LUBET-BARBON.—Adenoid Vegetations of the Naso-Pharynx. *Gaz. des Hôp., June*, 1889.

AN excellent review of the present state of our knowledge of this question. Joal.

COUETOUX.—Adenoid Vegetations of the Naso-Pharynx. *Ann. des Mal. du Larynx, etc., August*, 1889.

IN the course of an interesting discussion of the symptoms and treatment of this affection the author insists upon salivation or ptyalism as a symptom which he has found especially associated with the presence of adenoid growths. Joal.

ROLLAND (Montreal). — **Dilatation of the Sphenoidal Sinus from Accumulation and Retention of Liquid. Consecutive Obstruction of the Posterior Nasal Fossæ.** *Société Française de Laryngologie, May*, 1889.

THE case of a lady, twenty-three years of age, who complained of nasal obstruction, violent cephalalgia, loss of memory and insomnia. There was atrophy of the inferior and middle turbinateds on the left side, and behind could be seen a rounded resistant osseous tumour, partially obstructing the nasal fossæ. On the other side, the turbinateds were not so atrophied, and the tumour was not so visible.

On posterior rhinoscopy, both posterior nasal fossæ were seen to be completely obstructed by the same obstacle, the upper portion of which proved on examination by a probe to be hard, and the lower quarter appeared to possess a certain degree of elasticity. The author diagnosed dilatation of the sphenoidal sinus, and made an opening at its left lower part, with the electric motor. Aqueous liquid flowed out drop by drop, and not in a jet as is seen in cephalo-rachidian fluid. After this treatment the permeability of the nasal fossæ was partially re-established, the head pains disappeared, and the patient's general condition improved greatly. Joal.

LARYNX, &c.

FRENCH.—A Photographic Study of the Laryngeal Image during the Formation of the Registers in the Singing Voice. *The New York Medical Journal, January* 26, 1889.

THIS paper is an attempt on the part of Dr. French, whose industry as a laryngeal photographist is so well known, to clear up the vexed question of the vocal registers.

The conclusions that he draws from hundreds of photographs of the larynx in the act of uttering certain notes are as follows :—

1. That protrusion of the tongue does not alter the laryngoscopic appearances.

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2. That in the female there are three registers. This renders two changes necessary in the mechanism of the vocal cords, which changes are always accompanied by changes in the quality of the voice. The lower break occurs at or near F sharp, treble clef, first space; and the upper break an octave higher than this note. The change of mechanism consists of a shortening of the vocal bands, an appearance of an increase in their tension, and a change in the shape of the chink of the glottis, and it is usually accompanied by a backward movement of the epiglottis.

The change in the shape of the chink at the lower break consists usually of a wider opening of the ligamentous portion of the glottis, and partial or complete closure of the cartilaginous portion.

At the upper break the chink may simply be reduced in length and width, or a part of the ligamentous and all of the cartilaginous portion of the glottis may be closed.

3. That in male voices possessing the falsetto range there are two registers, the change from the chest to the falsetto usually occurs somewhere between C sharp bass clef, first line above stave, and the F sharp above.

The change in the mechanism consists usually of a sudden shortening of the vocal bands—though occasionally they are increased in length—an appearance of increased tension, and an alteration in the shape of the glottic chink. The edges of the vocal bands may be brought into opposition in front or behind, or both in front and behind, or the chink of the glottis may be open in its entire length, in which case the shape is altered, but the area of the space between the vocal bands is about the same as is necessary for the production of the note before the break.

The falsetto tones are, therefore produced by stop closure and change in the length and tension of the vocal bands, or by change in their length and tension without stop closure.

Barclay J. Baron.

VINEBERG, H. W.—Laryngismus Stridulus and Eclampsia, associated with Rachitis. *New York Academy of Medicine; Section of Pediatrics, March* 14, 1889.

A CASE of a child nine months old. No improvement followed the use of calomel, cod liver oil, or phosphorated oil, but the attacks subsided under ten grain doses of bromide of potash given twice a day.

R. Norris Wolfenden.

NATIER.—Lupus of the Face, with Propagation to the Nasal Fossæ the Gums, the Palatine Arches, the Pharynx and Larynx. *Polyclinique du Dr. Moure, July*, 1889.

IN this case the epiglottis was almost completely destroyed, but deglutition was not interfered with.

Joal.

