

The cases recorded by Hochhans are for the most part associated with vascular disease, but no definite statement is made as to the connection between the symptoms and anatomical condition.

OTO-LARYNGOLOGY.

UNDER THE CHARGE OF DRs. BIRKETT AND JAMIESON.

M. A. GOLDSTEIN, M.D. "Retro-Pharyngeal Abscess." *Lancet*, January, 1908.

Dr. M. A. Goldstein reports three cases with the following unusual features: One case was diagnosed as quinsy by the family doctor who made several incisions into the peritonsillar tissue without any relief; another was reported by the pathologist, who examined a section from the bulging posterior pharyngeal wall, as showing "distinct evidence of lympho-sarcoma;" and the last case, which had been previously treated for bronchitis, grippe, tuberculosis of the neck, syphilis, etc., was so choked up that examination was most difficult. Eventually an emergency tracheotomy had to be performed to relieve the increasing dyspnoea.

All three patients, who were under twenty-one months, made a rapid and uneventful recovery, after the abscess was opened by an incision into the posterior pharyngeal wall at the site of bulging.

Dr. Goldstein draws attention to the fact that in those cases fluctuation cannot always be made out, owing to the thickness and induration of the pharynx muscle.

The frequency of retro-pharyngeal abscess in children under five, and its increasing rarity, the older the child, is explained by the "unusual activity of the lymphatic ring and of the lymphoid tissue in the pharynx" during early life and the progressive atrophy of the same with the advance in years.

The author does not include in his paper those cases of retro-pharyngeal abscess due to tuberculosis or syphilis of the vertebra.

PROFESSOR E. HÉDON. "Paralysis of the External Rectus Muscle of the Right Eye occurring in a case of Acute Otitis Media, complicated with mastoid involvement." *Archives Internationales de Laryngologie, D'Otologie et de Rhinologie*, April, 1908.

The patient, a man aged 35 years, during the course of an attack of influenza, developed a bilateral acute otitis media. Despite frequent paracentesis of the membrana tympani, both mastoids became affected. Following a primary mastoid operation, the left ear was cured; but the