

According to the changes in the larynx (infiltration or ulceration), the course of the disease (rapid or slow) and the general health of the patient certain remedies are rubbed, syringed, or blown into the affected part. These remedies are mainly antiseptic and analgesic, and their strength and method of application vary according to the sensitiveness and irritability of the individual larynx. Even when there is no ulceration and the infiltration is limited in extent one can, provided that the lung condition is not an active one, scrape the parts affected, or one may even excise, with forceps, the infiltrated area, and subsequently apply lactic acid. In ulceration it is best to apply lactic acid, phenolglycerin, parachlorphenol, or phenolsalyl. The more superficial the ulceration the more easy it is to apply the remedies.

At the present time French laryngologists prefer phenolglycerin, and the proportion of phenol may even be as much as 1 in 10. In the case of either lactic acid or phenolglycerin, the important thing is that the remedy should be "rubbed in," and this cannot be tolerated by every patient.

A less mild form of application is a 3-5 per cent. solution of phenolglycerin. The odour and taste of parachlorphenol are very apt to upset the appetite, and when it is used it is well to combine it with menthol in a 10-15 per cent. solution of glycerine.

The best remedy for the pain on swallowing is a preparation consisting of cocain mur., morph. mur.,  $\text{aa}$  0.25; glycerine 4.0, aq. dist. 160.0. Diiodoform and orthoform may be applied in powder form. Freedom from pain may be enjoyed for from 12 to 24 hours.

An intermediate method of treatment is the galvano-cautery and electrolysis. Very few patients can bear the electrolysis, and the galvano-cautery may do very much harm.

Tracheotomy, as recommended by M. Schmidt, is only followed by a favourable result when done in the beginning of the disease, and the sequelæ of the operation are at times serious. Tracheotomy, combined with scraping of the larynx, seems to be a more hopeful form of treatment, especially when the lung condition is not extensive. Nikitin gives one case of a female, aged nineteen, on whom he had performed this operation with very satisfactory result.

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### EAR.

**Pugnat.**—*Note on Reflex Pareses and Affections of Speech and Writing of Auricular Origin.* "Rev. Hebdom.," December 3, 1904.

A report of this interesting and rare affection which was first described by Urbantschitsch. After an acute middle-ear catarrh following influenza, the patient, a young woman of twenty-seven years of age, found that movements of the hand and forearm were performed with difficulty and attended with pain. At the same time her writing, which previously had been fine and regular, became larger and more irregular. In addition to these symptoms her voice suffered, particularly in regard to singing, and she experienced a sense of fatigue after a very short use of it.

The condition lasted for more than six months and was finally cured by the use of the Eustachian catheter followed by the passage of the bougie for a little time.

The writer refers to the pathogenesis of the affection and the importance of recognising it in order that cure may be brought about as rapidly as possible.

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