

reasons are only approximately correct, afford eloquent proof that the subject of typhoid affections in the larynx calls for general recognition. Evidence bacteriological and clinical strongly support the view adopted by the majority of observers, that the laryngeal involvement in most instances is a direct typhoid infection.

A high death rate, as shown by statistics, when this complication exists, teaches the salutary lesson of always examining the larynx when the danger signals of hoarseness, dyspnoea or dysphagia set in.

The favourable results which follow operative interference offer such a contrast to the high mortality without operation that there can be but unanimity of opinion as to its propriety.

Tracheotomy is the most approved method.

Lesions in Larynx.

Laryngeal perichondritis	Cases	5
" Ulceration	"	5
" Necrosis	"	3
" Abductor paralysis	"	2
" Oedema	"	3
" Diphtheria presumably	"	3
Ludwig's angina	"	2
Abscess in larynx	"	2
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FRANCIS HARE, M.D. "Mechanism of the Paroxysmal Neuroses."
Australasian Medical Gazette, July, August, September, October,
1903.

The disorders, known as paroxysmal neuroses, namely, migraine, asthma, epilepsy, gastralgia, and functional angina pectoris, are covered very fully and their interchangeability referred to. The mechanism of the production of each is described. The papers are full of clinical references and many illustrations are drawn from the literature. They may be obtained under one cover from W. E. Bridge, Sydney.

STEPHEN J. MAHER, M.D. "Investigations of a Bacterial Treatment of Tuberculosis." *New York and Philadelphia Medical Journal*,
Jan. 16th, 1904.

Dr. Maher continues his recital of cases treated by what he calls the X-bacillus. He has already treated sixty-three cases, and the final results will be read with interest.