LARYNX.

Bark, J. (Liverpool).—*Laryngeal Papilloma.* Liverpool Med. Instit., April 6, 1893. "Liverpool Med. Chirurg. Journ.," July, 1893.

CASE of laryngeal papillomata in a man, aged thirty, shown after operation. Growths had been successfully removed by means of Gibbs' snare, cutting forceps, and Grant's guarded forceps. Of the last instrument the author speaks very highly, and regards it as "the most useful and safest instrument for removal of growths situated on the edges of the vocal cords." *Middlemass Hunt.*

Simpson, W. K. (New York).—*The Treatment of Non-Membranous Stenosis of the Larynx in the Adult by O'Dwyer's Method of Intubation, with Report of Five Cases.* "Med. Rec.," April 15, 1893.

THE first case was one of syphilitic papillomata, almost occluding the larynx and producing attacks of dyspnœa. A tube was introduced and retained for three and a half days. Great improvement took place, and the growths were found to have disappeared almost entirely. The next was one of inflammatory thickening with intense dyspnœa. There were symptoms indicative of tuberculosis, but a cicatrix in the palate pointed to syphilis. A tube was introduced, and, although not well borne, was retained for six days, and on its removal the larynx was fairly normal. Nine months later the symptoms threatened to recur, and a gradual adduction of the cords and fixation of the arytenoids developed. On this and subsequent occasions intubation gave excellent results. The third case was one of chronic syphilitic stenosis, so extreme that only the smallest adult tube could be introduced. It was retained for eighteen days. The fourth was one of bilateral paralysis of the abductors, the patient when seen being almost comatose from morphia and atropia. On recovery the smallest tube was introduced, but only retained for nine hours. The medium one was then inserted, but the patient died with pneumonic symptoms. In the fifth case dyspnœa came on owing to inflammatory swelling in a larynx distorted by fracture. The smallest tube was introduced, and caused, in sixteen hours, sufficient dilatation to admit of the introduction of the medium one, which was retained for six days, and removed on account of pain in swallowing. Enlargement of the breathing space remained permanently. *Dundas Grant.*

Onodi (Buda-Pesth).—*Contribution to the Study of Laryngeal Paralysis.* "Berliner Klin. Woch.," 1893, Nos. 32 and 33.

WHEN the recurrent nerve is resected the glottis may still be closed by the function of the crico-thyroid muscle. The author has proved this to be the case by experiments upon dogs, by stimulating the crico-thyroid nerve after section of the recurrent nerve. But if the trachea is previously opened the stimulation of the crico-thyroid nerve cannot close the glottis, this muscle only possessing this function if its contraction is combined

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with the effect of the air-pressure. Of special interest is the result of a *post-mortem* examination upon a patient with aortic aneurism and right complete with left incomplete laryngeal paralysis, and in which the author was able to demonstrate pathologically and anatomically that the fibres of the dilators of the larynx lost their irritability sooner than those of the constrictors. The right recurrent nerve contained degenerated and intact fibres, the left nerve was degenerated; the nerves of both postici were degenerated. The right thyro-arytenoid nerve contained both degenerated and intact fibres, the left one only degenerated fibres. The right lateral nerve was nearly intact, the left completely degenerated.

Michael.

Leo (Bonn).—*Death from Spasm of the Glottis in Hysteria Virilis.* "Deutsche Med. Woch.," 1893, No. 37.

A PATIENT, twenty years old, who was a drunkard, always had headache. For two years he had had spasms in different muscles, sometimes attacks of vertigo and loss of consciousness, and clonic and tonic spasms of one half of the body. Such an attack, combined with severe inspiratory dyspnœa, ended fatally by suffocation. The *post-mortem* examination only showed strong adduction of the vocal cords. The author believes that the patient died from an acute hysterical glottic spasm. *Intra vitam*, a stenotic stridor was not heard, and no laryngoscopic examination was made. *Michael.*

Raede (Berlin).—*Tracheotomy on account of Poisoning by Lysol.* "Deutsche Zeit. für Chir.," Band 6, Heft 5 and 6.

A CHILD, ten months old, was given by mistake a spoonful of lysol instead of cod liver oil. The mouth was cauterized and swollen, respiration painful, cyanosis and stridor were present. Tracheotomy was followed by improvement in the respiratory symptoms. Some hours later there was excitement, universal spasms, collapse, and death followed. The *post-mortem* examination showed hypostasis of the lungs, swelling of the tongue and palate, swelling of the larynx, cauterized parts on the mucous membrane of the cricoid cartilage and the bifurcation, and greyish discoloration of the mucous membrane of the œsophagus. This case shows that lysol is not so harmless a drug as is generally believed.

