

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

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Saddle-back Nose.—DR. JOSEPH A. M. SMURL, of Philadelphia, reports (*American Medicine*, January 31, 1903) and illustrates a case of success in subcutaneous injections of solidifying oils to correct a saddle-back nose. He explains his method in detail as the result of more than four years' experimentation with injections of paraffin.

Primary Nasal Diphtheria.—DR. HELOT, of Rouen, reports (*Annales des Maladies de l'Oreille, du Larynx, du Nez et du Pharynx*, January, 1903) two out of a number of cases of observations of primary nasal diphtheria. He states that the infrequency of this malady is only apparent among cases passing unrecognized in the absence of constitutional symptoms.

Dr. Helot has observed several cases of primary nasal diphtheria without propagation to either larynx or pharynx, the affection in some instances remaining localized in a single nasal passage. Of the two cases reported, one was an example of toxic diphtheritic fibrinous rhinitis, and the other of diphtheritic fibrinous rhinitis without general symptoms. The exact clinical diagnosis, it is stated, cannot be made without bacteriological culture.

Parotiditis.—DR. DOUGLAS SYMMERS, of Philadelphia, contributes an illustrated paper (*American Medicine*, January 31, 1903) on the "Chronic Bilateral Parotiditis among the Insane, with a Detailed Account of Five Cases." Each of these cases, it is shown, has several points in common with the others. All were above thirty years of age, and exhibited more or less stigmata of degeneration. Three were almost unquestionably syphilitic, and, with the exception of one case, nephritis had been proved to exist or was strongly suspected. Dr. Symmers refers to Dr. Kyle's opinion that substances in the saliva may be causative of certain enlargements of the thyroid glands, and deems it quite probable that certain cases of syphilis, nephritis, and other morbid conditions are attended by the elaboration of irritant substances in the saliva which bear the selective affinity for the structures of the parotid glands.

Removal of an Accessory Thyroid Tumor at the Base of the Tongue.—DR. RANDOLPH WINSLOW, Professor of Surgery in the University of Maryland (*American Medicine*, December 13, 1902), removed a thyroid tumor from the base of the tongue of a girl, aged seventeen years, through an external incision made in the median line from the chin to the hyoid bone, cutting through the mylohyoid muscle and separating the geniohyoid and geniohyoglossi muscles until the base of the tumor was reached, whence it