labyrinth which corresponds to the cell of the bulla ethmoidalis, but suggests that this may lead to infection of the bulla, from which, by continuity, infection of the rest of the anterior ethmoidal, the labyrinth, and eventually the frontal sinus may take place. Menzel advises that instead of a thick, vulcanite cannula, a middle-sized one of about ½ or 1 m. in diameter should be used, and that the pressure exercised should be very moderate, so that the fluid, on its exit from the maxillary ostium, may scarcely go above the level of that opening. *Dundas Grant.*

LARYNX.

Dupond, G. (Bordeaux).—*Double Crico-arytænoid Arthritis with Fixation of Both Vocal Cords.* "Rev. Hebdom. de Laryngol., d'Otol., et de Rhinol.," August 31, 1907.

A man, aged fifty-four, suffering from pulmonary and laryngeal tuberculosis, was attacked suddenly, consequent upon exposure to cold, with dyspnœa and suffocative crises. These symptoms were found to be due to acute arthritis of both crico-arytænoid joints, with fixation of the cords in the median position. *Chichele Nourse.*

Birkett, H. S., and **Muckleston, H. S.** (Montreal).—*A Case of Perichondritis of the Larynx, occurring during the course of Typhoid Fever.* "Montreal Medical Journal," August, 1907.

The patient, a Polish labourer, aged twenty-one, was admitted to the hospital with typhoid fever on October 31. The disease ran a severe course. In addition to the usual bronchitis he had repeated attacks of epistaxis, and twice developed broncho-pneumonia. He suffered also from intestinal hæmorrhages and subcutaneous abscesses. He was delirious for one week.

Early in December laryngeal symptoms developed, with hoarse voice and noisy breathing. Laryngeal examination revealed acute perichondritis with involvement of crico-arytænoid joints. The left cord was fixed and ulcerated, right one limited in movement; both were œdematous. Steam and benzoin inhalations afforded some relief.

On the sixth day of laryngitis, breathing became stertorous and pulse rapid, with the usual symptoms attendant upon cyanosis. Tracheotomy was resorted to.

The subsequent course was satisfactory with the exception of the laryngeal condition, and the patient was discharged from the hospital 116 days after admission, still wearing the tube.

Six weeks later the laryngeal mirror gave the picture of the vocal cords fixed in adduction, but hidden in their posterior half by a smooth globular mass, which was adherent to the left arytænoid cartilage. The voice was hoarse but intelligible.

As the mass gradually decreased in size during the subsequent weeks, repeated attempts at dilatation were made, but nothing larger than a laryngeal probe could be passed.

On May 20 he was again admitted to the hospital. The vocal cords were found to be adherent in their anterior half, but movable to a limited extent posteriorly. There was also subglottic thickening of the mucosa and narrowing of the lumen of the trachea from granulations along the track of the tracheotomy tube.

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Further operation for relief of the stenosis was considered unjustifiable, and it was decided to leave the tube *in situ* for a while at least.

Price-Brown.

TRACHEA.

Martuscelli and **Ciociolo** (Naples).—*On the Late Effects of Tracheotomy.* "Bolle. d'Malatt. del Orecchio," etc., May, 1907.

This is an experimental and histological study. Preliminary researches were made on dogs, and before describing them the authors review the literature of the subject at considerable length. In the description of the experiments, three are given with particular detail, including the results of *post-mortem* examinations and illustrations showing the histological appearances. Their conclusions are that tracheotomy is often the cause of more or less diffuse ulceration, particularly at the sites corresponding to the lower extremity of the cannula and of the tracheal opening; to these changes there may be added the formation of polypoid new growths. The general consequences of tracheotomy are broncho-pneumonia, paralysis of the posterior crico-arytænoids, aphonia, etc.

V. Grazzi.

EAR.

J. Ramsay Hunt (New York).—*Herpetic Inflammations of the Geniculate Ganglion: A New Syndrome and its Aural Complications.* "Arch. f. Otol.," vol. xxxvi, p. 371.

An interesting paper. The syndrome—otalgia, herpes zoster of the concha and auditory canal, and Ménière's symptoms—is dependent upon a specific herpetic inflammation of the geniculate ganglion. The simplest expression of this inflammation is to be found in herpes zoster of the tympanum, auditory canal and concha (*representing the zoster zone for the geniculate ganglion*). The proximity of the facial and auditory nerves render neural complications not infrequent—peripheral facial palsy, tinnitus, deafness, and Ménière's complex of symptoms. The pathology of the affection does not differ from that of true herpes zoster. The author briefly reviews the anatomy of the geniculate ganglion and roughly outlines the ganglionic representations of the cephalic extremity. He has collected sixty-one cases of true herpes zoster and defines four clinical types: (1) herpes auricularis; (2) herpes auricularis, facialis, or occipito-collaris, with facial palsy; (3) herpes auricularis, facialis, or occipito-collaris, with facial palsy and hypoacusis; (4) herpes auricularis, facialis, or occipito-collaris, with facial palsy, deafness, and symptoms of Ménière's disease. He enters into these types in detail, discusses diagnosis and prognosis, and gives a short summary of the literature bearing upon the subject. The paper is an important one and should be read in full.

Macleod Yearsley.

Knapp, Arnold (New York).—*Otitic Meningitis.* "Arch. of Otol.," vol. xxxvi, p. 416.

Uncomplicated otitic meningitis occurs as often after acute as after chronic purulent otitis.

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