VOLTOLINI (Breslau). — **First Operations in the Larynx under Electric Light.** *Monatsschrift für Ohrenheilk., etc., May*, 1889.

IN a patient with tubercular tumours of the posterior laryngeal wall the author has applied the galvano-cautery whilst the larynx was

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illuminated by electric light in the manner described by the author a short time ago. In deep-seated affections this method has the advantage, that it is easier to find the place exactly which shall be operated upon than by the usual method. **Michael.**

HEYMANN, LUBLINSKI, SCHADEWALDT, FRAENKEL, MARTIUS.—Various Cases exhibited at the Laryngological Society of Berlin Meeting, *April* 5, 1889.

P. HEYMANN showed a syphilitic girl, thirteen years of age, with stenosis so great as not to admit the introduction of a pencil. Thermo-cautery has been applied without any effect. Dilatation should now be tried.

LUBLINSKI showed a case of *hypertrophic lues of the nose.*

SCHADEWALDT showed a patient with *stenosis of the larynx*, following typhoid fever. One of the arytenoid cartilages was destroyed by necrosis.

B. FRAENKEL showed a specimen of laryngitis phlegmonosa.

MARTIUS.—*On two remarkable Cases of Paralysis of the Vocal Bands.*

(1) A patient, thirteen years old, had diphtheria, followed by gangrene of the soft palate and otitis media. Twelve days later, suddenly deglutition was affected, and discharge of fluid food took place by the nose. On the sixteenth day paralysis of the right vocal cord occurred, followed after some hours by paralysis of the left vocal cord, the affection being posticus paralysis. Some hours later sudden death occurred from paralysis of the heart. The post-mortem examination showed myocarditis, endocarditis, pachymeningitis, and perineuritis of the left vagus nerve.

(2) A patient, forty-eight years old, had difficulty in swallowing, pain in the cardia, and hoarseness. The laryngoscope showed paralysis of the left vocal cord. Sudden death occurred. The post-mortem examination showed cancroid of the œsophagus, purulent infiltration of the mediastinum, and carcinomatous destruction of the vagus nerve. **Michael.**

RUAULT (Paris).—**Catamenial Laryngeal Hæmorrhages.** *Société Française de Laryngologie, May,* 1889.

THE author related the case of a patient, thirty-nine years of age, married, and the mother of a child of eleven, neurotic, non-tubercular, free from cardiac disease, not hæmophilous, who for three years expectorated for some days after the cessation of the menses small quantities of blood. For some months these hæmoptyses had occurred for some days before, and no longer after, the catamenial period. Sometimes the patient also expectorated slightly blood-stained sputa in the intervals between the periods, but this seldom occurred, while the hæmoptyses never failed to appear before or after the menstrual epoch. Laryngoscopical examinations were frequently made, and for more than a year the patient had been treated at the clinic, "des sourds-muets," for sub-epithelial or sub-mucous hæmorrhages of the vocal cords.

Ruault thought that in this case the sanguineous fluxions were of reflex utero-ovarian origin. He remarked that many of the cases published under the denomination, objectionable to him, of hæmorrhagic laryngitis have occurred in pregnant women (Fränkel, Strübing, De la Sota), or after

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child-birth (Stepanow), and he recalls an observation of Schæffer's where at the moment of the appearance of laryngeal hæmorrhage during a catamenial period, the catamenia were arrested. He also recorded the fact that his patient, without presenting absolute signs of hysteria, was, however, probably hysterical, as evidenced by her being very emotional, laughing and crying easily, and presenting marked anæsthesia of the pharynx. **Joal.**

MOURE (Bordeaux).—**Laryngeal Hæmorrhage. Paralysis of the Constrictor Muscles.** *Société Française de Laryngologie, May*, 1889.

THE author referred to the intimate relations existing between the genital organs and the larynx, first described by Bayer at the London Congress in 1881, and to which the author has himself previously drawn attention. He related the case of a young woman of thirty, neuropathic, and who had paralysis of the constrictors of the larynx, especially of the arytenoid muscles, and who also presented a veritable sanguineous tumour of the right vocal cord in its posterior third, and ecchymoses of the left vocal cord. The paralysis yielded to direct electrisation of the cords, and the other phenomena disappeared spontaneously and nearly completely; but on the appearance of the catamenia the aphonia re-appeared from renewed paralysis, and a blood effusion occupied the whole surface of the vocal cords. The latter again disappeared spontaneously, and the paralysis yielded again to electrical treatment. At the next menstrual epoch there was expectoration of sanguineous sputa and laryngeal hæmorrhage. In the intervals between the catamenial periods the treatment employed was douches, bromides, and vocal exercises. For some months the patient has spoken well, and has had no return of the symptoms, which had dated from many years back. **Joal.**

GAREL (Lyons).—**A Case of Laryngeal Ictus.** *Société Française de Laryngologie, May*, 1889.

