ness of the subject, is arrived at by subtracting the sum of the major peri-thoracic circumference and the weight from the height. The following table gives the results of its application in the case of ordinary individuals:

Numerical index below 10 = very vigorous constitution.
„ „ from 11 to 15 = vigorous „
„ „ „ 16 „ 20 = good „
„ „ „ 21 „ 25 = pretty good „
„ „ „ 26 „ 30 = feeble „
„ „ „ 31 „ 35 = very feeble „
„ „ above 35 = weakly „

Dr. P. Nodestini has applied this test to those suffering from adenoids, and the results are shown in the table appended:

In 7·7 per cent. of cases the index varied between 16 and 20, constitution good.
„ 46 „ „ „ „ 21 „ 25, „ pretty good.
„ 30·76 „ „ „ „ 26 „ 30, „ feeble.
„ 15·39 „ „ „ „ 31 „ 35, „ very feeble.

The writer noted from these observations that the index varied directly in proportion with the adenoids and the results accruing therefrom; thus where there was a high index the vegetations were plentiful, with pronounced aural, respiratory, and circulatory troubles, whilst the reverse obtained with a low index. Another observation by Dr. Modestini was that, contrary to that which obtains in a well-developed body, the measurement between the finger-tips with the arms outstretched horizontally exceeded that of the height in adenoid subjects. This he ascribes to the fact that owing to fluttering the transverse diameter of the throat is increased in such individuals. *H. Clayton Fox.*

LARYNX.

Horn, O., and **Moller, J.** (Copenhagen).—*A Case of Hæmangeioma of the Left Vocal Cord.* "Arch. für Laryngol.," vol. xx, Part I.

Hæmangeiomata, although much less rare than lymphangeiomata, form hardly 1 per cent. of the benign new growths met with in the larynx. The author of this paper adds another case to the thirty-five which have been already recorded.

The patient was a man, aged forty-four, the subject of pulmonary tuberculosis, who had been hoarse for a long time. When first seen the left vocal cord was intensely red and presented on its margin two somewhat œdematous swellings, the surfaces of which were ulcerated. Under treatment that swelling which involved the posterior part of the cord became flattened and less prominent, while the other swelling which was attached to the anterior part of the cord became pedunculated and movable and assumed a bluish-red colour. The lung disease proved fatal after the patient had been under observation for seven months.

Examination of the larynx after death showed a smooth reddish polyp, hardly as large as a pea, attached to the anterior third of the left cord by a flattened pedicle. Beneath the free margin of the posterior part of the left cord were several deep ulcers, which, as microscopical examination showed, were typically tuberculous. The tumour consisted of large blood-filled spaces whose walls were separated from one another by thin connective-tissue septa.

The true nature of the tumour in this case was at first marked by the associated tuberculous disease, and only became evident about one month before death, when the local tuberculous condition had greatly improved under treatment. *Thomas Guthrie.*

Van den **Wildenberg** (Antwerp).—*Two Cases of Papillomata of the Larynx in Little Children treated by Killian's Direct Method.* "La Presse Oto-laryngologique Belge," August, 1907.

Communicated to the Belgian Society of Oto-rhino-laryngology.

In a child, aged seventeen months, the cause of aphonia and slight but progressive difficulty of breathing was seen without difficulty, by Killian's tube-spatula, used under general anæsthesia, to be due to two papillomatous growths in the larynx. They were successfully removed.

The second child, aged eighteen months, had been aphonic for a year, and had had several dangerous suffocative attacks. There was considerable dyspnœa and some bronchitis. The same procedure was followed, but during the manipulations tracheotomy became necessary. The larynx was full of papillomata; these were ablated at subsequent sittings, and the tube removed. The patient ultimately did well.

The difficulties encountered in such young children are due to the small size of the larynx and the shortness and softness of the epiglottis. Cocaine and adrenalin are not very safe for infants, and the author prefers to operate without their aid, under light general anæsthesia.

Chichele Nourse.

EAR.

Hunt, **J. R.** (New York).—*Herpetic Inflammations of the Geniculate Ganglion.* "Arch. of Otol.," August, 1907.

Herpes zoster in the region of the trifacial and of the superficial cervical plexus is well known, and the writer associates herpes affecting the ear with the seventh nerve, which he compares to a spinal nerve having the geniculate swelling as the posterior root-ganglion, the nerve of Wrisbey as the afferent root, the facial as the motor, while the peripheral divisions are the petrosal nerves to the carotid (sympathetic), the otic, and Meckel's ganglion. The greater and lesser superficial petrosals both participate in the tympanic plexus.

The clinical types are: (1) Herpes auricularis, situated in the concha, meatus, and tympanic membrane; (2) herpes auricularis, facialis, or occipito-collaris with facial palsy in which the inflammation has extended to the facial nerve, including often the chorda tympani; (3) herpes auricularis, facialis, or occipito-collaris with facial palsy and hypo-acousis, there being extension to the auditory nerve; (4) herpes auricularis, facialis, or occipito-collaris with facial palsy, deafness, and symptoms of Ménière's disease. The writer recalls that the acoustic ganglion is an outgrowth of the so-called neural ridge from which the Gasserian, geniculate and posterior spinal ganglia take their origin, the cells of the geniculate assuming the spinal unipolar type and those of the acoustic (Corti and Scarpa) retaining their primitive bipolar character. The rarity of the affection is shown by statistics giving 5 cases out of Gruber's 20,000 cases of ear disease, 2 out of 47,600 in the Manhattan, 1 out of 15,000 in the Brooklyn, 33 out of 65,000 in the Massachusetts Eye and Ear Hospital. Leeching the mastoid region is recommended as soon as the diagnosis is made. For further details the author refers to the *Journal of Nervous and Mental Diseases*, February, 1907, the *Transactions of the American Neurological Association*, 1906, p. 184, and the "Transactions of the Meeting of the New York Neurological Society," March, 1907, in the *Journal of Nervous and Mental Diseases.* *Dundas Grant.*