LARYNX.

FERGUSON, E. D. (Troy).—**An Accident in Intubation of the Larynx.** *New York Med. Journal, March* 5, 1887.

THE tube had been introduced into the larynx of a child of three, suffering from diphtheria. Expiration being obstructed, it had to be withdrawn. Expiration remained still obstructed, and it was concluded that the tube had detached and pushed down a piece of false membrane, which acted as a valve, occluding the subglottic space, and tracheotomy was performed. Prompt relief was afforded, but death occurred thirty hours after the operation.

JUSTO, B.—Penetrating Wound of the Larynx. *Revista Médica de Sevilla, Enero* 15, 1887.

THE author relates in the *Revista Argentina de Ciencias Médicas* the case of a patient admitted into the hospital at Buenos Ayres with a wound in the anterior part of the neck, extending transversely and somewhat obliquely downwards, and presenting two portions, viz., a deep one on the right side, 5 centimetres long, and a shallow one on the left side of 12 centimetres in length. The lips of the former being 3 centimetres apart, allowed the superior border of the thyroid cartilage to be seen, and over it there was a large opening permitting the free passage of air. The superficial part was sutured, and the deep portion of the wound healed under the Listerian dressing, the patient's head being maintained in flexion. At the end of forty days this extensive wound was completely healed.

RAMON DE LA SOTA Y LASTRA.

LIEGEOIS.—Epithelioma of the Larynx and Pharynx treated by Tincture of Thuja. *Bullet. Méd. des Vosges, January*, 1887.

A WOMAN of fifty-four had extensive epithelioma of the larynx and pharynx. The cancerous surfaces were brushed with tincture of thuja occidentalis every two days, and the same drug was administered internally in doses of 10 to 15 drops. Under this treatment there was rapid shrinking of the epitheliomatous nodules occupying the palatine arch, the pharynx, and the tonsils. There was none of the repulsive odour of cancer. The laryngeal epithelioma remained stationary for twenty-six months. The treatment would therefore seem to prolong the life of the patient. JOAL.

SCHROETTER (Vienna).—**Operation for a Rare Laryngeal Polypus.** *Monats. für Ohrenheilk.*, No. 3, 1887.

THE patient, sixty-one years old, had suffered from hoarseness for five

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years; she had also dyspnœa during her work, and also upon lying on her back at nights. She also experienced a feeling of something moving up and down in the larynx; at times she had suffocative attacks which ceased with a cough. The laryngoscope revealed the presence of a polypus about the size of a cherry, which during expiration rested over the glottis, but during inspiration disappeared through the glottis. Cocaine being applied, the polypus was removed by the galvano-caustic wire, after having first been fixed with the laryngeal forceps to prevent its being carried into the trachea. Microscopically it was shown to be a fibroma containing much adenoid tissue. After the operation the voice was still somewhat hoarse. MICHAEL.

ARIZA, RAFAEL.—A Large Teleangiectatic Laryngeal Papilloma. *Rev. de Laryng. Otol. y Rinol., February*, 1887.

AN old woman presented herself to Ariza with aphonia and dyspnœa. A large hypertrophy was observed on the left vocal band, having a rough and granular surface, and being of redder colour than normal. The glottis was very narrow longitudinally, but presenting sufficient space for free respiration. On touching the tumour the patient had a severe attack of apnœa, from which she recovered with difficulty, and during which she coughed much blood. The spot touched exhibited afterwards a depression of about the size of a lentil, from the base of which some blood oozed up. The same phenomena were repeated when at a second sitting the forceps were only passed beyond the epiglottis, the diseased part not being even touched. The attack subsided with the coughing of a small quantity of blood. The patient experienced a third attack of suffocation, but to a less degree, and this time it did not recur, in consequence of the diminution in size of the tumour, and the more open condition of the glottis. With the removal of a portion of the papilloma, of the size of a barley-corn, there was a little bleeding, and, to the astonishment of those who afterwards saw the case, the tumour had entirely disappeared, and the left ventricular band appeared quite normal in size and shape. The cure has been permanent.