THE author related the case of a man of forty-two, of gouty temperament, and who had already had four crises of laryngeal ictus. The attacks began with a sensation of tickling in the larynx, which provoked a dry nervous cough of long duration. The face became congested, the patient felt suffocated, clonic convulsions of the upper limbs occurred, which ended in loss of consciousness and pallor of the face. After the crisis, the arms were still animated with convulsive movements, and the patient emembered all that had passed. There was on cry at the commencement of the attack, no biting of the tongue, and no involuntary micturition. There was neither sugar nor albumen in the urine. There was no affection of the ears, nose, or heart, and no tabetic symptom. Laryngoscopically the vocal cords appeared white.

This case is similar to that published by Weill, of Lyons, who explains the ictus by a simple sensory excitation of the larynx, provoking an inhibitory and dynamo-genetic action upon the nervous system, without believing in the intervention of an asphyxtic element. Garel, however, remarked in his patient that the ictus occurred only when the asphyxia caused by coughing attacks had attained a certain decree, and sensory irritation of the larynx played only a secondary rôle. **Joal.**

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NATIER.—Œdema of the Vocal Cords; Ulceration of the Arch of the Palate on the Right Side in a Tubercular Patient. *Polyclinique du Dr. Moure, July*, 1889.

AN interesting observation, from the fact that the patient presented very pronounced œdema of the true vocal cords, although there were no other laryngeal symptoms characteristic of tuberculosis. **Joal.**

AUDUBERT.—Dry Laryngitis. *Polyclinique du Dr. Moure, July*, 1889.

OBSERVATIONS upon a patient who had rhinitis and pharyngitis sicca, presenting at the same time a pale, shining, varnished looking, and wrinkled condition of the mucous membrane of the arytenoid region, an example of the "dry laryngitis" described by Moure and Hunter Mackenzie. **Joal.**

TCHERNOFF, VASILY E. (Moscow). — **Laryngitis Catarrhalis Traumatica.** *St. Olga's Hospital for Children Reports*, 1888, *p.* 18.

A BOY, aged two, swallowed a mouthful of strong vinegar essence, which caused painful deglutition and vomiting on any attempt at swallowing solid food. On examination there were found intense congestion and swelling of the oral, faucial, and laryngeal mucous membrane. The latter was studded with punctiform extravasations, which were especially numerous on the epiglottis. Under the influence of narcotics (morphia, with aqua amygdal. amara), milk diet and such like means, complete recovery took place. **Valerius Idelson.**

RICARDO-BOTEY.—Laryngeal Polypus of the size of a Large Nut. Endo-laryngeal Extirpation. *Rev. Mens. de Laryngol., June* 1, 1889.

THE tumour in question was a papillary teleangectatic fibro-myxoma, which was removed with the galvano-cautery loop, and Fauvel's forceps. **Joal.**

GOUGUENHEIM.—Dilatation in Stricture of the Larynx. *Soc. de Chirurgie, Mar.* 15, 1889.

THE author presented a patient, forty-three years of age, suffering from syphilitic stricture of the larynx, in whom he had accomplished remarkable results by gradual dilatation of the larynx performed during six months. **Joal.**

KRAUSE (Berlin).—**On the Results of the New Methods of Treatment of Laryngeal Tuberculosis.** *Therap. Monatssch., May*, 1889.

THE author recommends the well known surgical treatment with curettement and application of lactic acid, as originated by him and Heryng. Of seventy-one cases thus treated, forty-three were cured or ameliorated. He relates in detail three cases in which the treatment was followed by very satisfactory results. **Michael.**

LACOARRET.—Gummatous Infiltration of the Right Ventricular Band. *Polyclinique du Dr. Moure, July*, 1889.