Michael.

Pitts, B. (London).—*The Surgery of the Air-Passages and Thorax in Children.* "Brit. Med. Journ.," July 15, 22, and 29, 1893.

IN these three lectures, delivered at the Royal College of Surgeons of England, Mr. Pitts carries the reader over a wide range of diseases as met with in hospital practice, and in the course of his remarks places certain operative measures—notably intubation—in a very clear light. Among the subjects treated are:

Scalds of the throat and larynx.
Compression of the trachea.
Papilloma of larynx.
Tracheotomy in children.
Intubation.

What most concerns us is to be found in the first two lectures.

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Scalds of the throat and larynx: Seventy-eight cases of such were admitted into St. Thomas's Hospital from 1872 to 1892, the average age being just over three years. In nearly all there was difficulty of respiration. In sixty-seven the accident occurred from inhaling steam or attempting to drink water from the spout of a kettle, or from a teapot spout, etc. Death resulted in fifteen cases, in twelve of which tracheotomy was performed. In three of this number, first intubation and then tracheotomy. Of the seventy-eight cases twenty-three came to tracheotomy or intubation. Eight recovered after tracheotomy; three after intubation. Age had little to do with the result. Scarification of the fauces and glottis were little employed, the difficulty being great in young children.

Intubation, it is pointed out, will take the place of tracheotomy in certain cases of œdema from scald where this is confined chiefly to the glottis. The swelling of the parts will increase the difficulty, and tracheotomy must be considered at once when intubation is unsuccessful. The rapidity with which intubation can be performed makes it incumbent on every surgeon to become familiar with the process. In four cases of scald, membrane was seen on the fauces. A difficulty in diagnosis is pointed out as existing in the fact that the history was to be obtained from the parents. Prognosis is not so gloomy as several writers state. Tracheotomy, or intubation, to be successful must be effected before exhaustion becomes extreme.

Compression of the trachea in children may be caused by abscess, enlarged glands, goître, or foreign body in the œsophagus. Post-pharyngeal abscess may effect compression of the trachea or cause œdema glottidis. Such an abscess, more especially if dependent on vertebral disease, and hence apt to occasion a continuous drain, ought to be opened by an incision in the neck, but if the abscess is small and probably resulting from a caseous pharyngeal gland, as in children under one year old, then incision through the mouth may be practised with proper precautions. Where urgent dyspnœa is associated with the abscess, and time must be occupied in the dissection, tracheotomy had better be performed. In two hundred and four cases of post-pharyngeal abscess recorded by Bokai of Pesth, only seven were secondary to caries of the vertebræ.

Mr. Pitts alludes to a small tense cyst arising from the crico-thyroid membrane at the median line, blocking up the glottis, in a child fourteen days old. This caused suffocation, the tender age of the child precluding tracheotomy. In a female, aged sixteen, a congenital web was found in the larynx. Unless these webs cause difficulty in breathing, interference is not advisable. A laryngeal stenosis of such a character, it is well known, is little amenable to surgical treatment. Tracheotomy is the step to be taken, with a permanent canula. In dealing with papilloma of the larynx, Mr. Pitts refers to a condition in children which might very easily be mistaken for papilloma. In one instance in my own experience this particular state was diagnosed as papilloma. The prominent symptoms are, as Mr. Pitts points out, inspiratory dyspnœa, continuous even under chloroform, retraction of soft parts of chest, with a course of weeks, months, or even years. These cases are not to be confounded with laryngismus stridulus. As the cause of this condition Mr. Pitts supposes

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a recurved and rigid state of the epiglottis. To most it will be difficult to imagine a recurved and at the same time a rigid state of the epiglottis. In eight or nine cases of this condition which I have met with and examined, no such condition of the epiglottis was appreciable to the finger. The way in which recovery was attained in these cases also pointed to a different etiology. Mr. Pitts further refers to adenoid vegetations and nasal obstruction from specific rhinitis as producing effects which must be considered where laryngeal symptoms are present.

Compound papillomata are often congenital and frequently give rise to no marked symptom until the child is of some age. The author arranges the treatment under the following heads :—

1. Endo-laryngeal removal.
2. Intubation.
3. Tracheotomy, with permanent canula to allow of spontaneous cure.
4. Tracheotomy and thyrotomy with removal of growths.
5. Tracheotomy and thyrotomy at the same operation.