RAMON DE LA SOTA Y LASTRA.

LORETA.—On Instrumental Divulsion of the Vocal Cords in a Case of Laryngeal Stenosis. *Bullettino delle Scienze Mediche Bologna, December*, 1886.

PROF. LORETA, a well-known Italian surgeon, has published under the above title an article, which, although affording a certain amount of interest, contains considerable material for criticism.

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The patient, syphilitic, had alarming dyspnœa. A diagnosis was made of sclerosis of the vocal cords, as the result of syphilitic ulceration. Crico-thyrotomy was performed, and then divulsion of the cords effected by introducing through the incision a common dilator with two branches, like that used for cystotomy. A tracheal canula was then introduced. The improvement was considerable. On the third day the tube was removed, and a large elastic catheter introduced from below till it issued from the glottis. The calibre of the catheter was daily increased; and twelve days after operation the tracheal tube was finally removed. Soon the voice began to improve, and was ultimately completely restored. There was no rise of temperature. The atmosphere of the room was kept moist with steam. The separation of the alæ of the thyroid cartilage appears to demand no further surgical steps for the practice of dilatation. The complete recovery of voice in so short a time is remarkable; and the results justify our asking whether any laryngoscopic examination was made, and the diagnosis thereby verified.

MASSEI.

DONALDSON, FRANK, JUN.—Paralysis of the Lateral Adductor Muscle of the Larynx—a Unique Case. *New York Medical Journal, February* 12, 1887.

IN this case laryngoscopic examination revealed extreme abduction of the left cord, which was immobile during respiration and phonation. The arytenoids were healthy, nor was there any history that could suggest ankylosis from perichondritis of the arytenoids. An attack of severe pain behind the ear, with the deafness and loss of voice which followed, pointed to a brain lesion as the cause of the trouble. The author then proceeds to discuss the two main theories as to why, both in central and peripheral nerve-lesions, the *abductors* are almost invariably affected; and to summarize Semon's hypothesis of natural proclivity in the abductor fibres to disease, and that of Krause, who holds that atrophy of the dilating muscle is attributable to its mechanical, not to its paralytic, immobility. Next, the author refers to his experiments, and those of Semon and Horsley. He says he is forced to agree with Semon that those cases where the vocal cord is fixed in the middle line are true paralysis of the abductor muscle, and not spasm of the adductor; and, moreover, that the constant implication of the abductor muscle may be explained on the ground of the greater irritability of the abductor muscle or nerve-fibres. Finally, he asserts that his experiments tend to confirm Semon's conclusion.

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OTT.—A Case of Glottic Paralysis with Paresis of Sensibility. *Präg. Med. Woch.*, No. 13, 1887.

IN a case of paralysis of the left abductor, the left side of the mucous membrane was also anæsthetic to the touch of the laryngeal probe, and to electric irritation. MICHAEL.

GOUGENHEIM.—The Local Treatment of Laryngeal Phthisis. *Revue Générale de Clinique et Thérapeutique, March* 24, 1887.

LARYNGEAL phthisis, contrary to the opinion of Krishaber, is susceptible of amelioration, and even of cure. To relieve the pain and dysphagia, the author employs cocaïne (not in the spray, since this deadens the whole pharyngo-buccal mucosa, and removes the appetite). For tubercular ulcerations he uses iodoform and lactic acid; when the ulcers are seated on a thickened base, the application of these medicaments should be preceded by pretty deep scarifications. M. Gougenheim no longer speaks of the good effect of the galvano-cautery, which he formerly so much vaunted.

JOAL.

ASTIER, Ch.—The Treatment of Laryngeal Phthisis. *Baillière, Paris, April*, 1887.

