LARYNX.

MARKWALD.—Chorea Laryngis. *Med. Gesellsch. zu Giessen, November* 20, 1888.

THE author demonstrated a typical case of this disease. **Michael.**

LACOARRET.—Fibroma of the left Vocal Cord, treated with Galvano-Cautery. Cure. *Rev. Mens. de Laryngologie, February* 15, 1889.

RECORD of a case from the clinic of Dr. Moure. **Joal.**

JÜRGENSMEYER. — The Pathology of Sub-mucous Laryngeal Diseases. *Berl. Klin. Woch., No.* 11, 1889.

A DETAILED report of a case of a sub-mucous inflammation of the epiglottis combined with necrosis, in which a cure was effected. **Michael.**

BESCHORNER (Dresden).—**On Ventriloquy.** *Jahresbericht der Gesells. fur Natur und Heilkunde in Dresden,* 1887-88.

THE author has made rhinoscopic and laryngoscopic examination of a ventriloquist, and has found that there is no abnormal production of language, but only an unusual use of it. The glottis was in the falsetto position, not higher but lower than usual. The effect is produced by the use of this position combined with modified tension of the soft palate and pharynx, and the help of mimicry and practised ability to speak during inspiration. **Michael.**

SCHNITZLER, A. (Vienna).—**On Functional Aphonia and its Treatment by Hypnotism, and Suggestion.** *Internat. Klin. Rundschau, Nos.* 9, 10, 11, 12, 14, 1889.

FIVE cases of this affection have been treated in this manner by the author. While giving a detailed description of his cases, he remarks that he does not think his experiments allow him to arrive at definite conclusions, but he gives only the impressions he has received. If hypnotism can be performed, the effect will always be favourable in functional aphonia. In all cases in which he experimented he was able to procure good vocalization. But the result was not permanent in all cases, and the voice was only reproduced for a short time by each hynotism. However, he thinks that hypnotism is very useful in such cases, and should always be tried. **Michael.**

HILDEBRANDT (Hettstadt).—**Contribution to Tracheotomy.** *Deutsch. Med. Woch , No.* 15, 1889.

THE author prefers inferior tracheotomy where possible, for the following reasons : -

https://doi.org/10.1017/S1755145500151851 Published online by Cambridge University Press

1. It is easier to avoid the thyroid gland.
2. The lumen is larger as the incision is deeper.
3. Diphtheria attacks the deeper parts only later on.
4. The operation is easier to perform.

He also recommends two hooks of special construction. **Michael.**

LANDGRAF.—On Laryngeal Diseases in Typhoid Fever. *Laryngological Soc. of Berlin, May* 15, 1889.

IN the one moiety of typhoid cases there is no affection of the larynx, and in the other moiety, the disease is complicated by catarrh, ulceration, œdema, or perichondritis, specific typhoid ulcers are only observed upon adenoid tissue. Perichondritis is a secondary affection.

LUBLINSKI mentioned the pareses of the laryngeal muscles sometimes observed during the disease, and LEWIN remarked that perichondritis in typhoid usually attacked the cricoid cartilage. **Michael.**

SOKOLOWSKY (Warsaw).—**On the Curability and Local Treatment of so-called Laryngeal Phthisis.** *Wiener Klin. Woch.*, 1889, *Nos.* 4, 5.

A RECOMMENDATION of the treatment with lactic acid, and of the surgical treatment with the sharp spoon, and of tracheotomy. **Michael.**

BESCHORNER (Dresden).—**Local Treatment of Tubercular Phthisis of the Larynx.** *Paper read in the Gesellschaft fur Natur und Heilkunde in Dresden, Nov.* 3, 1888.

THE author gives an historical review, and describes the disease as a destructive process of the larynx, usually secondary to tuberculosis of the lungs, and caused by invasion of tubercle bacilli into the tissues, and by destruction of these from the formation of miliary tubercles and tubercular infiltration. He speaks of prophylaxis, and general treatment, and states that he has had very excellent results from the adoption of the surgical treatment invented by Heryng. **Michael.**

BESCHORNER (Dresden). — **The Local Treatment of Tubercular Laryngitis.** *Gesellschaft fur Natur und Heilkunde in Dresden, November* 3, 1888.

