

Laryngoscopic examination showed the cords to be fixed in the cadaveric position; the glottis was always open and resembled the form of an elongated triangle with slightly curved sides. During breathing slight movements of abduction and adduction were noticed, due to the passage of inspired and expired air. On attempting to phonate, the inter-cartilaginous glottis closed slightly, but the inter-ligamentous portion remained unaltered. There was no laryngeal vibration.

On subjecting the man to a radioscopic examination, an elongated shadow was visible on the screen transversely above the heart, passing to the right border of the sternum. An oblique examination proved the shadow to occupy the anterior mediastinum; the posterior was clear. Dr. Destot, who conducted this examination, diagnosed a cylindrical dilatation of the aorta occupying the ascending and transverse portions of the arch.

In January, 1904, the patient expired suddenly after a copious hæmoptysis, having previously experienced several slight attacks. In this case a diagnosis of bilateral recurrent paralysis was obvious; the difficulty lay in discovering the cause; here radioscopy came to the rescue and decided the question. The author strongly emphasises the value of this method of examination as an aid to diagnosis in these cases, and insists that it should never be neglected.

Clayton Fox.

### EAR.

Claoue, R. (Bordeaux).—*Two Cases of Voluminous Cholesteatoma.* "Archives Inter. de Laryngologie, etc." November—December, 1904.

The first case, a boy, aged fourteen years, had aural polypi, accompanied by deafness and discharge.

Three years previously he noticed a discharge from the right ear, but with no pain or other symptoms.

His general health was good, the mastoid region was normal save for slight pain on pressure. After removal of the polypi the posterior wall of the canal was seen to be necrosed and a quantity of pus was found in the middle ear.

There was no facial paralysis, only a slight nystagmus, the pupils were equal and the retina normal. On making the usual retro-auricular opening the periosteum was found intact; the bone, however, was very thin, and on making an opening a cholesteatoma as large as a hen's egg was found invading the mastoid, the antrum and the attic. After clearing out the cavity it had the following measurements: height one inch; width, one inch and a quarter; length, two and a quarter inches; the dura mater was exposed for about half an inch. A fistulous opening in the semi-circular canal as well as one extending towards the jugular vein were curretted. The cavity was allowed to gradually fill in, two sutures finally closing the small fistulous opening left.

The other case presented no special features of interest.

Anthony McCall.

King, Gordon (New Orleans).—*Some Manifestations of Influenza in the Ear and Upper Air Passages.* "New Orleans Medical and Surgical Journal," January, 1905.

The author discusses nasal and aural complications in influenza and illustrates the former by a case of polysinusitis.

Macleod Yearsley.