

posed entirely of cartilage, the cut was readily and smoothly made. The depth of the mass was about one-half inch. With its removal the canal was left clear throughout its entire course. The membrana tympani was seen to be intact, but slightly congested. A tightly-wound cylinder of cotton, dusted in boracic acid, was introduced into the canal, and the patient instructed not to touch same. In three days a new cylinder was substituted, and this procedure continued until all danger of cicatrization had passed. The recovery was complete, the canal pervious, and normal hearing was restored.

The case presents several interesting features. First, the remote area of the original injury. Second, the peculiar fracture of the cartilaginous canal. Third, the simplicity of the operation.

A Frequent Significance of Epistaxis. Dr. J. H. Fruitnight. (*Medical Record*, May, 1897.)

Frequent nose-bleed in children commonly accompanies chronic valvular heart disease, mitral obstruction and aortic regurgitation being the usual forms.

(This symptom is also a frequent manifestation of adenoid vegetations in the pharyngeal vault. By their mechanical action they cause a venous stasis in the turbinated bodies, the movement of which at times gives way, and so causes the symptom under consideration.)

M. D. L.

Fracture of the Cricoid Cartilage. Dr. G. B. Story. (*Medical Record*, May, 1897.)

Patient, a male, thirty-two years old, was struck on the right side of the neck by a piece of wood from a log which was being sawed, fifteen feet away from his position at the time of the accident. He was seen thirty minutes after the accident, and his breathing was difficult and stridulous. Cough was frequent, and he expectorated frothy and bloody mucous. There was distinct emphysema of the neck and lower portion of the face. When first seen he was able to speak in a weak but very light-pitched tone of voice, but complete aphonia soon followed. Patient was ordered to be moved to the hospital with the view of performing intubation or tracheotomy, but he had been carried but a short distance when he expired. At the autopsy, a few hours after his death, the entire body was emphysematous. The eyeballs protruded and the pupils were dilated. There was bruising of the pneumogastric and recurrent laryngeal nerves and a fracture of the left side of the cricoid cartilage, extending through the attachment of the cricoid-thyroid muscle. Emphysema, œdema and hemorrhagic infiltration of the glottis was also present. Patient died from asphyxia.

M. D. L.