of for these variations was that menstruation might have had some
influence, and therefore undertook an independent series of investi-
gations upon the blood of a number of patients suffering from various
conditions, taking specimens between, just before, during, and just
after the periods. The estimations were all made by the micro-method
of Bang, which has apparently established itself as sufficiently accurate
for all practical purposes. In most of the cases a distinct rise in the
amount of blood sugar was found just before or during menstruation,
with a return to normal at its close. Just what this hyperglycemia is
due to, or whether, indeed, it is a true hyperglycemia and not merely
an apparent increase of sugar due to the presence of other reducing
substances in the blood, Kahler has not as yet determined.

Intra-uterine Sterilization with Iodine in Supravaginal Hysterectomy.
—Stone (Amer. Jour. Obst., 1915, lxxi, 74) is much impressed with the
danger of infection from the cervical canal in supravaginal hysterectomy,
and gives the following technique, by which he attempts to render this
region sterile at the beginning of operation. The patient is placed in
the lithotomy posture and a quarter strength solution of tincture of
iodin is applied over the external genitalia and introitus vaginae.
After catheterization the perineum is retracted by means of a speculum
and the cervix grasped with a tenaculum. It is then dilated sufficiently
to admit the nozzle of a two-ounce glass syringe, by means of which
about an ounce of the iodin solution is injected slowly into the uterine
cavity, no great amount of force being used. After removing the
syringe the cervix is again gently dilated, to make sure that all excess
of fluid has escaped. Every part of the vagina is then exposed, and
swabbed with the solution. After the hysterectomy has been performed
a final application of iodin is made to the stump from the abdomen,
before closing over with peritoneum, if there is any suspicion that
infectious material has been handled.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES

UNDER THE CHARGE OF

J. SOLIS-COHEN, M.D.,
OF PHILADELPHIA.

A Peculiar Form of Hyperplasia of the Mucous Membrane of the
Upper Respiratory Tract.—Under this head, Turner (Jour. Laryng.,
Rhinol., and Otol., February, 1914) describes 2 cases of his own and 4
from other observers undescribed in any text-book to which he had
access. Of these 6 cases, 4 were women and 2 men, and while the age in
1 was not stated, the remaining 5 were aged thirty, thirty-four, forty,
fifty-four, and fifty-two years, respectively. All of them had apparently
enjoyed good health, and with the exception of the throat affection
there was no evidence of disease elsewhere. The outstanding clinical feature was a smooth, uniform, more or less diffuse infiltration of the uvula and soft palate, along with the palatal pillars, the posterior wall of the pharynx, and the structures forming the upper aperture of the larynx. An entire absence of ulceration characterized all the cases and, probably owing to this, pain was not a symptom that was complained of. In a case reported by Brown Kelly the larynx only was unaffected, and a further difference was observed in the fact that the infiltration involved the rhinopharynx. These cases continued for years with little or no change. In the reporter's first patient, seen from time to time during a period of ten years, tracheotomy became necessary twice with an interval of seven years. Distinct evidence of improvement was eventually secured, apparently due to autogenous vaccine treatment from a growth of Streptococcus pyogenes obtained from the patient's throat.

An Anaërobic Organism Associated with Acute Rhinitis.—Tunnicliff (Jour. Amer. Med. Assoc., June 28, 1913) claims to have discovered an anaerobic organism constantly present in the early stage of acute coryza while the discharge is mucoid in character.

Hay Fever.—Morrey (Jour. Amer. Med. Assoc., November 15, 1913) reports a series of 8 cases of hay fever treated successfully by vaccination with mixed cultures from the nose. The theory on which the work was based was the strengthening of the nasal mucosa, so that the irritants, whatever they were, would be without effect.

Mucous Polyp of the Nasal Fossa in an Infant Aged Three Weeks.—Laurens (Rev. hebd. de laryn., d'otol. et de rhinol., February 7, 1914), reports a case of a child, three weeks old, with a mucous polyp attached to the ethmoidal zone, occluding one of the orifices of the nares, and producing grave respiratory trouble; suffocation, dyspnea, cyanosis, and impossibility of alimentation. After hesitation, due to the young age of the subject, operation was decided upon. This consisted of sublabial rhinotomy, enlargement of the pyriform orifices, and resection of the superior hypophysis of the maxilla, after which the tumor was extirpated without hemorrhage and without complications.

A New Modification of an Old Adenotome.—Heath (Laryngoscope, February, 1914) describes and pictures his modification to prevent the adenoid mass from escaping, as it often rolls from under the cutting blade of the ordinary adenoid curettes or adentomes. To overcome this he has added to the La Force adenotome, double tenaculum forceps, each blade of the tenaculum shaped to follow the line of the vault and posterior wall of the rhinopharynx. This tenaculum being situated within the box of the La Force adenotome. This tenaculum forceps when closed grasps the adenoid mass laterally from either side along its entire length, pulling it down and pressing it to the centre of the rhinopharynx, and then the knife is pushed through the adenoid as it is thus firmly held. The adenoid is taken out very completely in this way and with very little difficulty.