the tissues are manipulated delicately the blood-supply of the little strip will be injured and necrosis will take place. *StClair Thomson.*

LARYNX.

Ausset.—*Laryngeal Ulcerations following Intubation.* "L'Echo Méd. du Nord," November 11 and December 9, 1900.

At a meeting of the Société Centrale de Méd. du Départ. du Nord, M. Ausset showed the larynx of a child that had died of diphtheria on the ninth day of the disease. The child was rachitic and had enlarged tonsils. A long tube was first introduced, and left in position two days; a short tube was then introduced, and had to be worn during the seven days that the child lived. On post-mortem examination ulceration was found at a point to which the long tube reached.

M. Ausset considered the ulcer due to pressure by the point of the long tube, and concluded that in certain cases of diphtheria in very weakly children — children with adenoids, etc.—tracheotomy was to be preferred to intubation. *Arthur J. Hutchison.*

Bernheim.—*Primary Tuberculosis of the Larynx.* "Revue Méd. de la Suisse Romande," October 20, 1900.

This paper is founded on twenty-nine cases which have come under the author's observation in which the bacillary invasion of the larynx preceded that of any other organ. In some cases, indeed, no other organ was affected. The author deals at some length (1) with the question of the existence of primary tuberculosis of the larynx; (2) with its pathogenesis; (3) with its clinical and pathological varieties, giving several illustrative cases; (4) with primary lupus of the larynx; (5) with treatment. The paper is too long to be given in abstract here, but the author's conclusions may be stated briefly:

1. The larynx is frequently—more frequently than is generally believed—the seat of a primary tuberculosis. This fact is demonstrated by the twenty-nine cases, in which no other organ was affected. Similar observations have been reported in large numbers by Gouguenheim, Moure, Hélary, Dardano, Heinze, and others.

2. Primary tuberculous laryngitis is distinguished by special characteristics from laryngitis of any other kind. At the outset of the affection one sees little miliary vesicles in the larynx, which are pathognomonic. Later these unite and form superficial ulcers, which invade nearly the whole organ, thus differing from syphilis. The slow progress and the general nutritive disturbances distinguish primary tuberculous laryngitis from simple inflammatory laryngitis.

3. This miliary tuberculous laryngitis may undergo changes and become pachydermatous, papillomatous, or pseudo-polypoid. The tuberculous nature of all these may be easily established by examination of a piece of the tissue, or by inoculation of guinea-pigs. A rapid and harmless means of diagnosis consists in injection of Koch's tuberculin, which gives a pathognomonic local reaction.

4. Primary lupus of the larynx is only a very slowly progressing variety of tuberculous laryngitis.

5. Early diagnosis is of the greatest importance, because in the early stages it is possible to prevent general infection.

6. The true and only effective treatment is that which puts the organism in condition to resist the invasion of the pathogenic microbe.

The great point is not so much to endeavour to destroy the bacillus locally as to enable the patient to live with his enemy without suffering from its attacks. This is readily attained by Brehmer's "triple cure": by air, rest, and over-feeding. *Arthur J. Hutchison.*

Brindel.—*Infantile Laryngitis.* "Revue Hebdomadaire de Laryngologie," October 13, 1900.

The author says that there is a form of tuberculosis affecting the larynx of infants and assuming an ulcero-œdematous type. It is always fatal, and death comes on rapidly, this rapidity being determined by age, condition of the lungs, and respiratory embarrassment depending upon the amount of laryngeal stenosis. He believes that tuberculosis may attack the upper air-passages primarily, and that it causes intense dysphagia and early vocal troubles. Such symptoms in children should lead us to suspect this form of laryngeal invasion.

Macleod Yearsley.

Dickerman, E. T.—*Papillomata of the Larynx in Children.* "Journal of the American Medical Association," vol. xxxv., No. 17.

The author considers that papilloma is the neoplasm most frequently found in the larynx of the child. He considers that papillomata frequently undergo spontaneous cure. If dyspnœa is not urgent, removal of the growth should be undertaken by the intra-laryngeal method. Should the dyspnœa be severe tracheotomy should be performed, and subsequently removal of the growth by the intra-laryngeal route. Thyrotomy should only be employed as a last resort. In any case, the patient should wear a tube for six months after the disappearance of all growths. *W. Milligan.*

Sebileau, Pierre.—*Sur un Os Copulaire Hyo-thyroïdien.* "Annales des Maladies de l'Oreille," etc., April, 1901.

This is the description of a very rare anomaly. It occurred in a young man dissected in the author's laboratory. Attached to the tubercle of the hyoid bone was a bony apophysis about 2 centimetres long. The author enters into a discussion of its comparative anatomy.

Macleod Yearsley.

Variot and Marc' Hadour.—*Stridor in New-born Infants.* "La Presse Méd.," November 7, 1900.

At a meeting of the Société de Pédiatrie the authors reported a case of stridor in an infant. From the birth of the child respiration had been accompanied by a peculiar sound. This was exaggerated when the child was excited, during crying, etc., but diminished when the child was laid face downwards. The child breathed quite well, and took the breast easily; there was no enlargement of the thymus or of the tracheo-bronchial glands. The superior orifice of the larynx instead of being in the shape of a curvilinear triangle was reduced to a simple slit. M. Variot had found the same condition in another infant with stridor. M. Comby had observed a similar case; the stridor disappeared when the child reached the age of two years. M. Guinon had also seen a similar case, but in a second case presenting the same symptoms the cause seemed to be not a peculiar form of larynx, but pressure due to enlarged tracheo-bronchial glands.

Arthur J. Hutchison.