

ENCYSTED ABSCESS OF THE TONSIL.

GAREL (*Annales des mal. de l'oreille*, etc., January, 1889) reports three cases. According to his researches, the abscesses occasionally subside spontaneously, but are much more frequently recurrent, and remain encysted for several months, or even for years. He is of the opinion that the discharge of the original abscess takes place by a circuitous route, and that the hypertrophied tissues through which it passes prevent complete effacement of the walls of the abscess; the opening cicatrizing prematurely, whether it had been spontaneous or artificial.

Puncture with the incandescent caustic point, with counter-puncture if necessary, and topical irritant applications to the interior of the sac when large, appear to be the most effective treatment.

ANGEIOMA OF THE LARYNX; SEVERE HEMORRHAGE AFTER OPERATION.

FERRERI (*Lo Sperimentale*, December, 1888) reports a case of angioma the size of a hazelnut, on the inferior portion of the left vocal band. It was crushed with forceps. Alarming hemorrhage took place at night, with difficulty controlled by applications of ferric chloride. Despite a tracheotomy, violent hemorrhage took place as the operation was finished, and although the parts were tamponed successfully, death ensued within forty-eight hours by infectious pneumonitis.

LARYNGEAL TUBERCULOSIS.

DR. A. SOKOLOWSKI reports (*Wien. klin. Woch.*) six instances of spontaneous cicatrization without topical treatment, three instances of cicatrization under pencillings with lactic acid, and one under six weeks pencillings with silver nitrate. The cure had been maintained thus far one year in two, and four years in the third of the series treated with lactic acid; and three years in the case treated with silver nitrate. In a series of 50 cases treated without topical interference, improvement took place in 8, only 16 per cent. In a series of 50 cases submitted to topical treatment, improvement took place in 40, or 80 per cent. The improvement consisted in complete relief to hoarseness and dysphagia in 9 cases; decrease in infiltration and cicatrization of ulcerations in 31.

LARYNGEAL CARCINOMA, ITS DIAGNOSIS AND TREATMENT.

In an elaborate essay ("Der Kehlkopfkrebs, seine Diagnose, und Behandlung," *Deutsche med. Woch.*, Jan. 3, 10, 17, 24, 31, and Feb. 7, 1889) illustrated, with some exquisite reproductions from microscopic sections, DR. B. FRÄNKEL, of Berlin, alludes first to the different forms in which carcinoma begins in the larynx.

The most frequent form he has seen is that of a tumor on a vocal band; polypoid carcinoma. At first there is no other symptom than hoarseness. This is not due to any immobility of the vocal band, but rather to the mechanical interference with the tonal qualities of the vocal membrane. It is not peculiar to carcinoma. The majority of laryngeal carcinomas occur in