

closure was produced, the last-named being attended by slight cough.

The case was evidently one of complete bilateral recurrent paralysis. The tabetic symptoms concurrent with the laryngeal were extreme general emaciation, arteries thickened and tortuous, double ptosis, reflex iridoplegia, slight weakness of right half of face, extreme inco-ordination, entire loss of sense of passive movement in lower limbs, complete incontinence of sphincters, deep reflexes absent. At same time there was no difficulty in swallowing.

### **Epidemic of Simple Angina Due to Streptococcus.**

Le Damany (*La Presse Medicale*, November 15th, 1899) gives an account of an epidemic of this disease, lasting for six months in the town of Rennes. In a population of 70,000, several thousand were attacked.

Clinically, the cases fell into two groups:

1. Cases in which angina was the only or most serious lesion
2. Cases in which angina was accompanied by more serious lesions.

In some cases there were skin eruptions, erythema, papillæ, etc. Glands were affected slightly. Only one case died.

### **Some Consequences of Singers' Nodes.**

Rosenburg (*Laryngoscope*, October, 1899). The writer believes that the occurrence of nodes has some relation to a gland of the vocal cord described by Fränkel. He believes that in a large proportion of cases the node is caused by occlusion of the mouth of this gland. The consequent dilatation of the gland duct through increased secretion may produce both enlargement of the gland and hyperplasia of the cord. He gives the history of two cases, which he instances in support of this view.

### **Extensive Mediastinal Emphysema in a Fatal Case of Laryngeal Diphtheria.**

Ewart and Roderick (*Lancet*, December 30th, 1899). Child, aged 5, suffering from diphtheria, was threatened with suffocation. Tracheotomy was performed, and immediately afterwards 4,000 units of antitoxin injected. Next day emphysema developed. This increased, and patient died in three days.

Necropsy twenty-four hours later showed great subcutaneous emphysema of neck, face and eyelids, the aspect being similar to that met with in acute renal dropsy. Only shreds of membrane were found around the larynx.

The remark is made that after relief of larynx by tracheotomy, a membranous tracheitis may still remain.