramon de la Sota.**

WALDO (Bristol).—**A Case of Intubation of the Larynx in the Adult.** *British Medical Journal, April* 7, 1888.

A SUCCESSFUL case of intubation in a woman, aged forty-two years, the subject of tertiary syphilis. **Hunter Mackenzie.**

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NORRIS WOLFENDEN, R. (London).—**Perichondritis of the Larynx.** *British Medical Journal, April* 14, 1888.

A STRONG non-syphilitic man, aged forty-three, applied at the Throat Hospital on account of laryngeal troubles. On laryngoscopic examination there was found a smooth red swelling, situated under and projecting from beneath the anterior third of the right vocal cord. The cord was congested, and did not move on deep inspiration. The general appearance of the larynx was that of chronic laryngitis. Within eight days tracheotomy became necessary. Two days subsequently it was seen that the whole larynx was occupied by red swellings, without apparent ulceration; the breath was offensive. Nine days after the operation a small piece of cartilage was expectorated. The patient commenced to improve soon afterwards, and the intra-laryngeal swellings diminished. He was soon dismissed from hospital, but returned in a few days, bringing with him a piece of bone, which he stated he had expectorated.

The patient had an up and down course for a few weeks, necessitating the local application of ice to the larynx on account of fresh inflammatory disturbances, which, however, soon subsided. Mechanical dilatation of the laryngeal passage was afterwards practised with good results, and within four months from the date of tracheotomy he was able to dispense entirely with the tube.

The author makes some observations upon the conditions of the larynx which may be associated with perichondritis, and adds, "the case I have here recorded shows how it (perichondritis) may arise out of chronic laryngitis, and the same catarrhal condition which leads to production of innocent neoplasms may also lead to perichondritis of the laryngeal cartilages."

Hunter Mackenzie.

JURIST, LOUIS (Philadelphia).—**A Case of Perichondritis of the Cricoid Cartilage.** *Med. News, November* 5, 1887.

THE history and post-mortem appearances of a case, obscure in its etiology, but supposed to be due either to a rapid acute perichondritis or a late syphilitic infiltration. Death was due to prolonged laryngeal spasm, a rare though possible cause of sudden death in these cases.

John N. Mackenzie.

FUSSELL, M. HOWARD (Manazunk, Pa.).—**Fracture of the Larynx.** *Med. News, March* 17, 1888.

A BOY, while catching behind the bat, was struck squarely in the front of the neck by a base ball, coming swiftly as a "foul" from the bat. Hæmorrhage and difficult breathing at once came on, and, in half an hour, unconsciousness. At the end of an hour he was seen in a cyanosed condition, the least manipulation of the larynx causing fearful paroxysms of suffocation, while crepitation of the alæ of the thyroid was distinctly felt. Tracheotomy was at once performed, the congested lungs relieved of bloody, frothy secretion, and the breathing restored by Sylvester's method. Three hours after the operation the patient was doing excellently. Fifteen minutes later the cyanosis deepened, congestion of the

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lungs supervened, and respiration stopped abruptly. No post-mortem was allowed.

This is the seventieth case of fracture of the larynx and the fifty-fourth death. The case is unique in its cause and mode of death. Recorded deaths have all occurred suddenly, before tracheotomy, and were generally due to increasing dyspnœa from œdema. Atlee reports a case in which death occurred suddenly from general emphysema. In the above case the breathing was normal just prior to death, as was the pulse. The sudden stoppage of the heart would suggest sudden pressure on the pneumogastrics in the neck. Ether was given, but it is scarcely probable that it could have caused a fatal result, three hours having elapsed between its administration and death. There was no organic heart lesion.

John N. Mackenzie.

ARBOLELLA.—A Case of Aphasia, following Typhoid Fever. *Rev. di Med. y Cirugia Prácticas, June 22,* 1888.