THE author read a paper in which he reviewed the modern therapeutics of laryngeal tuberculosis. As to his own views, he thinks that the surgical treatment of Heryng and Krause yields good results, but can only be performed by specialists. He has seen good results from the internal use of creosote, warm inhalations, and insufflations of iodoform, salol, and from cocaine. **Michael.**

GOLYNETZ, LËONTY Ï. (St. Petersburg).—**Lactic Acid in Laryngeal Tuberculosis.** *Meditzinskoie Obozrenie*, 1889, *No.* 5, *p.* 480.

IN 1887, a male patient was admitted to Professor N. P. Simanovsky's clinic, suffering from advanced pulmonary phthisis with multiple ulcers situated on the left true vocal cord. Krause and Heryng's lactic acid treatment was resorted to, under which the lesions fairly rapidly healed.

https://doi.org/10.1017/S1755145500151851 Published online by Cambridge University Press

Shortly afterwards the man died from the pulmonary disease. At the necropsy the larynx was found actually healthy, the only traces of the previous affection being constituted by firm scars.

In view of the fact as well as of the statements by Krause and Heryng, Dr. Golynetz, at the suggestion of Prof. Simanovsky, resolved to try the same treatment in eleven other cases of the disease, viz., five women, aged from twenty-four to thirty-five, and six men, of from twenty-two to thirty-two. In all of them there were present more or less extensive tubercular pulmonary lesions, with Koch's bacilli in the sputa. As to laryngeal morbid changes, in four of the patients the inter-arytenoid space alone was infiltrated and ulcerated; in one, the whole larynx was congested and thickened in addition; in one, the epiglottis alone was ulcerated; in two, one of the false vocal cords was similarly affected; in one, the epiglottis, arytenoid cartilages, inter-arytenoid spaces, false bands, as well as the posterior wall of the pharynx, and the right posterior faucial pillar, were covered with ulcers; while, of the remaining two, in one the process affected one half of the larynx, and in the other the whole organ. The treatment consisted in rubbing into the diseased parts aqueous solutions of lactic acid (by means of Heryng's cotton wool brush) three times weekly. In each case, a thirty per cent. solution was employed at the first sitting. In such cases where the application caused but a slight local irritation, a fifty per cent. solution was used at the next sitting, otherwise the stronger solution was resorted to only at a fifth *séance*. In such patients in whom no improvement was obtained after ten applications of a fifty per cent. solution (which happened in about fifty per cent. of the cases), an eighty per cent. solution was subsequently applied. Of the eleven, in three the ulcers underwent a complete cicatrization, while infiltration markedly decreased: in two of the three, however, a relapse followed, yielding again to the same means. In two others, the ulcers healed almost completely: in four, a marked improvement was noticed; while in two no amelioration whatever took place. Further, in two of the (more or less) successful cases, a decided improvement of the pulmonary process, as well as in the patients' general state was observed. In two others, however, the pulmonary disease markedly grew worse, notwithstanding a seemingly complete cicatrization of the laryngeal ulcers. In nine of eleven cases, improvement of the voice and decrease of pain on swallowing, and of cough were obtained. On the whole, Dr. Golynetz arrives at the following general conclusions:—(1) Lactic acid is a valuable remedy which, more especially in strong solutions, manifests an energetic beneficial action on the laryngeal tubercular process. (2) It acts not only on tubercular ulcers, but also on tubercular infiltration. (3) Successful results, however, require considerable technical skill. (4) When the acid is employed with due precaution, no preceding local anæsthesia is needed.

[The paper was read by Dr. Golynetz, at the Third General Meeting of Russian Medical Practitioners of St. Petersburg. It gave rise to a prolonged and interesting discussion in the course of which

Dr. E. B. BLUMENAU, of St. Petersburg, related (*Transactions*, 1889, *No.* 10, *p.* 314) a case illustrating the comparative therapeutic effects of lactic acid and menthol. The case refers to a phthisical man of twenty-

https://doi.org/10.1017/S1755145500151851 Published online by Cambridge University Press

eight, suffering from laryngeal tuberculosis of a twelvemonth's standing, the symptoms being aphonia, ulceration of the left true vocal cord, and considerable infiltration of the left false cord and inter-arytenoid space. At first the lesions were treated by painting with 30 and 40 per cent. solutions of the acid. After 20 applications which were always associated with a considerable local irritation, the ulcers and infiltrations slightly decreased, but the patient's vocalisation showed no improvement whatever. Hence Dr. Blumenau passed to painting with a 50 per cent. solution of menthol (in olive oil). Irritative phenomena were almost as intense as in the case of lactic acid, but of a shorter duration. The ulcers commenced to rapidly heal, though the voice still remained rather bad. A 30 per cent. solution of menthol was then tried, the result being a rapid, striking amelioration of the voice. In all, menthol was applied 17 times (12 in the shape of a 50 per cent. solution, and 5 of 30 per cent. solution). In general, Dr. Blumenau emphasises that the use of lactic acid and menthol requires a careful individualisation. In stronger and patient persons, lactic acid may be employed; in delicate ones, menthol.

