LARYNX AND TRACHEA.

Myerson, A.—*A Case of Falsetto Voice and its Relation to Spastic Aphonia.* "Boston Med. and Surg. Journ.," February 10, 1910.

The patient was a boy, aged fourteen. About the onset of puberty he caught a severe "cold," involving nose, throat, larynx and chest, after which he lost the power of voiced speech. There were no signs of a peripheral neuritis, and the condition was considered as hysterical. Two months' treatment by electricity gave no result. Ten months later it was noted that his voice was not a pure whisper, but tinged with a thin, high-pitched squeak. He showed general lack of muscular tone, but on attempting to speak this was replaced by a general spastic condition of the vocal and respiratory organs. No abnormality of action of the vocal cords. Case diagnosed as one of falsetto voice in the male. Proper breathing exercises cured him rapidly, and he now has a good and constant baritone. A good discussion on the functional disorders of speech follows. *Macleod Yearsley.*

Wishart, D. J. G. (Toronto).—*A Case of Laryngeal Paralysis.* "Canadian Journ. of Med. and Surg.," July, 1909.

This was the case of a female child, aged eight, in which intubation had to be done for the relief of laryngeal diphtheria, the child being in the isolation hospital. From November 17 to January 27 intubation had to be done three times, the tube being allowed to remain in position each time for four or five days and then removed. The patient was at last discharged. Dyspnœa returning, the child was next placed in the Sick Children's Hospital. She remained an inmate for 254 days before she was well enough to be discharged. When admitted it was found impossible to pass intubation tubes for either four or two years; and both tracheal tugging and opisthotonos being present, tracheotomy was done and an intubation tube inserted from below. From then on intubation had to be done a number of times, and tracheotomy once more, owing to inability to pass the tube from above. The vocal cords remained paralysed more or less, until near the end of the treatment. During the whole period strychnine was administered in full doses. When the patient finally left the hospital, her respiration was still laboured and the voice hoarse. Three months later when examined both vocal cords were still deficient in abduction, and on deep inspiration they assumed the cadaveric position. *Price-Brown.*

Pepler, W. H. (Toronto).—*Case of Cancer of Œsophagus.* "Canadian Journ. of Med. and Surg.," August, 1909.

This is the history of a case occurring in a young man, aged thirty-seven, whose father died of epithelioma of the lip at the age of forty-three years. The symptoms, examination by œsophageal tube, and also by X-ray revealed the site of the growth to be near the cardiac end of the œsophagus. Direct examination by œsophagoscope discovered a small necrotic nodule, from which a small piece was removed and examined. From this the diagnosis of carcinoma was verified. As rapid loss of weight and exhaustion were developing, gastrostomy was decided upon. The operation was performed by Dr. Cummings and done by the invaginating method as recommended by Dr. Senn, jun. The operation made the patient more comfortable, he was able to take fluid nourishment by the natural method, and after chewing meats could swallow the juice without discomfort. The improved condition lasted for several months, his

general physical condition being benefitted by the operation, the major part of his food being passed in through the gastrostomy tube. He finally succumbed to the disease about ten months after the stomach was opened. *Price-Brown.*

EAR.

Urbantschitsch, Viktor.—*On the Influence of Middle-ear Disease on the Sense of Smell.* "Monats. f. Ohrenh.," Year 44, No. 3.

In this article the author discusses a certain depreciation of the sense of smell which at times is apparently associated with lesions of the middle ear, though he says as far as his reading goes any reference to this condition is only to be found in Politzer's book, where it appeared in the first edition under the head of "chronic middle-ear discharge" and "was to be referred either to a simultaneous affection of the naso-pharynx, or to a paresis of the olfactory nerve." The writer's attention was drawn to the subject whilst consulting the literature relating to anosmia, as he had lately under his care a case of otitic tempero-sphenoidal abscess in which the sense of smell was affected, and he was only able to find a description of three similar cases.

An account is then given of the results of some tests which were carried out on thirty cases of one-sided chronic middle-ear suppuration with heliotrope, eau de cologne, liquor ammonii anisati, oil of peppermint, and tar, weak solutions of which only were used in narrow-necked bottles which could easily be introduced into either nostril.

In about one third of the cases apparently the sense of smell was keener on the unaffected side, whereas in the remainder there was no appreciable difference, or, indeed, it was stronger on the affected side.

Although much time and labour was given to corroborate these findings and the results are discussed at length, it does not seem that any useful clinical assistance will be afforded by this experiment, and before reliable deductions can be drawn on these lines, some method must be adopted to occlude the posterior choana on the side under examination, and also structural intra-nasal irregularities must be taken into account, which latter point appears to have escaped attention.

Alex. R. Tweedie.

Barr, J. Stoddart, and **Rowan, John.**—*Optic Neuritis and Suppurative Otitis.* "Brit. Med. Journ.," March 26, 1910.

A continuation of the investigation published November 23, 1907. The conclusions arrived at are: (1) Optic neuritis may occur in cases of purulent middle-ear disease without obvious signs of an intra-cranial complication (11 times in 160 cases). (2) Apart from optic neuritis, vascular changes of a lesser degree are frequent (39 in 160 cases). (3) Cases of purulent middle-ear disease, in which the optic neuritis or vascular engorgement of the fundus is present, are much less amenable to local treatment than those in which the fundus is normal. (4) As a general rule, an improvement in the eye conditions is accompanied by improvement in the aural condition, while an increase in the intensity of the changes in the fundus or their persistence is associated with less amenability to treatment and greater gravity of the ear condition. (5) The most probable cause of vascular engorgement of the fundus or optic neuritis is serous meningitis (diffuse or localised). (6) Optic neuritis caused in this way is not usually followed by atrophy, and unless