A CHILD, six years old, was attacked with typhoid fever, and on the sixteenth day symptoms of cerebral congestion appeared; these were mitigated, and the patient slowly recovered. But the child remained dumb notwithstanding that the respiratory organs were sound, and the auditory apparatus perfectly intact. It was thought that the cerebral congestion produced some disturbance in Broca's convolution, and that the aphasia would be transient, or it might be the first symptom of a basic meningitis, which would break out unexpectedly.

Ramon de la Sota.

JOUBERT.—Thyrotomy for Foreign Bodies in the Larynx. *Thèse, Paris,* 1888.

THYROTOMY conducts one directly to the foreign body. It permits one to dislodge it, to extract it, and to break it up; preceded by tracheotomy it constitutes an operation free from danger. The author publishes an original observation furnished to him by M. Campenon, who has performed thyrotomy to extract from the larynx a 50-centime piece.

Joal.

LUC.—On Tracheotomy under Chloroform in Children. *Soc. de Méd. Pratique, June 7,* 1888.

THE author employs chloroform, and the slow method of operating, and relates a case operated on successfully in this manner. **Joal.**

LE DENTU.—Chloroform in Tracheotomy. *Soc. de Chirurgie, May 20.*

LE DENTU reports on an observation of Castin relating to an accident of glottic spasm resulting from the chloroforming of a patient about to be tracheotomized for syphilitic stricture of the larynx, and said it was an unfortunate case, but which must not be taken to contra-indicate the use of chloroform in tracheotomy. These spasms occur in patients who are about to be tracheotomized independently of chloroformization. Ferrier, Schwartz, and Reclus hold the same opinion. **Joal.**

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MacCORMAC, SIR WILLIAM.—Immediate Closure of Tracheal Wounds. *Lancet, February* 4, 1888.

THE author, in supporting some editorial remarks on the immediate closure of tracheal wounds, refers to a case published in the *Lancet*, January 2, 1886, in which the blade of a broken tooth forceps was extracted from the right bronchus. He thinks that, in this case, the suturing of the tracheal and external wounds contributed materially towards success by shutting out the cold air from the lungs, and preventing wound secretions from entering the trachea. **Hunter Mackenzie.**

JESSETT, BOWREMAN F. (London).—**Immediate Closure of Tracheal Wounds.** *Lancet, February* 11, 1888.

RECOMMENDS the practice. **Hunter Mackenzie.**

JONES, TALFOURD (London).—**Tracheotomy performed on an Adult, four years and a-half ago, for Intra-laryngeal Disease: Patient now alive and well, but still wearing Tracheotomy Tube.** *Lancet, February* 25, 1888.

THE nature of the laryngeal disease was not diagnosed.

Hunter Mackenzie.

NECK, &c.

HOVELL, MARK.—The Treatment of Cystic Goitre.

THE author advocates the treatment introduced by Morell Mackenzie in 1872, which consists in tapping the cysts, and, after the withdrawal of the fluid, injecting a solution of perchloride of iron through the canula of the syringe, and allowing it to remain for a certain time, in order to convert the cyst into a chronic abscess. The tube should be introduced into the most dependent part of the tumour, in order to insure proper drainage. The puncture should be made as near the median line as possible, in order to avoid vessels.

For a large goitre, a canula two inches long is sufficient. The most useful sizes are those corresponding to Nos. 7, 8, 9, English catheter gauge. When the canula is in the cyst, it should be secured by a tape passed round the neck. The plug being withdrawn, the contents are allowed to escape, and one or two drachms or more of perchloride of iron (two grms. of the salt to one oz. of water) should be injected into the cavity by the syringe vertically, and the plug should be introduced to prevent the solution from escaping. The syringe has its nozzle fixed at an obtuse angle, and being held vertically allows any air which may be in the syringe to rise to the top of the solution, and thus prevent its injection into a vein. By a button arrangement, the piston can be made about an inch shorter than the cylinder, so as to prevent emptying it. When the solution has been injected into the cyst, it should remain there for seventy-two hours. The cyst will re-fill, and inflammation will be set up. If, on withdrawing the fluid, it contained blood, or showed no sign of suppuration,

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