Professor V. N. NIKITIN, of St. Petersburg, said that his experience on the whole supported Dr. Golynetz's observations, with the only difference that in his hands lactic acid almost invariably gave rise to laryngeal spasm. The fact was, after all, not very surprising, since in the patients under consideration there always existed hyperæsthesia of the upper portions of the respiratory tracts. Hence, Dr. Nikitin's routine practice was to previously paint the parts with a cocaine solution, and only then to apply the acid, beginning invariably with a 20 per cent. solution By the way, he found that in such cases where the process was localised on the vocal cords, the treatment gave by far better results than in those in which ulcers were located about other parts of the organ. [Dr. GOLYNETZ, referring to the point, stated that he had never observed any difference of the kind.]

Professor FEDOR A. LOESCH, of Kïev, communicated that he had recently treated three cases by lactic acid. In two of them a considerable local and general amelioration ensued, the patients being discharged in a fair state. In the third case, however, where, beside laryngeal disease, there existed tubercular ulcers on the fauces, the acid (a 40 per cent. solution) showed no influence on the lesions whatever, the patient dying from pulmonary disease.

Having been questioned by Dr. Behrmann, Professor SIMANOVSKY said that he himself is inclined to give lactic acid preference to menthol. The matter being still unsettled, there are being carried out, in his clinic, two extensive series of parallel experiments, in order to elucidate the relative and absolute therapeutic value of the two drugs.]

Valerius Idelson.

OSSENDOVSKY, ALEXANDR I. (St. Petersburg). — **Menthol in Laryngeal Tuberculosis.** *Meditzinskoïe Obozrenïe, No.* 5, 1889, *p.* 484.

As is well known, Koch, Villemin, Braddon, etc., have shown that menthol possesses a powerful parasiticide action. Starting from this fact, Albert.

https://doi.org/10.1017/S1755145500151851 Published online by Cambridge University Press

S. Rosenberg, and Beehag commenced to use the drug in laryngeal tuberculosis. The results proved to be surprisingly satisfactory.

Following the suggestion by Professors D. I. Koshlakoff and N. P. Simanovsky, Dr. Ossendovsky has undertaken a series of clinical experiments in order to verify the statements by the authors named. He resorted to the menthol treatment in seven cases of laryngeal phthisis, complicating late pulmonary tuberculosis (in male patients, aged from twenty-four to fifty). Only one of the cases referred to an early local lesion (infiltration in the inter-arytenoid space). In the remainder there were present, beside infiltration and congestion, multiple ulcers situated either about the inter-arytenoid space or on the true vocal cords. In one and all the sputa contained tubercle bacilli. In four of the patients the drug was employed simultaneously externally and internally (the dose not stated—*Reporter*). Menthol was used in the shape of a ten to thirty per cent. oleaginous solution, which was rubbed into the parts by means of Heryng's cotton-wool brush either once daily or thrice weekly. In two of the cases, previously to the painting, the drug had been inhaled from Schreiber's apparatus, and, later on, insufflated with equal parts of burnt magnesia. The duration of the treatment in individual cases varied between three weeks and three-and-a-half months. Four patients are still under observation. In all cases but one a marked improvement ensued; inflammatory phenomena subsided, pain lessened, ulcers assumed a healthier appearance, and decreased in size. A complete cicatrization, however, could not be obtained in any of the patients. In the remaining case perichondritis supervened during the treatment.

From those experiments Dr. Ossendovsky draws the following deductions:—(1) Menthol is a good anodyne, securing a considerable, though temporary, subjective amelioration. (2) It is very useful to administer the drug simultaneously externally and internally. (3) The best plan is to begin the painting with a ten per cent. solution, and gradually pass to stronger ones. A forty to fifty per cent. solution gives rise occasionally to an intense local irritation.