THE author believes (1) in the possibility of retarding, for a longer or shorter time, the formation of tubercular ulcers in a larynx so threatened, when the patient presents at first only a suspicious laryngitis: (2) in the possibility of obtaining cicatrization of a tubercular ulcer; but he adds, that he dare not affirm a definite cure.

During the period which precedes ulceration, Astier recommends emollient inhalations and sprays, applications of a mild solution of chloride of zinc; cauterizations with 20 per cent. nitrate of silver if there is œdema, and employment of the galvano-cautery.

During the period of ulceration it is necessary—(1) to relieve the pains by cocaine, morphia, or belladonna, with inhalation, spray, brush applications, or powders; (2) to treat the ulcers by application of iodine, "liqueur de Vilatte," galvano-cautery, or iodoform. The author is an advocate of preventive tracheotomy. JOAL.

WROBLEWSKI.—Three Cases of Complete Cicatrization of Phthisical Ulcerations of the Larynx. *Medycyna*, No. 11, 1887.

1. A PATIENT eighteen years of age. Advanced phthisis of the lungs, bacilli in the sputa, ulceration of the free edges of the true vocal cords, infiltration and deep ulcerations of the posterior wall of the larynx. Treatment: Frictions with lactic acid daily,

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in strength 25 per cent. up to 100 per cent., preceded by cocainization. Complete cicatrization of the ulcers after ten frictions applied during three weeks. Six months afterwards the patient returned with fresh ulcers and more advanced pulmonary phthisis.

2. A patient forty years old. Advanced hereditary phthisis. Ulceration of the left vocal cord and of the posterior wall of the larynx. Complete cicatrization at the end of three weeks under application of lactic acid of 25 per cent. up to 100 per cent. An excrescence of the shape of a strawberry remained on the posterior wall of the larynx, which was removed by means of a curette, and cicatrization followed in five days. The patient returned six months after with the submaxillary glands of both sides tumefied. The larynx and pulmonary condition remained stationary. The tumefied glands suppurated, and the patient submitted to surgical treatment.

3. A patient thirty-five years old. Syphilitic antecedents. Extensive ulceration of the epiglottis and larynx with advanced phthisis of the lungs and dysphagia. Cicatrizations of the ulcers after fifteen frictions with lactic acid lasting over one month. Disappearance of the dysphagia. Six weeks after, the cure persisted, and the general condition was ameliorated.

The author maintains that it is necessary to use energetic friction even until the appearance of blood. Some patients support this treatment very well even without previous applications of cocaine.

CONST. KARWOWSKI.

SEIFFERT (Wurzburg).—**Post-mortem Examination of a Case of Laryngeal Tuberculosis.** *Münchener Med. Wochenschrift*, No. 14, 1887.

THE examination of the larynx showed some of the ulcerations to be cicatrized. MICHAEL.

CARDONE.—Three Cases of Tracheotomy for Syphilitic Affections of the Larynx. *L'Eco delle Cliniche, January*, 1887.

CARDONE, assistant to the Laryngological Clinic of Naples, relates three cases occurring among Massei's out-patients. The first was a subglottic gumma operated on by Massei; the second, a considerable infiltration of the whole cavity, the epiglottis being largely involved, so that it looked like a malignant growth,—operated on by Prof. Gallozzi; in the third the affection was localized on the vocal cords,—operated on by Prof. d'Antona. The too hurried removal of the canula necessitated a second operation. The remarks on the manner in which stenosis necessitated tracheotomy, are concisely expressed and much to the point. MASSEI.

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LEWIS, CHRISTOPHER (Birmingham).—**Clinical Observations on Syphilis of the Larynx.** *Birmingham Medical Review, March,* 1887.

THE author refers to a case of "relapsing ulcerative laryngitis," which proved to him "how necessary it was to destroy every vestige of a vegetation to ensure against a recurrence of the growth"; and another case of acquired syphilis in a child of eight, in whom there was aphonia, paralysis of the right vocal cord, with little or no abduction, and partially the same condition in the left cord. This was a case of syphilitic aphonia, which recovered under treatment. He also describes a case occurring in a syphilitic man of forty-nine, of cadaveric position of the left cord, and partial paresis of the right cord, with sudden attacks of unconsciousness which simulated the so-called "laryngeal vertigo."