AN interesting observation, in that the condition in question was presented in a female, without any affection of the throat. **Joal.**

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CARTAZ (Paris).—**Laryngeal Affections in Late Hereditary Syphilis.** *Société Française de Laryngologie, May,* 1889.

THE author related three cases, in patients of twelve, thirteen and a half, and twenty years of age, of late hereditary laryngeal syphilis. These cases are rare. Fournier has recorded about a dozen such cases, occurring at the ages of three, five, ten years and over, in which there had been no previous laryngeal affection. Cartaz has collected twenty-seven cases, comprising three previously unpublished. The ages at which these accidents occur, vary from three to twenty-eight, and girls are affected in the proportion of two to three boys, a proportion inverse to that indicated by John Mackenzie, in his work on the laryngopathies of congenital syphilis. The appearances in this form of laryngeal syphilis, do not differ from those of acquired syphilis. He however insists on the extremely frequent coincidence of syphilitic lesions of the throat, pharynx, arch of the palate, and epiglottis, the latter being especially the seat of tertiary syphilis. This predilection appears especially in hereditary syphilis, and the gravity of prognosis is increased in certain cases by the occurrence of cicatricial bands and malformations consequent upon ulceration. **Joal.**

TCHERNOFF, VASIÏLY E. (Moscow). — **Laryngitis Syphilitica.** *St. Olga's Hospital for Children Reports,* 1888, *p.* 19.

A BOY of seven was admitted on account of complete aphonia, difficult breathing, and pain about the throat. On inspection a syphilitic condyloma was found in the anal region, while the laryngoscope revealed considerable congestion and swelling of the false and true vocal cords, a large-sized, greyish-white papula on the left true vocal cord, and a somewhat smaller patch on the right. An inquiry elicited that the boy, in common with other children of the same family, had contracted the infection from a syphilitic friend of his father. The treatment consisted in mercurial inunctions (Ung. hydrarg. cinereum, one gramme at a time; in all, fifty frictions), insufflations of calomel, and, later on, painting with a one or two per cent. solution of nitrate of silver, and the internal use of iodide of potassium. By the end of four months the boy was discharged, quite well (with normal larynx and voice, etc.).

The author points out that syphilitic affections of the larynx represent a very rare occurrence in children. **Valerius Idelson.**

BESCHORNER.—Diagnosis of Laryngeal Carcinoma. *Monatssch. für Ohrenheilk., May, 1889.*

A LADY, seventy years old, suffering from hoarseness, had a tumour in the larynx. The microscopical examination of the removed neoplasm showed it to be a papilloma. Some time later the microscopical diagnosis of extirpated pieces was carcinoma. As the disease made no progress it was treated expectantly, but some time after tracheotomy was performed. There was not any change in the laryngeal condition for five years. The patient died from marasmus and paralysis cordis. The views of two different microscopists now diverge as to whether the specimen is carcinoma or a benign neoplasm. **Michael.**

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SCHMIDT, MORITZ (Frankfurt-on-Maine).—**Contribution to Laryngeal Surgical Casuistics.** *Langenbecks Archiv., Bd.* 38, *Heft* 3.

1. *Carcinoma of the Larynx: total extirpation.*—The patient first seen on November, 1882, was hoarse for two years, and had experienced dyspnœa for some months. On both sides of the thyroid cartilage was a swelling as large as an egg. The laryngoscope showed swelling of the aryepiglottic folds. Incision was made of the abscess, and discharge of pus followed, but no necrotic cartilage was found. Tracheotomy was performed. The cannula could not be removed on account of the stenosis. Treatment with Schroetter's bougies remained without effect. In 1883, thyrotomy was performed, and as the examination showed that there was carcinoma, total extirpation of the larynx was performed. Cure resulted, but twenty-one months later recurrence took place in the pharynx, and death followed four months later.

2. *Carcinoma of the Larynx; extirpation of half the Larynx.*—A patient, forty-seven years old, had a cancroid tumour of the right vocal cord. Anti-syphilitic treatment was without effect. Extirpation of half the larynx was done on May 7, 1886. Up to now (July, 1888) there has been no recurrence.

3. *Extirpation of half the Larynx for Cicatricial Stenosis.*—The tracheotomized patient showed marked stenosis. Extirpation of half the larynx was performed, and an artificial larynx applied. Up to now the patient is in good health.