Valerius Idelson.

THOST (Hamburg).—The Treatment of Laryngeal Stenoses by Schroetter's Method. *Berl. Klin. Woch.*, *No.* 4, 1889.

STENOSIS of the larynx is often produced as a consequence of laryngeal complications in abdominal typhus, typhoid infiltration, mycotic ulcers, diphtheritic or decubitus ulceration. The patient is obliged to wear a permanent cannula, and can only be cured by the treatment invented by Schroetter. As to the choice of a cannula, the author prefers Durham's to Trousseau's, since the latter is likely to give rise to ulceration of the posterior wall of the trachea. The author has tried O'Dwyer's tubes, but without success, as they are so soon expelled. Schroetter's tin bougies should remain in the larynx at first for one or two hours, later on from twelve to twenty-four hours. If the case has so far progressed that the cannula can be removed, Schroetter's hard rubber tubes should be introduced by the patient every day, and kept in for some time. Stoerk's cannula is also very useful for the early stages.

https://doi.org/10.1017/S1755145500151851 Published online by Cambridge University Press

Case 1. A patient, twenty years of age, was tracheotomised for perichondritis in the fifth week of typhoid. The cannula could not be removed. The patient was treated for half a year with tin bougies, after which the cannula could be removed. Further treatment with hard rubber tubes was adopted. Six months later closure of the tracheal fistula was obtained by operation.

Case 2. A patient, thirty-two years of age, was tracheotomised in the ninth week of abdominal typhus, and treated in the same manner. The cannula cannot, however, be yet removed.

Case 3. A patient, thirty-three years old, was tracheotomised in the seventh week of typhus on account of diphtheritic pharyngitis and glottic œdema. After treatment for two months a cure was obtained.

Case 4. A patient, forty-one years of age, was tracheotomised in the twelfth week of typhus during a recurrence. There was also an extensive ulcer of the hard palate, from which a lamella of bone had been eliminated. There was also stenosis of the œsophagus. This was treated with œsophageal bougies. The larynx was treated with Schroetter's bougies. The patient is not yet cured, but the prognosis is good.

Case 5. A patient, thirty-four years of age, was tracheotomised one and a half years after a severe typhus. (This case cannot, however, be regarded as a sequence of typhus.—*Rev.*) With the laryngoscope a greenish mass was observed in the sub-glottic region, resembling necrosed cartilage. It was not possible to extract the body, which was coughed out the following day. Three weeks later the cannula could be removed.

Case 6. A patient, twenty-seven years of age, had always been hoarse. Dyspnœa occurred suddenly, necessitating tracheotomy. The cannula could not be removed for two years. Laryngo-fissure has been performed twice without result. Treatment was adopted with Schroetter's bougies, and, after a year, the cannula could be removed. After-treatment was adopted with hard rubber tubes. The stenosis appeared to be specific. **Michael.**

RÜKOVITCH, O. K. (St. Petersburg).—**On the Treatment of Laryngo-Stenosis resulting from Perichondritis in the course of Enteric Fever.** (*Transactions of the Third General Meeting of Russian Medical Practitioners at St. Petersburg*, 1889, *No.* 8, *p.* 269.)

DR. RÜKOVITCH points out that perichondritis of the laryngeal cartilages represents an occurrence of great clinical importance. "Once started at "an early stage of typhoid fever, the inflammation runs its course exceed-"ingly slowly, but steadily, and, when unrestrained by our interference, "destroys this important organ portion by portion, until ultimately causing "laryngeal stenosis." According to Lübning's statistics, embracing 199 cases of stenosis of various origin, in 147 tracheotomy was performed with 77 deaths and only 70 recoveries. Of the latter cases, in 64 the patients were obliged to wear the cannula to the end of their lives. All the 70 had had perichondritis with consecutive necrosis. Of the whole number (199), as many as 125 died.

