rapidly recovered. Change of diet alone is sufficient to cure the condition.

This form of dry pharyngitis (not involving the naso-pharynx) is in great measure due to the dyspepsia caused from drinking stewed tea before, with, or after meals, and also to the local astringent and irritant effect. Total abstinence from tea should be rigorously enjoined.

BENDER (Bonn).—**On Lichen Ruber of the Skin and Mucous Membranes.** *Deutsche Med. Wochenschr.*, 1887, No. 39.

IN two cases of this disease the author saw a continuation of the exanthem on to the mucous membrane of the mouth. On the palate were little white tubercles, and on the back of the tongue white plaques. Small tubercles were also visible on the pharynx and its lateral walls. MICHAEL.

WILLETT, GEORGE, G. D. (Bristol).—**Retro-pharyngeal Abscess.** *British Medical Journal, October* 8, 1887.

A SHORT note descriptive of the case of a man aged fifty, who had complained for some weeks of dysphagia. He died suddenly after admission to the Bristol Royal Infirmary. *Post-mortem* examination revealed a retro-pharyngeal abscess, with a sac nine inches long, and containing a pint of thick, curdy pus. No eroded or bare bone was felt. HUNTER MACKENZIE.

ALSBERG (Hamburg).—**Artificial Teeth in the Œsophagus: Œsophagotomy—Cure.** *Deutsche Med. Wochenschr.*, 1887. No. 39.

THE teeth could not be removed *per vias naturales*; œsophagotomy was therefore performed the same day. After the incision it was not possible to remove the teeth through the wound, but it was practicable to make them movable, and to extract them through the mouth. The foreign body was a palate with six teeth. The wound in the œsophagus was sewn up, and the skin-wound dressed with iodoform gauze and closed on the tenth day. MICHAEL.

LARYNX.

BARRON, B. J. (Bristol).—**Hoarseness and Loss of Voice.** *Bristol Med. Chir. Journal, September*, 1887.

THE author's cases have fallen under the following heads:—Chronic laryngitis, hysteria, laryngeal phthisis, laryngeal anæmia, acute laryngitis, laryngeal syphilis, growths in the larynx, aneurism, œdema of the larynx.

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The author relies upon brushing the larynx with chloride of zinc (xv.—xxx. gr. ad ℥j. glycerine) in chronic laryngitis, with rest of voice, and avoidance of all irritants. He finds 10 per cent. solution of cocaine in glycerine of borax most useful as a local application for the dysphagia of laryngeal phthisis. For ulcerations he prefers iodoform, and inhalations of creosote and terebene. He has not derived much benefit from menthol (20 per cent. in olive oil), but speaks well of lactic acid, which, however, is apt to cause spasm of the glottis. In one case of necrosis of the right arytenoid cartilage he was able to cure by clearing out the *débris* and stuffing the ulcer with iodoform. The author has seen cases of secondary syphilis of the pharynx associated with an obstinate erythematous laryngeal blush. He has observed gummata on the epiglottis go through stages of deposition, softening, and ulceration. Cocaine was proved to be a better anæsthetic than morphia. The author has observed papillomata diminish in size under applications of lactic acid and chloride of zinc.

Two cases of œdema of the larynx have occurred in the author's practice: one was very acute, voice being lost in an hour or two from the onset; only the epiglottis was affected, and the patient got well under benzoin and hot steam inhalations. The other case of subglottic and glottic œdema recovered under iodide of potassium.

MOURE.—Remarks on Affections of the Vocal Organs in Catarrhal Laryngitis. *Rev. Mens. de Laryngologie, etc., October*, 1887.

