

EXUDATIVE PHARYNGITIS.

PROF. WM. C. GLASGOW, of St. Louis, reports (*N. Y. Med. Journ.*, 1894, No. 830) a case of exudative pharyngitis in a child aged ten months, and which he regarded as one of the protean manifestations of influenza. After an unusual exposure to cold, the attack began with a febrile otalgia of two days' duration, followed by febrile coryza, with copious discharge of acrid mucus, excoriative to all cutaneous tissues with which it came in contact. Then an exudation became developed on the tonsils, uvula, soft palate, and pharynx; but none was visible in the anterior nares. There was aphonia and urgent dyspnoea, so that the larynx was in all probability involved also. Under constitutional treatment with sodium benzoate, salol and brandy, and the topical use of hydrogen dioxide with boroglyceride, convalescence was remarkably rapid and complete, being only slightly interrupted by a suppurative otitis.

FOREIGN BODIES IN THE LARYNX.

DR. A. W. DE ROALDES, of New Orleans, reports (*N. Y. Med. Journ.*, 1894, No. 830) a case in which a \$2.50 gold piece became impacted in the larynx just beneath the ventricular bands, where it was firmly held in horizontal position, with the sides of the coin imbedded in the two ventricles. It was removed with forceps. The laryngoscopic illustrations accompanying this report are among the very best that have been published.

ANGIOKERATOMA OF THE VOCAL BAND.

DR. E. J. MOURE, of Bordeaux (*Sur un Cas d'Angiokératome de la Corde Vocale droite*, 1894) describes this unique case, which presented in the person of a woman, twenty-six years of age, who had been continuously hoarse for two years following an attack of influenza. She was also the bearer of a fasciculated sarcoma of the dorsal aspect of one of the fingers of the right hand.

The growth was sessile, about the bulk of a millet-seed, and occupied the central portion of the vocal band. After removal with cutting forceps, a microscopical examination was made by Dr. J. Sabrazés, whose detailed report, illustrated with woodcuts, accompanies the report.

CHRONIC LARYNGITIS.

In an article on chronic laryngitis (*Berliner klin. Wochenschrift*, 1894, No. 16), DR. H. KRAUSE recommends scarification of the congested mucous membrane; a practice much more common in the United States twenty or more years ago than it is at present—and an excellent practice as attested by the paper before us.

LARYNGEAL LESIONS IN ENTERIC FEVER.

DR. L. LUCATELLO, in a contribution to the pathogenesis of the laryngeal lesions in "Typhus," finds that they are noted as catarrh, erosions, infiltrations, ulcerations, diphtheritis, perichondritis, and paralysis. The experi-