The author adduces a remarkable case of typhoid perichondritis of the cricoid cartilage. The patient, a soldier, was admitted to the Nikolaievsky Military Hospital, on March 8, with symptoms of typhoid fever. On

https://doi.org/10.1017/S1755145500151851 Published online by Cambridge University Press

March 16, there supervened pain on swallowing, cough, and dyspnœa. No alarming symptoms, however, were noticed till May 12, when grave phenomena of laryngo-stenosis made their appearance, which led to the laryngoscopic examination. The author detected the presence of a sub-glottic polypoid tumour bulging out between the vocal cords. High tracheotomy was performed without delay, but utterly failed to relieve the urgent symptoms. On the next day, Dr. K. F. Reyher enlarged the wound upwards, dividing both the cricoid cartilage and crico-thyroid ligament. It was found then that the tumour was situated just under the left true vocal cord. Its nature and relations, however, could be duly ascertained only after a free division of the thyroid cartilage (by Paquelin's thermo-cautery, without the slightest loss of blood). The tumour proved to be nothing else than a luxuriant granulation mass growing out from a fistulous opening immediately below the middle of the band. The granulations having been clipped away with scissors, a fistula, about one centimètre long, presented itself, running obliquely backwards up to the "stamp" of the cricoid cartilage. The sinus was split up and a sequestrum (three-quarters of a centimètre by two millimètres) removed, after which both the fistula and external wound were plugged with boracic gauze, and a long tracheal cannula inserted. Five weeks later, the man was discharged quite well, the only traces of the grave disease being a large scar and somewhat harsh timbre of the voice.

Pointing to the brilliant results obtained in his case, and, on the other hand, to the enormous mortality from laryngeal stenosis in general, Dr. Rükovitch lays down the following proposition: in all cases of laryngo-stenosis arising from perichondritis in the course of enteric fever, laryngo-fissure should be performed in order to thoroughly examine and to scrape out the parts, and generally to practise such local treatment as may be indicated by the particulars of the case. In view of hæmorrhagic tendency in typhoid patients, the operation should be performed by means of Paquelin's apparatus. **Valerius Idelson.**

NEWMAN, DAVID (Glasgow).—**Two Cases of complete Laryngeal Stenosis, produced by wounds of the Larynx in attempted suicides, treated successfully by means of Tupelo Dilators; also a case of Syphilitic Stenosis treated in the same way.** *Glasgow Medical Journal. October*, 1888.

AFTER describing the cases, the author writes:—"The method of using "the tupelo wood tents is as follows: Tracheotomy having been performed "a week or ten days previously, and a large size tracheotomy tube inserted "at the time of the operation, the wound in the neck is sufficiently healed "to permit the patient in most cases to breathe easily after the removal "of the tube. In the case of syphilitic stenosis, however, the contraction "of the wound took place so rapidly that the tracheotomy tube could not "be kept out for more than a couple of minutes at a time, so that the "dilator required to be passed upwards through an opening in the convex "side of the tube. In most cases, however, the tracheotomy tube may be "removed without danger to the patient. This having been done with the "aid of the laryngeal mirror, a small-sized laryngeal probe should be

https://doi.org/10.1017/S1755145500151851 Published online by Cambridge University Press

"forced downwards though the stenosed tissue, and brought out through "the wound in the neck. To the end of this probe two strands of silk "ligature should be tied, dragged upwards through the larynx and mouth, "and the free ends knotted externally, so that a circle of ligature is made, "part of which occupies the larynx. The tracheotomy tube is then "re-inserted. Within the next twenty-four hours the ligature will be "found to have swollen by the absorption of saliva, &c., and to have "enlarged the opening in the larynx. The thickness of the ligature may "then be increased by untying the free ends, and to the upper one four "or six strands of silk should be fixed. By waxing the knot well, and "compressing it with forceps, the thicker skein can easily be dragged "through the larynx, and made to replace the smaller one, and so on day "by day the size of the passage may be gradually increased—first, by the "employment of silk ligatures, and subsequently by the introduction of "hard hemp cords. When the passage is large enough to admit a No. 10 "urethral catheter, a tupelo wood dilator may be inserted. The smallest "used is about the size of a No. 4 catheter. The dilators as prepared are "about 4 inches in length. The pointed end of the dilator should be "dipped in melted wax, for the purpose of facilitating introduction and "closing the orifices of the fibro-vascular bundles. A silk ligature should "be tightly wound round the point of the tent, and made to pass through "it several times, so as to prevent the danger of slipping. One end of "the ligature should be tied to the lower end of the cord, which passes "through the larynx, while the other end of the ligature should be passed "through the dilator about one-eighth of an inch from its lower extremity. "The length must be determined by the size of the larynx and the extent "of the stenosis.

