the formation of large, flat, yellowish, follicular granules. 4. A somewhat different type of symptoms results in those instances in which there is less itching or the lids, while photophobia, with or without pain, is more prominent. Such eyes are often bloodshot. There may be more or less asthenopia and lachrymation. 5. In other cases there may be a more or less marked injection of the circumcorneal vessels. 6. Sudden congestion of the lids, varying from an erysipelatoid condition to a mere superficial erythema, is not very uncommon in patients with irritable noses. The attack resembles genuine erysipelas, but it does not spread, and, as a rule, is not accompanied by much rise in temperature. It may last from two to six days, and is followed by more or less desquamation. After its first occurrence it is apt to return at intervals of months or years. 7. In other instances vaso-motor reflexes occur in the form of sudden œdema of the lids. The attack lasts only a few hours, or at the most, a day. **R. Norris Wolfenden.**

MICHELSON.—A case of Fibroma of the Naso-Pharynx. *Verein fur Wissenschaftliche Heilkunde in Königsberg*, 14th May, 1888.

THE tumour in question was removed with the galvano-caustic wire. Two patients were also shown by Michelson with deformities of the nose, resulting from cicatricial processes. **Michael.**

LARYNX.

JACQUES.—Intubation of the Larynx in Croup. *Paris. August*, 1888.

INTUBATION is superior to tracheotomy, and should be performed upon all patients under $3\frac{1}{2}$ years of age. The author, however, realises that the operation presents some inconveniences, and that in certain cases tracheotomy becomes indispensable. **Joal.**

O'DWYER (New York).—**Intubation of the Larynx.** *Deutsch. Med. Woch.*, No. 46, 1888.

A RECOMMENDATION of this surgeon's well-known method, already fully discussed in this journal. **Michael.**

JELENFFY. — On the Anatomy, Physiology, and Pathology of the Laryngeal Muscles. *König. Gesellsch. der Aerzte in Buda-Pest*, 27 October, 1888.

THE author agrees with Krause that the so-called posticus paralysis is caused by irritation, and contradicts the theories of Semon as to the existence of primary paralysis of the abductors. **Michael.**

HOOPER, FRANKLIN H.—Effects of varying Rates of Stimulation on the action of the Recurrent Laryngeal Nerves. *Reprinted from the New York Med. Journal, November* 3, 1888.

PROFESSOR BOWDITCH and the author have previously recorded the fact that the rate of stimulation of these nerves is an important factor

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in producing an opening or closing of the glottis. They stated that slow rates of stimulation (18 to 20 induction shocks per second) with weak currents produced in dogs an opening of the glottis, while more rapid rates (30 to 40 per second), with the same feeble current, produced closing. The authors also surmised that the reason why other observers had obtained opening of the glottis with weak currents was probably because they had employed interruptors with slow rates of vibration. The authors have also previously recorded the observation that under sulphuric ether the normal action of the recurrent nerves is reversed in the dog, the glottis dilating instead of closing on stimulation of these nerves. In these experiments, in order to get rid of the "ether effect," the authors have chloralised their dogs, under which narcotic this effect is not observed. The conclusions drawn from the present series of experiments are:—1. It requires a more rapid rate of vibration to produce a closure of the glottis in cats than in dogs. 2. In cats the rate of stimulation necessary to effect a closure must be from 70 to 80 a second; in dogs from 30 to 40. 3. Rates slower than 70 a second produce in cats an opening of the glottis; in dogs rates slower than 30 produce opening. 4. The intensity of the current influences the effect of varying rates of stimulation. 5. Weak currents with slow rates produce openings. 6. By increasing the rates, the intensity remaining the same, closing results. 8. Closing is produced more readily by increasing the rate than by increasing the intensity. **R. Norris Wolfenden.**

FELICE, F.—Laryngeal Paralysis from Aneurism of the Aorta. *Arch. Ital. di Laring., October*, 1888.