THE opinion generally accepted to explain vocal troubles in the course of acute catarrhal laryngitis is the existence either of material injuries hindering the functions of the vocal cords, or of muscular trouble caused by inflammation of the subjacent mucosa; this trouble would specially manifest itself on the side of the vocal cords, hindering their tension and their complete juxtaposition at the moment of emitting sound. Ziemssen, Solis Cohen, Lennox Browne, Gerhardt, Morell Mackenzie admit these muscular troubles; Moure also adopts this theory, making the thyro-arytenoid muscle alone play an important part, but attaching the greatest importance to the ary-arytenoid, which, on account of its larger surface, is more exposed than any other when the vocal mucosa is attacked with acute inflammation.

The isolated paralysis of this muscle causes complete aphonia, and its slight paralysis causes a hoarseness more or less pronounced, not only of the voice but also of the cough, which takes a croupal tone; it is thus easy to understand the modifications of the voice in acute laryngitis. The rapid alternations of the voice from deep to shrill are explained by the unequal contractions of the muscular fibres of

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the transverse arytenoid: if the muscle is partly relaxed, sound is extinguished, muffled or hoarse, and if it contracts quickly the vocal cords, during this exaggerated effort, give rise to a voice out of tune, and the note sounds harsh and grating. Irregular contraction of the vocal cords produces, on the contrary, a deep, hoarse, croaking voice. With children, hoarse, croupal cough is due to the inflammation of the arytenoid mucous membrane. The spasm and fit of suffocation are brought on by the spasmodic obliteration of the inter-cartilaginous glottis. JOAL.

ARIZA (Barcelona).—**Laryngeal Tuberculosis.** *Revista de Laringologia, Otologia, y Rinologia, August*, 1887.

OUT of twenty phthisical patients seen by Ariza during the term 1885–1886, in the *Instituto de Terapéutica Operatoria de Madrid*, sixteen were men and four women; their ages ranged between sixteen and sixty-four years. The etiological causes were unknown, but in nearly all the cases there was some pathological relation between the larynx and the lungs. The cause of the affection was always chronic in the first-named organ, while chronicism and acuteness varied in the lungs. Ariza maintains the curability of laryngeal tuberculosis when the lung is sound or only slightly affected, though the lesions of the larynx may compel tracheotomy; and he records the case of a lady patient who, after having been tracheotomized, had an absorptive fever, with copious sweating, purulent expectoration with detritus of the tissues, and pieces of necrosed cartilage, until a time arrived at which the elimination of the tuberculous engorgements ended, and the patient was cured of her laryngitis. The forms of tuberculosis observed in the twenty patients were the hypertrophic, the polypous, and the ulcerative. The treatment consisted in touching the ulcers with iodoform, carbolized and boric solutions, as well as with lactic acid and nitrate of silver; in removing the pediculated polypi, and in cauterizing the sessile ones with chromic acid or galvano-cautery, and using for hypertrophies galvano-caustic punctures.

SOTA Y LASTRA.

SOTA Y LASTRA.—Hæmorrhagic Laryngitis. *Revista Médica de Sevilla, July* 15, 1887.

THE author records a case of a woman, in the state of pregnancy, who, after having washed her linen with very cold water, became hoarse, began to feel dryness and heat in her throat, and some trouble in swallowing, coughed often and expectorated blood. On examining her throat, the pharynx was found to be congested, and granular; the velum, faucial pillars and the uvula were red, and the mucous membrane of the larynx was tumid and covered with

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blood. On removing this, a small drop of the size of a pin's head appeared at the vertex of the right arytenoid. Every time it was cleared another new drop made its appearance. This woman was perfectly sound, no other of her organs offering the least symptom of disease. With the use of astringent medicines, applied both topically and internally, a cure was obtained at the end of three days.

SOTA Y LASTRA.

ARIZA.—Extensive Laryngeal Papillomata; Complete Obstruction of the Glottis; Tracheotomy; Cure. *Revista de Medicina y Cirugia Prácticas, August* 7, 1887.