"The point of the dilator should pass one-fourth of an inch above the "uppermost limit of the constriction, while its lower end should rest upon "the convex side of the tracheotomy tube, to which it should be tied "firmly. In two or three days the tupelo wood will be found to have "swollen to its maximum size, so that further dilatation by it is not to "be looked for. Larger sizes of dilators should then be substituted until "the passage through the larynx is as large as the normal trachea of the "individual, then the pharyngeal limb of an artificial larynx should be "passed, and retained in position. There is not much danger of one "distending the larynx, or of injuring the cartilages by tupelo wood, as "moderate pressure from without readily reduces the bulk of the dilator, but "while being spongy in this respect the wood remains tough. The only "question now remaining for consideration is whether those patients, "whose cases have just been narrated, must be condemned to wear an "artificial larynx during the course of their life, or may something more "be done for them? In the case of syphilitic stenosis, the tendency of "the cicatricial tissue to contraction is so great that little hope can be "entertained of relieving the patient further, but in the other two after "cicatrization is complete an attempt will be made to remove the tubes "and close the opening in the neck." **Maxwell Ross.**

https://doi.org/10.1017/S1755145500151851 Published online by Cambridge University Press

SEIFFERT.—Tracheotomy in Laryngeal Tuberculosis. *Münch. Med. Woch., Nos.* 14 *and* 15, 1889.

A REVIEW of the opinions of different authors on this point, with a communication of four original cases.

1. A patient, thirty-two years of age, dyspnœic and with difficulty of swallowing. After tracheotomy improvement followed in the laryngeal condition, but death occurred two months later.

2. A patient forty years of age. Great difficulty existed in swallowing. After tracheotomy there was improvement. Death occurred four weeks later from pulmonary œdema.

3. A patient, sixteen years of age, had dyspnœa and difficulty of swallowing. Improvement followed tracheotomy. Death occurred ten days later.

4. A patient, forty years of age, had dyspnœa. Tracheotomy was performed, and on opening into the trachea pus was discharged from perichondritis of the cricoid cartilage. The patient's condition was much improved, and prognosis in this case is good.

The author concludes that tracheotomy is not a cure for laryngeal tuberculosis, but should be performed if there is any indication for it.

Michael.

VALETTE.—Primary Tuberculosis of the Trachea. *Thèse. Paris,* 1889.

THAT there exists a primary tuberculosis of the trachea is as certain as that a similar condition of the tongue, pharynx, larynx, conjunctiva, choroid exist, quite independently of any pulmonary lesion. Tracheal tuberculosis has a very slow evolution, only evidenced at first by signs of persistent simple tracheitis, but to these may be super-added grave phenomena, attributable to constrictions or extensive ulcerations of the trachea. Joal.

SOKOLOWSKY (Warsaw).—**Contribution to the Casuistics and Therapeutics of Primary Laryngeal Carcinoma.** *Internat. Klin. Rundschau, Nos.* 9 *and* 10, 1888.

A PATIENT, forty years of age, had been hoarse for five years, and had latterly become very dyspnœic. There was now to be seen, laryngoscopically, a tumour of the right vocal cord, and swelling and immobility of both arytenoid cartilages. Tracheotomy was performed. The disease, thought previously by the author, and also by Prof. Schnitzler, to be laryngeal tuberculosis, must now be considered to be a case of neoplasm. Microscopical examination proved this neoplasm to be a papillary fibroma. The growth was removed, and later on the tracheal cannula was also removed. Half a year later dyspnœa again occurred, and a second tracheotomy was necessitated. A second microscopical examination proved the new formation to be carcinoma keratoides. The case was of great interest, on account of the diagnostic difficulties; the temporary cicatrization of a cancroid growth is especially rare. The author does not believe that this was a case of transformation of a benign into a malignant neoplasm. Local treatment was favoured with good results.

Michael.

https://doi.org/10.1017/S1755145500151851 Published online by Cambridge University Press

SCHEDE (Hamburg).—**Case of Total Extirpation of the Larynx for Carcinoma, with Cure lasting for over four years; with Remarks on Morell Mackenzie's Statistics.** *Deutsch. Med. Woch.*, *No.* 4, 1889.

