

the nasal mucous membrane with a 2 per cent. solution of "Nargol," a silver nucleide. The treatment is continued every third day until the membrane "assumes a normal appearance and the sensitiveness disappears." Cases are given. Macleod Yearsley.

### NASO-PHARYNX.

**King, Gordon.**—*Report of Cases.* "New Orleans Med. and Surg. Journ.," September, 1908.

The cases reported are: (1) A case of fibroma of the naso-pharynx removed by avulsion: A boy, aged nine, operated upon for adenoids two years previously, the operation being followed by severe hæmorrhage. The fibroma was sessile, attached to the vault of the pharynx and the right choanal margin. Removal by avulsion was attended by severe hæmorrhage and collapse. (2) Sarcoma of the mastoid following operation for mastoiditis: A woman, aged sixty-eight, with old suppuration. The mastoid wound failed to heal, and a second operation for great pain and swelling revealed a mass of new tissue encroaching on the meninges. This proved to be a round-celled sarcoma. Patient died soon after from rapid recurrence. (3) Purulent meningitis of otitic origin, *via* Fallopian canal and internal auditory meatus: A negro, aged twenty-three. (4) Complete aphasia and right hemiplegia complicating acute otitis media: relieved by cerebral exploration. A girl, aged two and a half; suppuration followed measles. Left pain was treated by free myringotomy. One week later, sudden aphasia and paralysis of right arm and leg. Operation refused for a week. Radical mastoid, cranial cavity explored; brain was congested, but no abscess found. Patient recovered completely.

Macleod Yearsley.

### LARYNX.

**Iwanoff, A.** (Moscow).—*The Laryngeal Affections met with in Syringobulbia.* "Zeitschrift. f. Laryngol.," vol. i, Part I.

The author has observed certain characteristics of the laryngeal paralysis occurring in syringobulbia, which he regards as pathognomonic of the disease. Of twenty-eight cases in which the larynx was affected, seven showed typical right or left recurrent paralysis. In the remaining twenty-one the condition was quite different, the paralysis being incomplete on one or both sides of the larynx, and of such a kind as to show a departure from Semon's rule that the *musc. posticus* is first involved. In all of these cases on one side at least some other muscle (most often the *thyro-arytænoideus internus* or the *arytænoideus transversus*) was paralysed, while the *crico-arytænoideus posticus* remained intact. It is this atypical mode of onset of the paralysis in the course of which individual muscles are affected which the author considers characteristic of the disease.

The laryngeal conditions found in syringobulbia differ from those occurring in syringomyelia. In the latter the paralysis is usually unilateral and complete (or sometimes affecting the *musc. posticus* alone), while in syringobulbia the paralysis is bilateral, and shows on one side at least the peculiar features mentioned above. In *tabes*