THE author refers to the history of a young lady who, feeling somewhat heated, drank some cold water, from which moment she became hoarse and dyspnœic; the latter affection increasing until the point of requiring tracheotomy, which was performed by Dr. Rubio. After a few months Ariza examined her, finding in the bottom of her laryngeal vestibule a tumour of the size of a walnut, with a rough surface, granular, and slightly whitish; this completely filled the laryngeal cavity, and the author thinking it to be a papilloma removed it by avulsion, but in spite of the use of cocaine the patient's want of endurance enforced him to employ the cautery in order to destroy the remnants of the neoplasm. This, however, was not efficacious and produced some damage to the sound tissues; for this reason Ariza recurred to Voltolini's sponge method, meeting with good success. But the neoplasm was reproduced in the form of granulations, which grew on all sides. They were treated with the chloride of zinc solutions (50, 60, and 80 per cent.), and the sponges were often introduced. In this manner the disease was mastered; and after four months the patient was discharged with a regular and clean glottis, and the vocal cords free from papillomata. SOTA Y LASTRA.

SCHRAKAMP (Stuttgart).—**Three Rare Cases of Tracheotomy.** *Berlin. Klin. Wochenschr.*, 1887, No. 35.

1. Tracheotomy for chronic laryngitis with acute dyspnœa.
2. Tracheotomy for a foreign body.
3. Tracheotomy for a retro-pharyngeal abscess. MICHAEL.

POLLARD, BILTON (London).—**Tracheal Catheters.** *British Medical Journal, September* 17, 1887.

REPLYING to a note of inquiry, the author states that a tracheal catheter resembles a gum elastic catheter (urethral), but differs from it in being open at both ends like the supply tube of a stomach pump. They are supplied by Messrs. Krohne & Sesemann, London. See article on "Tracheal Catheterism" by Macewen, Glasgow, in Heath's *Dictionary of Practical Surgery*. HUNTER MACKENZIE.

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NECK, &c.

WOLF, JULIUS (Berlin).—**Contribution to the Surgery of Goître.** *Berl. Klin. Wochenschr.*, Nos. 27, 28, 1887.

REVIEW of the literature of the subject, and recommendation of partial extirpation, with illustrative cases. MICHAEL.

D'ESTREÉS DEBOUT.—On Parotidean Gout. *Journ. de Méd., June* 26, 1887.

THE author publishes thirteen observations on this gouty manifestation, and concludes: 1. That the existence of gout of the glands, and particularly of the parotid, is clearly demonstrated. 2. That contrary to the opinions he had expressed in 1885 at the Academy, glandular manifestations do not always alternate with articular. 3. That gouty parotiditis never ends in suppuration, but in the elimination of saliva charged with urates. JOAL.

FAUVEL.—Contribution to the Study of Dermoid Cysts of the Neck. *Thèse, Paris*, 1887.

CONGENITAL dermoid cysts are found in the thyroid space at the level of the third bronchial cleft, and result from the embryonic inclusion of a portion of the external integument. They coincide sometimes with other abnormalities of development. These cysts own heredity as a primordial factor. Extirpation is the only method of treatment which prevents any recurrence, and it is necessary to practise it as soon as one is sure of the dermoid nature of the cyst. JOAL.

DELOBEL.—Contribution to the Study of Chronic Abscess of the Sub-hyoid Region. *Thèse, Paris*, 1887.

THERE exists a prelaryngeal gland in front of the crico-thyroid membrane, in the V formed by the crico-thyroid muscles (Poirier's gland). Chronic abscesses of this region are superficial, or deep and of glandular origin. Chronic affections of the larynx or cartilages also produce deep abscess, or adenitis. The former are to be treated by incision and scraping, or successive punctures, followed by injection of iodoform in ether. The latter may be opened, to give outlet to the pus, but it will be necessary, almost always, sooner or later to perform tracheotomy. They may be scraped, but the production of a lesion of the subjacent parts must be avoided. It may lead to fistula of the larynx and trachea. JOAL.

MOBITZ (St. Petersburg).—**Unilateral Fistula Colli Congenita Completa.** *Petersburg Med. Wochenschr.*, 1887, No. 37.

A TUMOUR as large as an egg between the sternal portions of the

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