THIS case has been previously reported (Aerztliche Verein, in Hamburg). As to the statistics, Schede mentions that one of his cases, in which death occurred from suicide, is related twice over, and complains that another case, completely cured, is mentioned as "still living." He is of opinion that the first twenty-five cases of extirpation should not be used for statistical purposes, since at that time the *technique* of the operation was not sufficiently known. He is an advocate of partial or total extirpation for carcinoma of the larynx. **Michael.**

KRAGEWSKY (Warsaw).—**Corrections and Supplements to Sir Morell Mackenzie's Statistics on Total Extirpation of the Carcinomatous Larynx.** *Deutsch. Med. Woch.*, 1889, *No.* 4.

THE author has operated upon a patient with carcinoma of the larynx, who, however, died ten months later from pneumonia and metastases of the glands. In reference to this case he had occasion to compile statistics of 118 cases of total extirpations, and consulted Mackenzie's statistics, He has found 22 cases which are related twice, owing to the case having been published in two journals, or by different authors. Eleven recorded cases are not mentioned. **Michael.**

SEIFFERT (Würzburg).—**Congenital Formation of Membranes in the Larynx.** *Berl. Klin. Woch.*, 1889, *No.* 2.

THERE are very few cases recorded of this condition, amongst them being one by the author, and another by Zurhelle. Membranes are described as occurring in adults by Rosenberg (formation of a membrane in a case of spontaneous cure of laryngeal tuberculosis); a second by Hopman (membrane and papillomata). The author has had occasion to examine the family of the case described by him (*cf.* the report in this Journal) with the following extremely interesting results:—(1) The father is healthy, and had never had hoarseness. The laryngoscope shows at the anterior commissure a membraneous concretion of the vocal bands three to four millimètres long. (2) The mother's larynx is normal. (3) The larynx of the eldest son on mother's side normal. (4) The case reported. (5) Daughter, twelve years old, has membraneous band of the same extent as the father. She never had been hoarse. (6) Daughter, seven years old, speaks with hoarse voice. The laryngoscope shows a membrane between the anterior portions of the vocal cords. The membrane is white, and slightly vascular. There can be no doubt that there are hereditary anomalies. **Michael.**

LEYDEN.—Foreign Body in the Air-Passages. *Deutsch. Med. Woch.*, 1889, *No.* 5.

Vide the report in this Journal ("Verein für innere Medecin"). **Michael.**

https://doi.org/10.1017/S1755145500151851 Published online by Cambridge University Press

JALAQUIER.—Foreign Bodies in the Air-Passages. *Soc. de Chirurgie., March* 13, 1889.

THE author exhibited an almond extracted by tracheotomy. It had remained for several days in the air passages. The respiratory difficulties were relatively moderate. When the patient took a deep inspiration the almond descended towards the bronchi ; he was, however, threatened with asphyxia when the almond was pushed towards the upper regions, thus coming in contact with the glottis. **Joal.**

PINIACZEK.—A Broken Tracheal Cannula. *Verein der Aerzte in Krakau. February*, 1889.

THE author exhibited a broken tracheotomy tube, which he had extracted from the right bronchus. **Michael.**

ZIEM.—Answer to Suchannek. *Monatssch. fur Ohrenheilk., No.* 2, 1889.

A POLEMICAL article. **Michael.**

NECK, THYROID, &c.

WOLF and FRAENKEL.—Operations on Goitres. *Berlin Med. Gesellschaft, March* 6 *and* 13, 1889.

THE author has performed two operations upon goitres which caused tracheal stenosis. He had extirpated the isthmus in each case. The lateral lobes were by this means freed, and could not cause tracheal compression.

B. FRAENKEL had made laryngoscopic examinations of the cases, and stated that, after the operations, a diminished mobility of one vocal cord and inflection of the trachea, which had previously existed, had now disappeared. **Michael.**

DARDEL.—Hydatid Cysts of the Thyroid Gland. *Thèse., Paris*, 1889.

THREE methods of treatment may be employed for hydatid cysts of the thyroid : (1) puncture, with injections of anti-parasiticides ; (2) incision ; (3) enucleation. In such cysts which do not give rise to any functional troubles one may employ the first method, injecting tincture of iodine Van Swieten's liquid, ammonio-mercury, peptone, &c. Nélaton and Pean have successfully practised incision. The author, however, prefers enucleation, which gives more certain results, and leads to rapid cure. **Joal.**

WEIL, C. (Prague).—**Researches on the Thyroid Gland.** *Präger Med. Woch., Nos.* 14 *and* 15, 1889.

FROM experiments performed upon dogs the author shows that the so-

https://doi.org/10.1017/S1755145500151851 Published online by Cambridge University Press