In cases of doubt between syphilis and tubercle, he indicates the following points of differential diagnosis, viz., the presence of bacilli, the dusky redness of the laryngeal cavity in syphilis as compared with the anæmic general condition of the parts in phthisis ("accompanied with reddening and inflammation at the seat of the disease in syphilis"); the characters of the ulceration, viz., deep, unilateral, and with inflamed areola in syphilis, the thickening of the cords in phthisis, the raucous voice in syphilis, and the presence of vegetations which point to syphilis.

GOUGENHEIM.—Tertiary Syphilitic Laryngitis; Tracheotomy; Wearing of the Canula for Seven Months; Cure. *Ann. des Mal. du Larynx, &c., March,* 1887.

THE author records the case of a patient in whom inspiratory stridor and suffocative attacks indicated urgent tracheotomy. All that could be learned was that, having had a catarrh for about two or three weeks, difficulty of respiration had supervened a few days before. A deep circular pharyngeal ulceration, along with ulcerated, tumefied, and deformed epiglottis and similar appearances of the arytenoid region (an entire view of the larynx being impossible), indicated syphilis. In three weeks under antispecific treatment the larynx became normal. The voice had never been completely lost.

The following points make the case worthy of record :—

1. The limitation of the laryngeal lesion, in spite of absence of all internal treatment for three months—whence, the preservation of the voice. Such cases, untreated, generally proceed to extensive disorganization, and stenosis of the larynx.

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2. The ease with which the patient bore withdrawal of the canula at the end of seven months, the larynx having returned to the normal. The author has seen a case in which the canula was withdrawn at the end of three years. In this the larynx also retained its normal calibre.

JOAL.

DE ST. GERMAIN.—Chloroform and Tracheotomy. Lecture at the Hôpital des Infants Malades. *Bullet. Méd., April* 6, 1887.

Apropos of the discussion at the Société de Chirurgie (see this Journal, p. 192), the Professor was astonished to have heard it sustained that the employment of chloroform in tracheotomy was common in Switzerland, America, England, Germany, and was sometimes used in certain French hospitals. "I have seen the time when the application of chloroform to tracheotomy seemed likely to surpass its use as an anæsthetic in surgery. I have done 402 tracheotomies, of which nineteen were in the adult, and I have given chloroform more than 13,000 times myself; this is due to the fact that I have no fears about it. As to administering it in tracheotomy, I have never done it or seen it done. Should I do it henceforth? In the adult there is absolute quiet during the operation, especially when practised with a bistoury. This operation is less painful than drawing a tooth, or the opening of an abscess. Chloroform is, therefore, no great help. In children, it is proved that there is no need to operate early—one must wait until the commencement of the period of asphyxia; it is well known that at this moment the child is absolutely anæsthetic, and in this case there is therefore no benefit in chloroform. When, on the contrary, one operates upon a child not as yet asphyxiated, with sensibility preserved, and defending itself against operative interference, chloroform would appear to be of great service; but then it is necessary to practise tracheotomy by Trousseau's method, that is the only one permitting of largely exposing the trachea, and of delaying the incision into it until the wound is no longer bleeding. One must then keep one's self from operating 'en un seul temps.'" De St. Germain shares the views of M. le Dentu, and thinks he set them forth, at the Société de Chirurgie, with wisdom and moderation.

JOAL.

ROSENTHAL (Berlin).—**Tracheotomies in the Charité Children's Hospital.** *Charité Annalen*, 1885.

AFTER eliminating twenty-five children under two years of age, there were, out of 128 cases, 20·4 per cent. of cures for croup, and 18·75 per cent. of cures for diphtheria. It is not necessary to perform the operation after the first attack of asphyxia. MICHAEL.

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