Dr. GRANT had brought before the Society the case of a young lady with sudden loss of voice—as if a hysterical attack of aphonia—which was accompanied by an effusion under the mucous membrane of the cord.

Abstracts.

NOSE, Etc.

Corwin, A. M.—*Etiology and Prognosis of Adenoids.* "Jour. Amer. Med. Assoc.," November 10, 1900.

The frequency of their occurrence varies, according to different authors, from 1·5 to 33 per cent.; but the average, probably, lies far under the greater figure and far exceeds the lesser. They are most frequently seen between three and fifteen years, but are occasionally met with at birth and as late as sixty to seventy years of age. In childhood lymphoid tissue is very abundant in the vault of the pharynx, and is prone to active inflammation and hypertrophy. Owing to the small size of the respiratory passages in children, functional interference occurs from this enlargement, which would be scarcely noticeable in adults. The increase in the dimensions of the post-nasal and pharyngeal spaces, which takes place rapidly during adolescence, may overcome a marked obstruction, should this remain stationary or slightly increase in size. This may in part account for the opinion that adenoids invariably disappear or rapidly decrease in size at puberty.

Among other causes for adenoid hypertrophy are the conditions of the general circulation favouring venous turgescence, such as intestinal torpor and other abdominal irregularities, or thoracic disease. Heredity is considered an important element, as well as tuberculous and syphilitic dyscrasiæ. Bacterial agents exert marked influence; hence the frequency with which adenoids date from an attack of diphtheria, whooping-cough, influenza, or the exanthemata. Tubercle bacilli have been found in from 3 to 12 per cent. of the adenoids examined by different observers.

The results are stunting of growth, chest deformity, the facial expression of the mouth-breather, and especially impairment of hearing (74 per cent., according to Meyer). Not all cases of adenoids need removal, but it should never be delayed if the ears are affected.

Oscar Dodd.

Cryer, M. H.—*Modes of Infection of the Maxillary Sinus.* "Jour. Amer. Med. Assoc.," November, 1900.

The general idea is that the maxillary sinus is more frequently infected through diseased teeth than from any other source; but the author concludes, after the investigation of a great many specimens, that it is not so. After considering the embryological development of the parts, he concludes that it is through the common communication between the frontal sinuses, the ethmoidal cells, and the maxillary sinus that infection is generally conveyed to the antrum from the cells

and sinuses above it. The author also believes that there are more cases in which teeth are lost by diseases of the antrum than cases where primary disease of teeth causes infection of the antrum.

Oscar Dodd.

De Blois.—*Fractures of the Nose.* "New York Medical Journal," October 27, 1900.

Dr. de Blois points out that in the majority of cases of so-called "broken nose" no fracture in reality exists. What does occur might more properly be described as a dislocation, the nasal bones being separated at their internal borders from the superior maxillary. While this is the most common form of "broken nose," there may in addition be a true fracture either of the nasal process of the superior maxillary or the zygomatic arch of the malar. In all cases there is more or less displacement of the septum. Dislocations and deformities of the septum may be produced in infants by the nose being pushed into the pillow during sleep, or the breast while being nursed. As regards the treatment of "broken nose," the author states that in most cases apparatus can be dispensed with if, after reduction has been performed, the patient remains quiet and the septum becomes moderately straight. In those cases where after reduction the nasal bones show a tendency to slip inward, he recommends a hard rubber internal splint. In all cases plaster of Paris makes an excellent splint for external application, on account of the perfect manner in which it can be fitted to correct the displacement. *T. H. D. Townsend.*

Kronenberg.—*Some Symptoms of the Upper Air-passages in Severe Scarlatina.* "Wien. klin. Rundsch.," No. 24, 1900.

The author describes cases of purulent rhinitis and suppuration of the accessory cavities of the nose and gangrene of the pharynx consequent upon scarlatina. *R. Sachs.*

LARYNX.

Bruggisser.—*Paralysis of the Posticus, caused by a Foreign Body in the Larynx.* "Corresp. Bl. f. Schweiz. Aertze," No. 15, 1900.

A man aged twenty-four got a dental plate of indiarubber with two false teeth into the larynx. It was removed eight days later by endolaryngeal extraction. The patient, however, developed a complete paralysis of both crico-arytænoidei postici muscles, probably caused through the pressure, and tracheotomy had to be performed. The author saw the patient again four years afterwards, when the paralysed condition of the muscles remained the same. *R. Sachs.*

Thrasher.—*Fibroma of the Larynx.* "New York Medical Journal," October 6, 1900.

This case is interesting as showing how, in what is known as a "non-malignant" growth of the larynx, occasion may arise with comparative suddenness for the employment of rapid measures to avert a fatal termination.

The case reported by the author is that of a woman, aged fifty-six, who came to him with an accompanying diagnosis of cancer of the