

**LARYNGEAL PARALYSIS.** Hill Hastings (Journal A. M. A., June 3).

This is a report of a patient suffering from shortness of breath, pain in the chest, feverishness at night, loss of weight and hoarseness, but without cough or the physical signs of tuberculosis. Laryngeal examination revealed complete paralysis of the left vocal cord. This, with other physical signs, such as apex beat displacement, dulness and pulsation in the second intercostal space, and probable slight tracheal tugging, suggested the diagnosis of aortic aneurism pressing on the left laryngeal nerve, and this was confirmed by the X-ray, which revealed a pulsating shadow above the heart, extending one and one-half inches on each side of the sternum. The case is reported on account of its laryngologic interest as illustrating the value of an examination of the larynx in throwing light on the diagnosis. In this case the history rather pointed to tuberculosis of the lung with secondary laryngeal involvement.

**JUVENILE APHASIA.** C. H. Henninger (Journal A. M. A., June 3).

The causes of lack of articulate speech in 100 inmates of the Western Pennsylvania Institution for Feeble-Minded have been examined by the author. Thirty-five of these patients were epileptics, 14 of them also paralytics; 20 were cases of cerebral paralysis and 44 patients were idiots; 29 of the genetous type and 11 microcephalous, 2 hydrocephalic, 2 Mongolian and 1 cretin. Epileptic dementia from severe and frequent convulsions was credited as the cause of the aphasia in 6 of the epileptics, but in most of these cases he considers both the aphasia and the epilepsy alike due to some developmental defect and advises a careful search for mechanical impediments to speech. If the patients do not then respond to treatment an unfavorable prognosis should be given. In cases of cerebral paralysis attempt should be made to educate the uninjured hemisphere whenever there appears to be any possible chance of improvement. The head circumference in all the cases classed as microcephalic was less than seventeen inches, and aphasia was simply due to apraxia.

**TETANUS.** J. M. Anders and A. C. Morgan, Philadelphia (Journal A. M. A., July 29).

The authors give a preliminary report of their statistical study of 1,201 cases of tetanus, collected from the literature and by direct correspondence, with special reference to the incidence of the disease in the United States. They find convincing proof that tetanus is invariably the result of the introduction of the germ, and that the so-called rheumatic or idiopathic tetanus does not exist. They also find that it is endemic in all large centers of population, that in some localities where it was formerly common, notably in Long Island, it has become rare, and that occasional small epidemics, traceable to a definite source, occur in limited localities, as for instance, in hospitals, etc. It appears also that tetanus is more prevalent in the hotter part of the year, that males are more subject to it than females, and that it is less frequent in advanced age. The robust are more susceptible than the weak, and the nervous than the lymphatic. There is much evidence that the disease is transmissible and may give rise to epidemics. The germ, Nicolaier's bacillus, is rarely introduced by the alimentary tract, but usually through open wounds, all parts of the body being very susceptible. A number of interesting clinical features observed in the cases collected are related, and it was noticed that the characteristic symptoms, especially trismus, were generally present. The diagnostic importance of the tonic contractions as opposed to the intermittent ones in certain other conditions that stimulate tetanus, such as strychnine poisoning, is emphasized. The authors found that their studies supported the earlier ones as regards the mortality, which decreases gradually after the tenth day and rapidly after the fifteenth. The study showed clearly the value of immediate radical local treatment, and that the most important