McBride.—*Antral Disease.* Odonto-Chirurgical Society of Scotland (Transactions), 1893.

AN excellent introduction to a discussion in this society. The views at present held are taken up, and the etiology, pathology, as well as treatment, receive due attention. The author's ideas about treatment are useful. It is noteworthy that he prefers the exploration from below after removal of the teeth, but, of course, he pays due attention to the openings through the outer wall of the nasal cavity. *J. Macintyre.*

Swain, Paul (Plymouth). — *Parotitis following Injury to the Abdomen.* "Lancet," March 11, 1893.

THE parotitis which did not reach suppuration, came on three weeks after a fall from a pony, occasioning separation of the lower epiphysis of the left femur in a child aged eleven. There were abdominal symptoms, the nature of which is not at all clear from the description.

Dundas Grant.

LARYNX.

Smith, W. Ramsay (Edinburgh). — *The Course of the Inferior Laryngeal Nerve.* "Lancet," March 11, 1893.

Dr. SMITH criticizes the late Dr. Herbert Davies's ingenious theory concerning the inferior laryngeal nerve on various grounds, including the following :—That the rima does not alter appreciably during normal respiration, which can go on after section of both inferior laryngeal nerves ; that the two nerves differ in length ; that in the cases in which the right nerve does not recur, but goes straight to the larynx, respiration and voice production are not affected ; that the shorter superior laryngeal nerves have to act in concert with the recurrents. He quotes several other "pretty pieces of physiology" as instances of theories which he considers unsupported by facts. [Probably Dr. Smith has taken more seriously than was intended by the author this interesting instance of the fitness of things, and in his capacity of iconoclast has attacked as an idol what was offered rather as a work of art.—ABS.] *Dundas Grant.*

Wolstenholme (Manchester).—*The Larynx of a Horse, the Subject of Roaring, &c.* "Brit. Med. Journ.," Apr. 29, 1893.

THE horse also suffered from acute laryngeal dyspnœa. There was extreme atrophy of the arytenoid and posterior crico-arytenoid muscles of the left side. *Wm. Robertson.*

Herschell, George (London).—*A Case of Nocturnal Spasm of the Larynx in an Adult.* "Lancet," May 13, 1893.

THE patient, a somewhat neurotic person, was attacked occasionally in the night with inspiratory dyspnœa, especially if he had committed any excess in the indulgence of the dinner or the cigar. He was relieved at once by free eructation, but in the absence of this he was unable to

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sleep till worn out by exhaustion. The attacks were more liable to occur when he lay on his back. Such attacks are sometimes attributed to the influx of saliva into the air-passages, but this cause was excluded in the case quoted by the attitude and by the effect of sleeping with a dentist's saliva evacuator in the mouth, no dyspnœa coming on while this singular experimental precaution was practised. *Dundas Grant.*

Rand, N. W. (Monson, Mass., U.S.A.)—*A Remedy for Stertorous Breathing.* "Med. Rec.," March 4, 1893.

IT was found that propping up the chin by means of a cardboard support placed on the chest the stertor in an old man dying of apoplexy was quite stopped, to the great relief of the relatives, and possibly of the patient as well. *Dundas Grant.*

Chappell, W. F. (New York).—*A Case of Eversion of the Ventricles of the Larynx, with a new method of Treatment.* "Med. Rec.," Jan. 7, 1893.

EVERSION of the ventricles, causing serious difficulty in breathing and other laryngeal symptoms, occurred suddenly during a severe fit of coughing in a woman aged forty-eight, who had suffered from severe cough for four years and had a distinct syphilitic history. Intubation gave relief to the dyspnœa but could not be kept up, and the everted ventricles were removed by means of a laryngeal guillotine of the ring form with an outward convexity. Complete relief followed, but in six months the patient died from laryngeal obstruction, a large mass of cancerous tissue occupying the position of the right vocal cord.

The same instrument was used with advantage for the removal of portions of the vocal cords in a case of bilateral paralysis.

Dundas Grant.

Semon, F. (London).—*Treatment of the Ulcerative Lesion in Laryngeal Tuberculosis, with Some Remarks on the Constitutional Treatment by Large Doses of Creosote.* "Lancet," March 11, 1893.