OF three cases here recorded, one is of interest, because it was supported by an autopsy. There was complete immobility of the left vocal cord, which was seen by the laryngoscope to remain in the median position, and there was some paresis of the right vocal cord. A cylindrical aneurism was found, involving the arch of the aorta. The sac was adherent to the second, third, and fourth dorsal vertebræ. Chronic deforming arteritis was found, the trachea was compressed into scabbard shape, and the narrowest portion corresponded to five centimètres above the bifurcation. Both recurrent nerves were compressed. **Massei.**

LA PLACA, N.—Hæmorrhagic Laryngitis. *Archivii Italiani di Laringol., Octôber*, 1888.

TWO cases of hæmorrhagic laryngitis observed in Massei's clinic for diseases of the throat form the basis of Placa's essay. He is of opinion that hæmorrhagic laryngitis is to be defined as "a catarrh, followed by hæmorrhage from the mucous membrane of the larynx, which is otherwise healthy and without ulceration." Thus all cases of traumatic laryngitis and chronic destructive processes are excluded.

Only seventeen such cases are known up to the present. In Massei's clinic, during five years, 982 cases of laryngitis were observed, only six of which were hæmorrhagic—that is, a proportion of about 0·6 %.

According to La Placa, the cause of the hæmorrhage must be sought not only in the cough, but in diminished resistance of the vessel walls,

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as occurs in every inflammatory process, and particularly so in this condition. Short considerations on the pathology, symptomatology, diagnosis, prognosis, and treatment, complete the author's paper, which is presented as a thesis for the doctorate. **Massei.**

INGALS, E. F. (Chicago).—**Subglottic Laryngeal Tumour.** *Med. News*, November 3, 1888.

CARTILAGINOUS tumours of the larynx are very rare. The subglottic growth in question, which was thought to be cartilaginous, occurred in a man twenty-four years of age, and was situated just below the anterior commissure measuring about four mm. in thickness, and six or seven mm. at its base. The colour was yellowish, the surface was smooth but slightly nodular, and its base occupied partly the inner surface of the thyroid cartilage, and partly the inner surface of the circothyroid membrane. Dr. Ingals has succeeded in reducing the size of the tumour very considerably by cauterizations of chromic acid, applied on the end of an aluminium wire, over which is slipped a section of small rubber tubing, cut away at its lower end to expose the acid in front. The tubing was tied on with a silk thread. This is a convenient instrument for applying caustics to the larynx. Dr. Ingals hopes with more systematic cauterizations to eradicate the tumour altogether. **R. Norris Wolfenden.**

SUCHANNEK (Zurich). — **Laryngitis Hypoglottica Acuta.** *Corresp. Schweizer Aerzte*, No. 18, 1888.

A BOY eleven years of age got dyspnœa and hoarseness a quarter of an hour after having sucked a bone. No foreign body was found in the œsophagus—with the laryngoscope red tumours in the subglottic part of the larynx could be seen. The condition was cured by inhalations of cocaine. It was remarkable that the cough of the patient was not croupy, though the laryngoscopical appearances were the same as those of pseudo croup. **Michael.**

BEHRENS.—On Foreign Bodies in the Respiratory Passages. *Inaugural Dissertation. Kiel.* 1887.

THE patient suddenly became feverish, and experienced cough and recurring hæmoptysis. Four months later death occurred from hæmorrhage. Autopsy revealed perforation of the right bronchus and the pulmonary artery by a foreign body. A description of five cases in the museum of Kiel, and a report of all cases published since 1861, concludes the article. **Michael.**

ACKERMANN, G. (Wheelnig). — **Water Melon Seed in the Right Bronchus: Operation—Recovery.** *Med. News., November 10th*, 1888.

A CHILD two years old "swallowed a water melon seed, which lodged in the windpipe, four days previously." Voice was husky, and there were occasional violent paroxysms of croupy cough. There was delayed inspiration over the right lung, with cogwheel-like murmur. Inferior tracheotomy was performed, and the seed was grasped by a pair of long, slender forceps introduced into the right bronchus. In ten days the child was well. **R. Norris Wolfenden.**

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KOEHLER.—A Foreign Body in the Larynx. *Berl. Klin. Woch.*, No. 44, 1888.