The first is impracticable in children. Intubation is never advisable bleeding and irritation being inevitable. The spontaneous disappearance of the growths after tracheotomy was not experienced in the author's practice, the occurrence being discredited by him for the most part. In such cases Mr. Pitts recommends tracheotomy and permanent canula until the larynx becomes further developed.

If thyrotomy for removal of growths is determined on, then tracheotomy should be performed some time prior to the thyrotomy, which, if carefully performed, adds little risk to an ordinary tracheotomy, all bleeding into the trachea being prevented by small pieces of sponge being made to fit closely round the tracheal tube. Median incision of the cartilage is insisted upon as well as subsequent correct apposition. It is pointed out that the voice is affected, not by the exploration, but by the amount of tissue removed. Cocaine applied to the mucosa prevents spasm and mitigates bleeding. A fine Paquelin cautery is used for flat growths. In recurrent cases and secondary operations the author does not suture the cartilage, and with as favourable results.

Tracheal polypi are referred to as arising from irritation of the tracheal tube after diphtheria.

In referring to tracheotomy in children, the author points out that since the operation has been more intelligently considered and entertained better results have followed, and indicates clearly where tracheotomy is to be preferred to its more youthful rival, intubation. Durham's tube is advocated as the least likely instrument to produce ulceration. The notable increase of diphtheria in these sanitary times is referred to.

Out of a total of two hundred and thirty-nine tracheotomies sixty-six recovered, or 27·6 per cent. The variation in the mortality according to the severity of the epidemic renders statistics of results after tracheotomy or intubation most misleading unless given for a number of years in succession. Success largely lies in the after-treatment. Nasal feeding is better than enemata, and a dry, equable temperature than a moist, steamy atmosphere. A sponge kept warm and moist over the tube is recommended. A mercuric chloride spray is used, if at the same

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time membrane is present on the pharynx or fauces, a drachm of a 1·1000 solution being used every three hours. In nasal cases, first a boracic douche and then the mercuric spray were used.

Intubation: The author can point to a record of 40 per cent. recoveries, and refers to the fact that, be it tracheotomy or intubation, the main cause of death is extension of membrane downwards; extensive ulceration of the larynx after intubation is quite exceptional. Intubation is not recommended for diphtheria arising in the course of measles or scarlet fever. Intubation is indicated at ages under two years. It is contra-indicated by inexperience and where the pharynx or naso-pharynx are involved.

Wm. Robertson.

Poppert (Giessen).—*Extirpation of the Larynx.* "Deutsche Med. Woch.," 1893, No. 35.

A PATIENT, sixty-eight years old, was operated upon in August, 1892, and up to now (July, 1893) has been without recurrence. *Michael.*

Stickler, J. W. (Orange, N.J.)—*The Trachea opened longitudinally from a point just below the Isthmus of the Thyroid to its Bifurcation, and a Foreign Body removed from the Left Bronchus.* "Med. Rec.," April 29, 1893.

AFTER low tracheotomy in a child with croup a pledget of iodoform gauze became detached from the probang to which it had been tied for the purpose of cleansing the trachea. It slipped down into a bronchus, and caused great distress and cyanosis. Dr. Stickler then exposed the trachea down to the sternum, securing all bleeding vessels on the way, and, with the forefinger as a director, slit the anterior wall down to the bifurcation. He passed the blades of angular forceps into the bronchi, and after several attempts removed the gauze from the left one. Complete relief followed, the tracheal and superficial incisions were brought together with sutures, the tube was re-inserted, and recovery took place.

Dundas Grant.

EAR.

Dennert (Berlin). — *The Significance of Quantity of Tone in Testing the Hearing.* "Archiv für Ohrenheilk.," Band 34, Heft 3.

BY this is meant, in addition to the intensity of the sound, the length of time it has to last in order to be perceived by the patient. It is measured in practice by passing a vibrating tuning-fork to and fro in front of the meatus at stated intervals, say once a second. The writer makes use of this principle, and professes to get more rapid and accurate statements from the patient than by merely allowing a fork held in position to die out in the usual way. *Dundas Grant.*

Jankau, Ludwig. — *On the Differential Diagnosis of Middle-Ear and Labyrinthine Diseases.* "Archiv für Ohrenheilk.," Band 34, Heft 3.

THE author holds that when two otoscopes connect the ears of the patient with those of the observer, while a tuning-fork in vibration is

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