DR. SEMON recommends very strongly the internal and local treatment above mentioned, and narrates several good illustrative cases. The creosote must be perfectly pure, and is administered in one-minim capsules or pills thrice daily after meals, the number of capsules being gradually increased till nine, twelve, or even fifteen are taken daily. The lactic acid is applied in the usual strengths on absorbent wool, firmly wrapped round rectangular forceps, and is rubbed with a fair amount of force into the floors of the ulcers. In cases where there is much œdema he allows this to subside, and prefers inhalations or insufflations of sedatives. Granulation tissue is scraped away by means of Krause's or Heryng's laryngeal curette previously to the application of the lactic acid.

[It is surprising that the systematic creosote treatment of tuberculosis should have received so little notice in our medical periodicals, compared with the prominence given to it in those appearing in France, Germany and America, as our readers must have observed from numerous abstracts in this Journal. The abstractor has used it both in private and hospital practice with every satisfaction. For cases in which the price of the

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capsules is a consideration he prescribes a modification of the pharmacopœial mixture, which is quite tolerable. The merits of guaiacol have often been discussed in our abstracts.—ABS.] *Dundas Grant.*

McBride.—*Pachydermia of the Larynx.* "Edinburgh Med. Journ.," 1893.

THE writer first gives a history of the literature, and then describes four cases seen in his own practice. These are described, and five drawings given. In laryngoscopic examination he considers the following points of importance in arriving at a differential diagnosis. (*a*) Idiopathic pachydermia: (1) Swelling arises gradually, without any definite margin so far as shape goes (although the colour is distinctly defined). (2) The colour is distinctly defined, being of a whitish grey, with just a tinge of pink. (3) The outline is smooth, or finely granular, with sometimes a furrow or cleft. (*b*) Inter-arytenoid tumour of phthisis, or, if preferred, phthisical pachydermia. (1) Swelling is distinctly a tumour, with more or less well-defined margin. (2) The colour is usually red or pink. (3) The outline may be smooth or coarsely papillary. *J. Macintyre.*

Dabney, S. G.—*Tumour of the Larynx from an Avoidable Cause.* "Med. News," May 6, 1893.

IN this case the patient, a man aged thirty-five, was suffering from loss of voice. There was no cough, pain, or dyspnœa. A scar was found upon the neck, just below the thyroid cartilage. Two months previously he had been assaulted while in a drunken stupor. At that time the wound in the neck had been sewn up, and rapid recovery had taken place. The voice, however, had not returned. On laryngoscopic examination a red mass, in size between that of a raspberry and a cherry, was seen attached to the anterior wall, below the true cords, and corresponding in position with the external scar. This mass was secured in the forceps, and in its centre a suture about an inch in length was found embedded. Complete restoration of the voice followed. *W. Milligan.*

Cullingworth (London).—*A Case of Tracheotomy in an Infant Three Days Old.* "Lancet," Jan. 28, 1893.

IN a new born child, with cleft palate and considerable cyanosis, there were repeated attacks of inspiratory dyspnœa. Tracheotomy was performed eighty-three hours after birth, and the child lived for over twenty-three days, when it died with pleuro-pneumonia on the right side. The dyspnœa was attributed to the short malformed tongue falling back on the epiglottis, and thus closing the aperture of the larynx.

Dundas Grant.

Ricci, A.—*Tracheotomy preceded by Intubation in Children of Medium Age, affected with Croup.* "Bollettino delle Malat. dell' Orecchio, della Gola e del Naso." Firenze, May, 1893, No. 5.

AFTER a short consideration of the indications for the operation in croup, and of those cases in which no operation is to be performed, the author concludes that the last word has not yet been pronounced for intubation. He relates three interesting histories of children five-and-a-half, seven, and five years old (the first two recovered) in which intubation was done

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before tracheotomy. This latter was a very easy one; breathing restored; bleeding controlled; chloroform administered.

The author is of opinion that in children not over three years of age intubation is preferable; beyond this limit tracheotomy gives better results, and, when preceded by intubation, is extremely facilitated.

Massei.

Jennings, C. G —(Detroit). *Two Unusual Cases of Tracheotomy.* "Archiv. of Pediatrics," June, 1893.