4. The patient, sixty-two years old, showed infiltration of the right vocal band. Local treatment was without effect. Thyrotomy was performed, and extirpation of the cancroid tumour accomplished (1867). Seven months later death followed from recurrence.

5. A patient, sixty-seven years old, exhibited cancroid of the right half of the larynx. Thyrotomy and extirpation of the neoplasm were performed (1869). Some months later death occurred from recurrence.

6. A girl, three-and-a-half years old, had papillomata of the larynx. Thyrotomy was done, the growths extirpated, and the patient cured.

7. A boy, nine months old, had congenital papillomata. Thyrotomy was done, the growths extirpated, and cure resulted. In this case th cannula could not be removed.

8. A patient, five years old, with congenital papillomata, had thyrotomy performed, and the growths extirpated. Cure resulted. **Michael.**

WHARTON, H. R.—Report of a Case in which a Large Headed Brass Shawl Pin remained in the Trachea for Ten Days, and was removed Seven Hours after Tracheotomy; Profuse Hæmorrhage from the Trachea, and Expulsion of a large number of Fibrinous Casts. *Medical News, April* 13, 1889.

THE hæmorrhage probably resulted from a congested and inflamed tracheal mucous membrane, or from injury to the membrane by the foreign body. The fibrinous casts resembled those expelled in cases of croup, and were a very unusual feature in connection with foreign bodies in the air passages. The author discusses the question of treatment of foreign bodies in the air passages, and thinks that when the foreign body

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occupies the larynx, if the dyspnœa be not urgent, it may be removed by laryngeal forceps in skilful hands. The use of emetics is of little service, and not free from danger. Inversion of the body is a dangerous proceeding unless tracheotomy has previously been performed, or the surgeon is ready to perform it if dangerous symptoms arise. If the foreign body is in the trachea or bronchus spontaneous expulsion is remote, and laryngotomy should be performed. If the danger is not extreme, tracheotomy, especially below the thyroid isthmus, is most satisfactory if the tracheal wound is made sufficiently large to favour expulsion of the body, or allow the surgeon to make satisfactory explanation, for the purpose of which Golding-Bird's tracheal dilator is the most serviceable. The body may then be removed by forceps.

R. Norris Wolfenden.

VIERHUFF.—Foreign Bodies in the Air Passages. *Petersburg Med. Wochenschr.*, 1889, *No.* 23.

A PATIENT, seven years old, suddenly became feverish, developed cough, and exhibited rhonchi in the right lung. It was believed that the case was one of catarrhal pneumonia. Ten days later a piece of wood, covered with greenish pus, was coughed out. The patient was now cured in one day. The patient related that he had inspired the wood some time previously.

Michael.

GANGHOFNER (Prag.).—**Fatal Bleeding from Erosion of the Arteria Anonyma after Tracheotomy.** *Präger Med. Wochenschr.*, 1889, *No.* 16.

CASE 1.—A girl, seven years old, was tracheotomized for diphtheria. Eleven days later, when the child seemed to be cured, sudden death occurred from hæmorrhage from the mouth, nose, and cannula wound. The post mortem examination showed that decubitis had caused the cannula to perforate the trachea and the arteria anonyma.

CASE 2.—A patient, four-and-a-half years old, was tracheotomized for diphtheria. The cannula could not be removed on account of the development of granulation stenosis. Twenty days later sudden death occurred from hæmorrhage. The post mortem examination showed an ulceration of the trachea perforating the arteria anonyma, which was situated higher than normal.

Michael.

ALEXANDROFF, LËONTY P. (Moscow).—**Foreign Body in the Trachea.** *St. Olga's Hospital for Children Reports*, 1888, *p.* 92.

A STRONG and healthy boy, five years old, had swallowed a large-sized seed of the sun-flower. When seen on the fourth day after the accident he was suffering from extreme difficulty in breathing, hoarseness, and severe cough. When applied to the trachea during cough impulses, the author's hand could distinctly feel "springing up" of the foreign body. Inferior tracheotomy was performed without delay, and, after opening the wound by means of a dilator, the seed could be extracted without much difficulty, after which a cannula was inserted. There was some fever during the first nine days (depending upon intense tracheitis with profuse discharge). On the third day after the operation, the tube was removed, and the wound closed with sutures. The latter, however, gave way five days later; the wound ultimately (in nine days) healing *per granulationem*

Valerius Idelson.

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