

Rhinology, and Otology, March, 1897) a case of unilateral paresis of the left vocal band in a medical student who had been seeing cases of diphtheria, but was in good general health. The left abductor was paralyzed and the adductor was paretic, the healthy cord crossing the middle line in phonation. Local faradization and the administration of strychnine and sodium salicylate so improved the condition in six days that there was only left a pure left abductor paralysis, which subsequently became paresis only, and finally became still less marked.

Dr. Williams attributes the lesion to rheumatic neuritis. He called attention to the fact that the adductor muscles had recovered before the abductors, and mentioned an instance of a child whose right vagus had been divided during an operation upon the neck, the cut ends being sutured immediately, and in whom the adductor recovered in a few months, leaving an abductor paralysis only.

These cases afforded clinical evidence that the adductors exhibit a decided tendency to recover sooner than the abductors—a reverse confirmation of the demonstration of Semon of the proneness of the abductors to succumb earlier than the adductors.

Peculiar Case of Foreign Body in the Trachea.—Under the heading, "Papilloma of Larynx, with a Peculiar Accident," DR. NORTON L. WILSON, of Elizabeth, N. J., reports (*The Laryngoscope*, 1897, No. 4) a case in which tracheotomy had to be performed in a child three years of age, for papilloma of the larynx, and in which an intubation-tube was introduced subsequently for purposes of pressure. The first time the nurse removed the inner tube from the tracheal canula the intubation-tube fell into the fenestrum of the canula, and the two instruments became fastened. They were extricated by means of an incision in the trachea above and below the canula.

[This is an exemplification of the objections that can be urged against the use of fenestrated canulas; on the other hand, the presence of the canula prevented the intubation-tube from slipping through the trachea and becoming impacted in the bronchus.]

Foreign Body in the Oesophagus.—DR. ARTHUR AMES BLISS reports (*International Medical Magazine*, 1897, No. 2) an iron staple removed with forceps from the oesophagus after having been located by means of the Röntgen rays.

Necrosis of the Sphenoid.—DR. A. A. FOUCHER, of Montreal (*Revue Internationale, Rhinologie, Otologie, and Laryngologie*, 1896, No. 10), describes a very unusual case of syphilis in which, among other things, the entire body of the necrosed sphenoid became dislodged during a repast, with abundant hemorrhage and paroxysms of suffocation. Despite assiduous treatment the disease continued to progress, eventually destroying the tongue almost in its entirety and terminating fatally seven years after the elimination of the necrosed sphenoid.

Lateral Frenula of the Lips—a New Point in the Anatomy of the Mouth.—In the *Archiv. für Pathologische Anatomie und Physiologie und für klinische Medizin*, vol. cxlvii, No. 3, DR. B. VON DZIERZAWSKI describes

for the first time, as far as he knows, some lateral frenula of the lips which he has found very common, and of which he enumerates four types. He states that they are as constant as the central frenulum of the lower lip, and should be recognized as regular anatomical structures.

Sternutation.—In the *Gazette Hebdomadaire de médecine et de chirurgie*, March 28th, DR. MARCUS cites a remedy for paroxysms of sneezing, in which he recommends firm compression of the alæ nasi upon the septum, between the thumb and forefinger, to be continued from ten to fifteen seconds, during which time breathing may be performed through the mouth. If there is still any tickling or renewed sneezing, the compression has not been kept up long enough; consequently it should be repeated. This treatment applies to sneezing not dependent on coryza.

Enlarged Turbinates in a Newborn Child.—DR. ELIZA H. ROOT reports (*New York Medical Journal*, No. 962, 1897) a case of a newborn child which was born cyanosed and was unable to take the breast. This inability to nurse was found due to intranasal obstruction. Feeding with a spoon was exceedingly difficult, and the child lived but a week.

On examination, three or four hours after death, the inferior and middle turbinated bodies were found greatly enlarged and engorged with blood, so that they completely occluded the passage. The superior turbinated body appeared normal. In the left nasal cavity the turbinated bodies were congested, but not to such an extent as to occlude the passage.

Chronic Suppuration of the Maxillary Sinus.—DR. LUC has devised (*Archives Internationales de Laryngologie* (reprint), 1897) a new operative procedure for the radical and rapid cure of this condition, which is both extremely ingenious and scientific. It consists in making an entrance in the neighborhood of the canine fossa, after the old method of Desault, then thoroughly scraping out the sinus, and then breaking through the lateral wall into the lower and anterior portion of the nasal passage for the purpose of putting in a drain through this artificial hiatus. The wound in the mouth is then closed with suture, and the patient is not allowed to take any food for twenty-four or forty-eight hours. Union is usually complete on the third day, and a permanent cure is effected in about six weeks. For details in dressing and after-treatment the original article should be perused.

Paralysis of the Pharynx.—In the *New York Medical Journal*, No. 961, 1897, DR. HEINRICH STERN reports an instance of paralysis of the pharynx as the most prominent phenomenon in a case of crossed hemiplegia of a syphilitic basis. The paralysis of the pharynx was so complete that a little water taken into the mouth could not be swallowed, but caused suffocation. The patient improved rapidly under specific treatment.

Mycosis of the Larynx.—DR. PRICE-BROWN of Toronto, reports (*Canadian Practitioner* (reprint), 1897) a case of intralaryngeal mycosis which appears to be only the second case on record, the writer stating that he has been unable to find more than one case recorded: one which was exhibited by