TWO cases are reported. (1) A girl of eighteen with scarlatina, severe cervical adenitis, œdema of the pharynx, which was covered with pseudo-membrane, and œdema of the epiglottis. Dyspnœa was great, and increased upon an attempt at intubation. Convulsions and apparent death followed. The trachea was quickly opened, and a catheter passed into the trachea, and the lungs were inflated by the surgeon. Expiration was produced by pressing the walls of the chest. After a dozen attempts a voluntary inspiration occurred, and recovery followed. A deep collection of pus was found under the sterno-mastoids, incision into which was followed by subsidence of the pharyngeal and laryngeal œdema; recovery ensued. (2) A child, aged five, had whooping cough, and mild pharyngeal diphtheria in the third week. It spread to the larynx, causing great stenosis. Tracheotomy was performed and the windpipe cleansed. Recovery followed. Tracheotomy was selected in preference to intubation on account of the pertussis. The paroxysmal coughing almost entirely ceased after the introduction of the tube. *R. Norris Wolfenden.*

Downie, Walker.—*Epithelioma of Left Vocal Cord—Laryngotomy—Removal.* "Glasgow Med. Journ.," May, 1893.

THE patient had a tumour "projecting into the glottis above three-eighths of an inch in length." Tracheotomy was first performed on the 13th September, 1892, laryngotomy a week later, and the growth removed with curved scissors. In May, 1893, there was no recurrence. *J. Macintyre.*

Bond (London).—*Case of Partial Excision of Larynx for Chondro-Myxoma.* "Brit. Med. Journ.," Mar. 6, 1893.

THE patient, a man aged forty-four, showed in 1889 right adductor paralysis of vocal cord, for which no cause could be determined. In August, 1891, the inspiration was stertorous and the voice hoarse. Inside the larynx a mass of growth, hard to the probe, could be seen covering the posterior part of the left vocal cord and springing from below the cords, externally and posteriorly to the right arytenoid a large swelling was seen, with œdematous mucosa over it, pushing the right arytenoid forwards and inwards. At the end of August, 1891, the lower and posterior part of the right thyroid plate was felt to be harder and more prominent than the left. A piece of the growth was removed internally, and found to be myxo-chondromatous in structure. In February, 1892, tracheotomy for dyspnœa was performed. On September 30th, 1892, the growth and most of the larynx was removed, as follows: A vertical cut into the larynx was made first, and the growth was found to be perforating

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the crico-thyroid membrane in front. The thyroid plates were thinned by pressure, and the whole lumen of the larynx completely occluded by a large hard mass springing primarily from the anterior surface of the posterior part of the cricoid. It was decided to entirely remove the cricoid cartilage and growth, the two arytenoids, and the front of the lower part of the thyroid. The mucous membrane and the true cords stretched across the tumour were also removed. Both recurrent laryngeal nerves were cut. The epiglottis and part of the thyroid cartilages were left. The growth removed weighed ʒxi½, and measured about 1¾ inches from above down, its oblique diameter from before back being 1¾ inches. The patient made a rapid recovery, the transverse wound and part of the vertical one healing by first intention. On the ninth day, on removing the feeding tube, he had no difficulty in eating a chop. An effective silver larynx was made by Mayer and Meltzer. The man was now in good health, having gained many pounds in weight, and could speak well in a monotonous and husky, but distinct, voice, phonation seeming to be performed by two antero-posterior folds of mucosa behind the epiglottis, which separated and vibrated when a current of air was forced between them from below. *Wm. Robertson.*

Stevenson, Thos. (London), and **Carling, Wm.** (London). — *A Case of Homicidal Strangulation in an Adult with Extensive Fracture of the Larynx.* "Lancet," Feb. 25, 1893.

A MAN, aged forty-two, was strangulated by violence in the following way:—The murderer, standing in front of him, placed his left hand over the victim's mouth, and, with his right hand inserted between the collar and neck, grasped or pressed with force on the wind-pipe. No cry for help could thus be raised, and the victim was probably too inebriated to offer any material resistance. The *post-mortem* examination hardly showed any external marks of violence, but there was much extravasation of blood amongst the tissues and muscles of the neck. The hyoid bone was fractured on the right side just external to the lesser cornu. The thyroid cartilage was broken in three places. One fracture ran downwards and to the right from the notch, and both the superior cornua were broken off, the fragment on the left side being the larger, whereas the displacement was greater on the left side. The cricoid cartilage was completely snapped five-eighths of an inch to the right of the median line.

Dundas Grant.

THYROID GLAND AND NECK.

Westmacott (Manchester).—*Cysts of Thyro-Glossal Duct.* "Brit. Med. Journ.," Apr. 29, 1893.

THESE were excised from two children—a boy and a girl eight years and two and a quarter years old respectively. The author pointed out that parts of this fœtal structure might persist as accessory thyroid bodies, or,

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