DURING a course of operations on the cadaver, laryngotomy was performed. On opening the larynx a one mark piece was found in it, and there was also perichondritis of the thyroid cartilage. The patient had suffered from chronic phthisis, but, except for hoarseness, had never exhibited any symptoms of the presence of a foreign body. **Michael.**

KEIMER (Dusseldorf).—**The Treatment and Cure of Laryngeal Tuberculosis.** *Deutsch. Med. Woch.*, No. 46, 1888.

A RECOMMENDATION of the lactic acid treatment. **Michael.**

GOUGENHEIM and TISSIER. A Pseudo Polypoid Laryngeal Phthisis. *Ann. des Mal. du Larynx, &c., July*, 1888.

POLYPOID vegetations are often met with in young people, without any other lesion of the larynx, preceding pulmonary phthisis. They are to be distinguished from the papillary granulations met with in tubercular infiltration (Forster's Dermoid metamorphosis), and are not to be confounded with the vegetations met with on the surface or edges of ulcerations. In these polypoid forms there is neither ulceration nor substratum of infiltration, at least at first. Andral pointed out the occurrence of these "cauliflower growths" in tuberculosis. Mandl, in 1872, also described them. Aritza and John N. Mackenzie have reported cases. Later, Schnitzler, Foa, Percy Kidd, Gougenheim, Heryng have reported cases. The condition is pretty rare, but it is well to bear it in mind in every case occurring in a young subject, without evident pulmonary lesion, in whom there are laryngeal troubles and polypoid vegetations are discovered laryngoscopically. Their usual situation is the base of the epiglottis at the level of the cushion, the inter-arytenoid region and the subglottic space; but they have occurred upon the true cords (Kidd), the vocal bands (Heryng), and walls of the ventricle (Schnitzler). They are sometimes solitary, of the size of a pin's head to that of a small nut, and implanted at the posterior part of the cords, or on the inter-arytenoid region; they are ordinarily grouped under the form of cauliflower, forming a lobular mass, more or less pedunculated, sometimes sessile. In colour they are white, rosy, yellow, or congested. Their consistence is very soft; they can be removed with ease, and are little more resistant towards the point of their implantation—thus they are sometimes spontaneously detached by coughing. Sometimes they may give rise to actual stenosis of the larynx. At the level of the epiglottis the vegetations are placed on the region of the cushion, filling all the anterior portion of the vestibule extending to the anterior commissure.

When in the ventricle they extend to the glottic opening. In the subglottic region they are more numerous, seated near the anterior commissure and provoking stenosis. In the inter-arytenoid region they reach between the cords and hinder their movements. Histologically, the tumours are covered with stratified epithelium; the base is connective tissue, with a few fibrils. The bulk of the growth is of small round embryonic cells, some of which are already granular. When the tumour is older, the

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infiltration is most at the base, and the rest of the mass is little consistent, granular, colours orange with carmine, and contains enormous giant cells. Glandular acini have been noticed (Foa). When more resistant, these tumours are like granulation tissue, with small nuclei of caseation, giant cells, and contain bacilli. These growths in their development rapidly occlude the larynx, giving rise to dyspnœa, and also to spasmodic attacks, which often end in expulsion of portions of the growth. The growth, however, rapidly recurs. The diagnosis is not difficult from their site, colour (they are yellower than papilloma), and microscopic examination. Probably some cases of papilloma published have been of tubercular origin. In these cases it is easy to understand how successful becomes the application of Voltolini's sponge method. **R. Norris Wolfenden.**

GILLET DE GRAMMONT.—On Tracheotomy. *Soc. de Méd. Pratique. June,* 1888.

SOME considerations (comprising nothing new) on tracheotomy in the case of a child operated on by the author. **Joal.**

RUAULT.—Glottic Spasm of Nasal Origin. *Archiv. de Laryngol., &c., November,* 1888.

