Gibbons, P. J.—*An Adenotome for Removing Adenoid Growths in the Vault of the Pharynx.* "New York Med. Journ.," Oct. 21, 1893.

AN instrument after the plan of a tonsil guillotine. *R. Lake.*

Newcomb, J. E.—*The Occurrence of Hæmorrhage after the Removal of Adenoid Tissue from the Vault of the Naso-Pharynx.* "Amer. Journ. Med. Sciences," Nov., 1893.

THE article commences with enumerating the various sequelæ of this operation :—(1) bronchitis from inhaled blood; (2) septic bronchitis; (3) suppurative otitis media; (4) hæmorrhage. The author then proceeds to report a case in which he operated on a healthy child three years and nine months of age under an anæsthetic for post-nasal growth. In four hours after the operation hæmorrhage set in; assistance was not sent for until twelve hours later, and the child died half-an-hour after, the lungs evidently containing much blood. No *post-mortem*. Dr. Cartaz's views are quoted, and the literature of the subject revised, with a result of three deaths quoted. No treatment is suggested for this trouble, but plugging appears the means usually adopted to check hæmorrhage.

R. Lake.

Love.—*Chorea in its Relation to Rheumatism.* "New York Med. Journ.," Oct. 21, 1893.

A PAPER read at the Mississippi Valley Medical Association, in the course of which irritation in the nostrils and adenoid growths in the vault of the pharynx were considered as exciting causes of chorea.

R. Norris Wolfenden.

LARYNX.

Alston, H. (Trinidad).—*Strange Incidents in Practice.* "Lancet," April 8, 1893.

A MIDDLE-AGED sailor, with a vague history of an injury to the head, was speechless, but able to communicate by writing. Under A.C.E. anæsthesia he spoke volubly, but on regaining consciousness he again lost his power of speech. Three weeks later his speech returned suddenly. [The exciting properties of ether or A.C.E. make them probably preferable to chloroform alone for the detection of simulated mutism. —ABS.] *Dundas Grant.*

Davies, Arthur T. (London).—*The Inferior Laryngeal Nerve. A Reply.* "Lancet," April 1, 1893.

REPLYING to Dr. W. Ramsay Smith's criticisms on the late Dr. Herbert Davies' views with regard to the laryngeal nerves, Dr. Arthur Davies points out that, though in man the laryngeal movements during quiet breathing are inappreciable, they are in animals well marked; also that when in a living animal both recurrents are divided the glottis becomes narrowed; that the width of the rima is during life fourteen millimètres, and after death only five millimètres, and that after division of the

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recurrents in animals the vocal cords are drawn inwards and downwards so as to tend to occlude the glottis. He points out the difference in length between the phrenics corresponding to that between the recurrents, and calls attention to his father's theory, that the relative shortness of the superior laryngeal is peculiarly appropriate in view of the necessity of rapid transmission of sensory impulses in case of foreign bodies irritating the entrance of the larynx. *Dundas Grant.*

Lucatello, L.—*Contribution to the Pathogenesis of Laryngeal Diseases in Typhoid Fever.* "Gaz. degli Ospitali," No. 132, Nov. 4, 1893.

THE presence of the Eberth-Gaffky bacillus in the expectoration and in sections of the mucous membrane of the larynx (all this done according to the ordinary methods of bacteriology and bacterioscopy) tends to accredit the clinical opinion, according to which the laryngeal diseases of typhoid fever were considered as localizations of the typhoid virus, and not as secondary impairments. The value of these researches seems to the abstractor the greater when we consider that on laryngoscopic examination there was only found a catarrhal laryngitis, which the autopsy confirmed, and that the Eberth-Gaffky bacillus was seen also in sections of pieces of the mucous membrane of the larynx, detached with all antiseptic precautions from certain places where it appeared to be more swollen and congested. The patient was a young man, eighteen years old, dying from general poisoning on the twenty-first day of the disease. *Massei.*

Bond, J. W. (London).—*Myxo-Chondroma of Larynx of Three and Three-quarter Years' Duration—Partial Excision of Larynx—Recovery.* "Lancet," June 3, 1893.

THE tumour grew from the posterior part of the cricoid cartilage, enlarging its sides and expanding the thyroid cartilage. There was paresis of the right cord; a portion projecting into the larynx was removed with forceps, and found to be myxo-chondromatous. At the operation all the larynx was removed with the exception of the epiglottis, of the posterior and superior borders of the thyroid cartilage, and some of the mucous membrane of the brim. A nasal feeding tube was inserted the night before, and retained for nine days. An artificial larynx was adapted, and found to permit of excellent voice without a reed. This interesting case was shown to the Clinical Society on April 28th, 1893. *Dundas Grant.*

Mackenzie (Edinburgh).—*Sequel to a Case of Intra-Laryngeal Removal of a Cystic Tumour in a Woman Eighty Years of Age.* "Brit. Med. Journ.," Oct. 21, 1893.

THIS operation, referred to in the pages of this Journal in 1893, was performed in August, 1892. A year afterwards, on examining the patient, she was found perfectly well, with an apparently quite normal larynx. Dr. Mackenzie states that this case, which in some respects is a unique one, is illustrative of the value of intra-laryngeal surgery in averting tracheotomy for effecting the permanent removal of certain varieties of laryngeal tumours. *Wm. Robertson.*

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Masini, G. — *A Needle in the Larynx.* "Gaz. degli Ospitali," No. 93, Aug. 5, 1893.

THE foreign body was easily removed under the laryngoscope after application of cocaine. The interest of the case lay in the fact of the special position of the foreign body—the head in the right ventricle, the point in the meso-arytenoid region. No other symptom was present, except dysphagia, on account of the point of the needle, which, when aliments passed over the pharynx, was deeply pressed into the mucous membrane. The needle measured thirty-two millimètres in length.

Massei.

Leech, Priestley (Halifax). — *Stenosis of the Trachea after Tracheotomy.* "Lancet, June 3, 1893.

A LITTLE child had stridulous breathing after having a nutshell in its mouth, and tracheotomy was performed. After a few days the trachea was explored by means of a finger passed through the tracheotomy wound, but the nutshell was not felt, and was supposed to be in the larynx. This was opened with negative result, and the trachea was then split downwards. The obstruction was found to be due to a cicatricial contraction of the portion of the trachea in contact with the upper part of the tracheotomy tube. The tube was introduced higher up, and after a few days was removed, and in due course the patient was removed from the hospital. She died suddenly some weeks later. *Dundas Grant.*

Gay, G. W. — *Tracheotomy and Intubation at the Boston City Hospital.* "Boston Med. and Surg. Journ.," Oct. 14, 1893.

A CRITICAL review of the hospital practice in dyspnœa for the last six years. After comparing the two procedures, he arrives at the question, "Does tracheal section relieve dyspnœa in those cases where intubation fails?" and regards the answer as the key to the situation. However, only seven cases of secondary tracheotomy recovered out of fifty-eight, and it is shown that, where intubation fails to relieve dyspnœa, tracheotomy is only of service when either the intubation tube blocks or membrane is pushed in front. The conclusion arrived at is that intubation is preferable to laryngotomy for the relief of acute laryngeal obstruction in children. *R. Lake.*

THYROID, NECK, &c.

Horsley (London).—*Discussion on the Pathology of the Thyroid Gland.* "Brit. Med. Journ.," Sept. 23, 1893.

THE point referred to is that a preparatory course of feeding or injection be carried out, so as to provide that the grafted gland should be embedded in normal connective tissue and not diseased.

Wm. Robertson.

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