- 4. Eyes.—Dacryo-cystitis, three times; exophthalmia, twice; partial atrophic optic neuritis, twice.
- 5. Nervous system.—Hemicrania or frontal headache, fifty-one times; trifacial neuralgia, three times.
- 6. Cutaneous system.—Erysipelas, five times; eczema, five times; acne, five times; seborrhœa, once; erythema, twice.
- 7. Broncho-pulmonary system.—Pseudo-phymia, seven times; asthma, five times.
 - 8. Digestive tract.—Gastric dilatation, four times; enteritis, three times.
 - 9. Heart.—Pulse slackened, once; phlebitis, twice.

A. Cartaz.

Magnus, Madame.—Clinical Study of Adenoid Growths; Surgical Treatment; Post-Operatory Results. Thèse de Paris, 1895.

Good clinical review of the symptoms of adenoid growths. The author advocates surgical treatment, with anæsthesia by means of ethyl-bromide, and indicates the excellent results by the increase of body weight of the children operated upon, and the enlargement of thoracic diameters after the curettage of the pharynx. These mensurations are the original part of this thesis.

A. Cartaz.

Beausoleil.—Secondary Hamorrhage after Ablation of Adenoid Vegetations. "Journ. de Méd. de Bordeaux," June 9, 1895.

THE homorrhage appeared five days after ablation of adenoid tumours in a boy, aged fifteen years, and was considerable and repeated during two days—three or four times a day. The tumours were dense and hard, and very vascularized. Cure.

A. Cartaz.

LARYNX.

Hubbard, D. L.—Chronic Catarrhal Laryngitis. "New York Med. Journ.," Aug. 3, 1895.

THE paper is chiefly devoted to the etiology of the disease, the author tracing most cases to infantile nasal obstruction.

R. Lake.

Merklen.—A Case of Laryngeal Ictus. "Bull. Soc. Méd. des Hôp.," Oct. 18, 1895.

The relation of a case of ictus in a man, thirty-three years of age, without specific lesions; no alcoholism, syphilis, hysteria, epilepsy or tabes. He has had for some years pulmonary emphysema and catarrhal bronchitis. During the last three weeks he has, twice or three times a day, loss of consciousness, with falling, provoked by fits of coughing. A true laryngeal ictus. No irritation of the throat existed. The symptoms were cut short rapidly, in two days, by antipyrin, in doses of three grammes a day. The author believes that laryngeal ictus is not caused only by disorders of the antral circulation (Garel), but it is also and simultaneously an hyper-excitability of the mucous membrane of the throat and larynx, excitation of the bulbar centres, and consequently spasms of the larynx or true syncope, as is admitted by Armstrong, Cartaz, and others.

A. Cartaz.

Chappell, W. F.—Some Interesting Laryngeal Neoplasms. "Manchester Eye and Ear Hospital Reports, 1895."

A CASE of congenital papilloma of the larynx. Some of the growths disappeared after tracheotomy; the rest were removed by forceps. (2) Sarcoma of epiglottis

in a female, aged thirty-two years. The patient gave a history of eighteen months, her chief symptoms being difficulty in swallowing, and stertor at night. The growth was removed under cocaine anæsthesia after a preliminary tracheotomy with the galvano-cautery loop. It measured four and a half inches in its larger and three and five-eighths inches in its lesser circumference. Microscopically, it proved to be a epithelioma. (3) Extensive syphiloma of the left ventricular band. (4) Epithelioma of the left ventricular band, with glandular enlargement. Palliative tracheotomy. (5) Fibroma of left cord. Removal. In conclusion, the author advocates the endo-laryngeal method for children. Belladonna is administered for a few days until dryness of the throat is obtained, and shortly before the operation opium is given, and a two per cent. solution of cocaine suffices to complete anæsthesia.

R. Lake.

Moure. — Laryngo-Tracheal Perichondritis, with Abscess. "Journ. de Méd. de Bordeaux," May 26, 1895.

The author relates the case of a woman suddenly seized in the course of influenza with violent pains in the throat, tumefaction of the neck, fever, all the signs of suppuration in the larynx, without respiratory troubles, but with considerable hoarseness. The author found in the subglottic region a little tumour, similar to a furuncle, and the next day, after expectoration, with pus, the general symptoms decreased, and, a few days later, complete cure resulted.

A. Cartaz.

Berard.—Peri-Laryngo-Œsophageal Actinomycosis. "Lyon Méd.," April 21, 1895. Description of a case of actinomycosis in a man, aged fifty-seven, treated for laryngeal inflammation. The diagnosis has been lately established by bacteriological examination of the pus. The anterior part of the neck was invaded by a large ædematous tumefaction of the tissues. The treatment by iodide of potassium (five grammes a day) was unsuccessful, and the patient died from bronchitic complications, with ædema of the inferior members. At the autopsy were found ædema of the lungs, dry pericarditis and chronic nephritis. The larynx, pharynx and superior part of the æsophagus were compressed in a mass of lardaceous and putri-sanguineous tissue, without actinomyces. It was a chronic and phlegmonous inflammation of the neck, secondary to actinomycosis, and consequently to general infection.

A. Cartaz.

Glasgow, R.—Foreign Bodies in the Larynx and Trachea, with Report of a Case relieved by Tracheotomy. "Virginian Med. Monthly," April, 1895.

PATIENT inhaled a pin, and tracheotomy was attempted two days after the accident, but the innominate artery was exposed where it crossed the root of the neck, and, as there was also venous hæmorrhage, the high operation was done, and the pin, two and three-quarter inches long, removed; this was situate three and a quarter inches below the cricoid. Complete recovery. R. Lake.

Porter, W.—Compensatory Arytenoid Movements. "New York Med. Journ.," Aug. 17, 1895.

REPORT of two cases.

R. Lake.

PHARYNX, &c.

La Rue Vausant, E.—Fragaria Virginiana Angina, or Strawberry Sore Throat. "Phil. Policlin.," July 20, 1895.

This is said to be a tonsillitis occurring in persons of a rheumatic or gouty diathesis who over-indulge in strawberries.

R. Lake.