raphy revealed the coin in the thorax and in front of the third and fourth dorsal vertebræ, the œsophagotomy was practised the following morning, but it was impossible to find the foreign body, and the wound had to be closed. The child was immediately re-radiographed, and the coin was discovered to have descended into the abdomen.

There are a number of other interesting points in this paper, chiefly of surgical interest.

Falsetto Voice.—A paper on "The Falsetto Voice; Origin and Respiratory Treatment; Dental Irregularities," is contributed by DR. MARCEL NATIER, of Paris, to the February number of *The Laryngoscope*. This has reference to the falsetto or sometimes called eunuchoid voice of male adolescents and adults. Dr. Natier recognizes that the condition is referable to a profound disturbance of the respiratory function, and illustrates his contention by a series of tracings of the respiration during those ordinary phases and during the emission of vocal sounds. He agrees with the majority of observers that respiratory gymnastics constitute the most efficacious and most rapid plan of treatment.

[The collor has for many years found that the habit of speaking in this peculiar voice can be broken by teaching the individual to speak with distended abdomen. This distention of the abdomen forces the diaphragm downward, lengthens the column of air in the trachea and larynx, and thus lowers the pitch of the voice. It is difficult to speak in a falsetto voice when the abdomen is thus distended.]

Sarcoma of the Maxillary Sinus.—PROF. JOSEPH S. GIBB, of Philadelphia, reports (*Journal of the American Medical Association*, February 21, 1903) a case of sarcoma of the maxillary sinus in which excision of the jaw was practised and on which he takes occasion to make a few general remarks. In this instance the rapidity of the growth was unusual. In six weeks from the time of the first manifestation of the disease the entire antrum, with a large portion of the left nasal chamber, was filled with the new-growth. Degeneration and liquefaction of the growth had taken place, and the osseous tissues were involved from pressure and absorption. After a first operation, which was the incomplete excision of the upper jaw, recurrence was noticed in seventeen days, and in four weeks' time the entire cavity became filled and the growth projected into the mouth. In a second operation the external carotid artery was then ligated and the upper jaw completely excised. The patient reacted well, and had shown no evidence of recurrence at the time of the report.

Lupus of the Epiglottis.—DR. TALBOT R. CHAMBERS, of Jersey City, N. J., reports (*The Laryngoscope*, February, 1903) a case of excision of the epiglottis for lupus in a Swedish girl, aged twenty-one years. Under chloroform vaporized by oxygen gas the excision was performed with a so-called Brandigee adenoid forceps, and adrenalin was swabbed in the wound to control the bleeding. Under the free applications of cocaine and adrenalin twelve days later a small lump of tumor was excised with the same forceps from the right epiglottis-tonsillar membrane.

A résumé of a few recorded cases in the literature accompanies the report.