Removal of the filling and systematic destruction of the gangrenous pulp and proper refilling of the tooth ended the case in a few days. During this treatment an induced current of electricity was passed from the nape of the neck to the floor of the tongue, principally by way of diverting the patient, and is therefore not accredited as essential in the cure.

Lipoma of the Pharynx.—A case of this infrequent pharyngeal neoplasm in a man, aged fifty-five years, was mentioned by MR. ROBERT H. WOODS, of Dublin (*Journal of Laryngology, Rhinology, and Otology*, October, 1901), in a discussion on tumors of the pharynx, before the British Laryngological, Rhinological, and Otological Association; and Mr. Lennox Browne referred to a case of Barnard Holt's whose patient died of suffocation while he was smoking.

The discussion, which is well worth consulting, was opened by Mr. Woods, who, after mentioning some typical instances of various morbid growths of the pharynx, detailed his methods of operative procedures, including some ingenious devices for securing loops in position for operation by incandescent section.

Fracture of a Gottstein Curette during an Operation for Adenoids.—DR. CHRISTIAN B. HOLMES and DR. H. STOWE GARLICK, of Cincinnati, report (*The Laryngoscope*, May, 1901) a case in the practice of each in which the cutting portion of a Gottstein curette broke as pressure was made in the initial step of the operative procedure. In Dr. Holmes' case, operated upon under general anæsthesia, the fragment was extracted by pressing his finger upon one end of the broken blade, so that it became embedded in his flesh, enabling him to withdraw it into the mouth, whence it was removed with forceps. In Dr. Garlick's case, operated upon without anæsthesia, the fragment was swallowed and passed three days later.

These instances, though rare, would indicate that the strength of the instrument, which might be diminished by repeated sharpenings, or even be originally defective, should be well tested before each operation.

Rhinoscleroma.—DR. CHARLES W. ALLEN, of New York, presented (*Journal of the American Medical Association*, December 14, 1901) at the fifty-second annual meeting of the American Medical Association a very interesting and admirably illustrated article on this subject.

Loss of the Cartilaginous Septum of the Nose during Convalescence from Influenza.—DR. L. DE MILLY, of New Orleans, reports (*Revue Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie*, October 12, 1901) a case of an infant, aged five years, brought to him by its parents in consequence of a deformity of the nose. Examination showed that the cartilaginous septum had become effaced without any destruction of the mucous membrane, which was intact upon both sides.

Morbid Growths of the Nose.—DR. GEORGE DESVAUX, of Angers, reports (*Revue Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie*, October 5, 1901) a case of supposed malignant tumor of the nose which was removed by several

operations with the incandescent electric snare, and which proved to be an hypertrophy of the mucous membrane of the lower turbinated body, containing numbers of capillary vessels surrounded with sarcomatous cellules.

Morbid Growths of the Upper Air-passages; Diffuse Papilloma in the Larynx and Trachea of a Child, Aged Four and One-half Years, and Requiring, Successively, Tracheotomy, Two Thyrotomies, and Fissure of the Entire Length of the Trachea.—DR. LEON BÉCO, of Liège, reports (*Revue Hebdomadaire de Laryngologie, d'Otologie et de Rhinologie*, October 19, 1901) a case in an infant from whom he had removed enlarged tonsils and voluminous adenoid tumors from the vault of the pharynx. It was subsequently found that in addition to these troubles there were papillomas of the larynx in the arytenoid region. These increased in size and rendered a tracheotomy necessary. Six months later thyrotomy was performed and vegetations were found filling the larynx. They were removed with cutting forceps, bistoury, scissors, and the electric canter. Recurrence ensued. Five months later tracheotomy, followed by thyrotomy at the same sitting, was performed, revealing two enormous papillomas in the trachea as the cause of some precedent suffocative paroxysms. The laryngeal cavity contained considerable papillomas, although less extensively than at the first operation. Five days later the trachea was incised down to the sternal notch and growths removed from several portions of its extent, since which time the patient had remained free from trouble for eleven months.

Vocal Nodules.—DR. CHARLES H. KNIGHT, of New York, contributed a paper on this subject at the last meeting of the American Laryngological Association (*The Laryngoscope*, November, 1901) in which, among other things, he describes a case which developed under his personal observation. The case improved under systematic vocal exercises and daily instillations of adrenalin chloride, 1:5000.

Tuberculous Laryngitis.—At the recent British Congress on Tuberculosis, DR. ST. CLAIR THOMSON, of London, read a paper (*Journal of Laryngology, Rhinology, and Otology*, October, 1901) on the "Principles of Treatment of Tuberculous Laryngitis," in which he states that the statistics of the Pathological Department of the Brompton Consumption Hospital show that the larynx is affected in more than 50 per cent. of the cases which succumb to pulmonary tuberculosis. (A remarkable showing to the writer of this notice in the light of his own forty years' experience.)

Dr. Thomson deprecates attempts at topical interference, and the principal conclusions arrived at are that pathology and clinical experience show that the focus of infection is near or in the crico-arytenoid joint in the majority of cases; that many topical measures only distress the patient and hasten the progress of the disease; that any persistent suspicious laryngeal catarrh should be treated seriously on even a presumptive diagnosis; and that symptomatic treatment should be directed to an irritative, catarrhal, or obstructive condition of the air-passages. Silence should be enjoined, the abuse of the voice being proportionate to the degree in which the focus of infiltration approaches or interferes with the arytenoid joint.