

inflammatory—catarrhal; (3) the result of excoriation by acid discharges; (4) local manifestations of exanthemata, tubercle, syphilis; and (5) traumatic. Treatment, either by mechanical dilators, caustics, permanent obliterators, suture, or plastic operation, is unsatisfactory and tedious.

Macleod Yearsley.

LARYNX.

Beck, J. C. (Chicago).—*Cyst of Epiglottis.* "The Laryngoscope," September, 1909, p. 704.

Child, aged five, brought to hospital on account of urgent dyspnœa. Immediate tracheotomy. Subsequently a diagnosis of papilloma or myxoma with œdema of the glottis was made. Six weeks later, by the direct method, an attempt was made to snare off the tumour, which was about the size of a hazel-nut. It collapsed, however, and discharged its contents. Beck then removed as much of the cyst-wall as possible, and cauterised the cavity.

Several months later the patient returned with a recurrence. External pharyngotomy was then performed, and the entire cyst removed. The author suggests that it was of the thyro-glossal type.

Dan McKenzie.

Scheier, M. (Berlin).—*On Unilateral Disease of Vocal Cord.* "Arch. f. Lar.," Bd. xxii, Heft 3.

Man, aged fifty-three, with hoarseness of five months' duration. Right vocal cord quite normal; left cord in its whole length red, swollen, beset with small granular excrescences, especially near the vocal process; no defect in mobility. "Silence treatment" was followed by diminution to a slight redness of the left cord.

This case is published as being an exception to the rule that unilateral disease of the vocal cords is generally of a serious nature, say tuberculous, syphilitic, or malignant, and several other such exceptional cases are referred to.

Dundas Grant.

MacDonald, W. A. (Toronto).—*Case of Congenital Membrane between the Vocal Cords.* "Canadian Journ. of Med. and Surg.," December, 1909.

Patient, female, aged twelve, thin and anæmic; voice high-pitched, feeble falsetto, almost aphonic. On examination tonsils were found to be hypertrophic, almost touching in the median line. In the larynx a membranous crescentic web united the vocal cords. The centre of the web was thin and of a greyish yellow colour.

On August 28, under bromide of ethyl, the tonsils were removed. On September 7, under cocaine anæsthesia and adrenalin, the membrane was completely and clearly removed by one bite of the Halle-Krause double punch-forceps. There was no bleeding. But under the first membrane there now appeared to be a second membrane. This, however, proved to be the thickened commissure of the one already removed.

The voice was lowered very much immediately after the operation and had improved in volume and tone. In eight days the anterior commissure filled up again and the voice became higher pitched. Treatment by nitrate of silver had no effect.

On October 4 the original operation was repeated. On October 10

Schrötter's tube, armed with a dull blade anteriorly to fit into the commissure, was inserted and retained in position for two or three minutes, the operation being repeated at first daily and then at longer intervals. Improvement was constant. Nearly a year had elapsed since the last treatment and the condition now is good. *Price-Brown.*

E.A.R.

Banks Raffle, A.—*Middle-ear Disease as a Complication of Whooping-cough.* "School Hygiene," vol. i, No. 2, February, 1910.

A short note upon a hitherto neglected subject. In 400 cases, 25 children suffered from middle-ear disease. The onset was usually early in the "spasmodic" stage, and marked by very little constitutional disturbance. The complication is probably brought about by the forcing of infective material into the Eustachian tube by the respiratory disturbance of the "spasmodic" stage. *Macleod Yearsley.*

Jacob, Etienne (Paris).—*A Case of Mastoiditis without Perforation of the Membrana Tympani with a Fistula into the External Meatus.* "Rev. Hebd. de Laryngol., d'Otol., et de Rhinol.," January 9, 1909.

A man, aged fifty-eight, consulted the author on account of a purulent discharge from the right ear, when the following condition was found, after removing the pus. The membrane was intact and moved freely with Siegle's speculum. On the posterior wall of the meatus about 1 cm. from the orifice was a small fistula discharging pus, which looked like a furuncle. When the patient inflated his ear by Valsalva's method pus flowed abundantly from this aperture, and when all the liquid had been expelled air came through freely and easily.

About a month before the patient had an attack of influenza, followed by slight pains behind the right ear and diminution of the hearing power. This lasted four days, when the mastoid pain became more intense, and there was some fever. On the eighth day a purulent discharge appeared from the meatus.

Under local anæsthesia the fistula was slit, and the aperture in the bone enlarged slightly. The wound soon healed and the hearing became normal. *Chichele Nourse.*

Leidler, R. (Vienna).—*Carcinoma of the Middle Ear in the Light of the Modern Investigation of Cancer.* "Arch. f. Ohrenheilk.," Bd. 77, Heft 3 and 4, November, 1908, p. 177.

A discussion based upon the course of three cases, details of which are as follows:

CASE 1.—Woman, aged forty-six, who had suffered since childhood from discharge from the right ear. Six months before her first visit to the clinic she was seized with a violent pain in the right ear; at the same time irritation of the region innervated by the lower twigs of the facial nerve was experienced, and two days later facial paralysis was observed.

On examination, a grape-like polypus, greyish-red, ulcerated, vascular and somewhat hard was seen in the meatus. Behind and below the lobule there were a few rounded, hard tumours about the size of peas, and between the mastoid process and the posterior meatal wall a hard resisting tumefaction was perceptible. Submaxillary glands enlarged.