THE author closes a long and interesting paper, containing many clinical facts, with the following theses :—

1. Certain lesions of the mucous membrane of the nasal fossæ, such as mucous polypi and hypertrophic rhinitis, may provoke reflexly repeated attacks of spasm of the glottis, which in certain cases may be sufficiently severe as to necessitate tracheotomy.

2. These attacks of laryngo-spastic dyspnœa may last for a very long period, sometimes twenty years or more, not yielding to any medication, but being rapidly cured by treatment of the intra-nasal affection upon which they depend.

3. Women, and particularly the hysterical, appear to be predisposed to the affection ; but it may occur as readily in individuals of both sexes who do not and never have presented any signs of hysteria.

4. Glottic spasm of nasal origin may affect children as well as adults.

5. Along with glottic spasm, bronchial spasm may occur, and one sometimes finds a more or less accentuated spasmodic state of the respiratory passage persisting for a long time beyond the attacks.

6. Affections of the voice due to phonatory spasm are a frequent complication of the disorder.

7. Prognosis is very good when the affection is recognised, but bad in the contrary case. (See antea.)

8. Diagnosis is made by excluding all causes of glottic spasm ; then by anamnesia, and complete rhinoscopic examination, along with examination with a probe and cocaine.

9. The treatment of the attack, when severe, consists in the intra-nasal application of cocaine, the administration of chloroform, or, if necessary, opening the trachea.

10. The treatment of the disorder is really only that of the nasal affection which is the cause of it. **R. Norris Wolfenden.**

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LANGENBECH.—On Tracheal Tamponnading. *Berl. Klin. Woch.*, No. 44, 1888.

THE author has employed a cannula surrounded with a piece of cotton after tracheotomy performed for diphtheria. He has had 45 per cent. of cures out of a total of 40 cases. Before he employed this method he had only 28 per cent. of cures. **Michael.**

SCHEDE.—Extirpation of the Larynx. *Aerztlicher Verein in Hamburg, 20th, November* 1888.

THE patient was a woman 50 years of age, whose larynx had been extirpated by Schede four and a half years ago. She had first consulted Dr. Michael for hoarseness and dyspnœa. He performed tracheotomy, and 14 days later sent her to the hospital for extirpation of the larynx, which was performed 6th June, 1884. In the same year a second operation was performed for slight recurrence in the trachea. Since that time the patient has been healthy. She wears a Brun's artificial larynx, and has with it a very good voice. A second case of Schede's of extirpation of half the larynx died three years after from fibrinous pneumonia, but without recurrence of the original disease. Two other cases in which tota extirpation were performed died later from recurrence. **Michael.**

KUSTER.—Partial Extirpation of the Larynx. *Berliner Medicinische Gesellschaft, 31st October*, 1888.

A PATIENT, 55 years of age, was shown by Kuster, upon whom Barth had extirpated half the larynx for carcinoma. The patient is now quite well and speaks with a good voice. He also exhibited the specimen of another case, of a patient 25 years of age, who died some weeks after the operation, from bronchitis and cancroid of the lungs. B. Fraenkel remarked that such cases should be operated upon as early as possible, so as not to require removal of so much of the larynx. **Michael.**

KAYSER (Breslau).—**A case of Laryngeal Carcinoma. Extirpation of half the Larynx.—Death.** *Deutsch. Med. Wochens*, No. 45, 1888.

THE author relates the interesting case of his brother, the social democrat Abgeordneter Herr Kayser. The patient was 35 years old, had been healthy all his life, but in June, 1887, began to be hoarse. Dr. Schmaltz, in Dresden, found, in September, redness and swelling of both vocal cords and irritation of the arytenoid region. Some time later, Schmaltz recorded that the general condition was better, but the hoarseness was not cured. Dr. Myer-Hüni now being consulted, discovered a diminished mobility of the right vocal cord, which was believed to be the cause of the hoarseness. Two months later, the condition was the same. In January, 1888, an attack of asphyxia occurred suddenly, for which tracheotomy was performed in Dresden. Two days later, the author found thickening redness and immobility of the right vocal cord, and a tumour could be seen in the right subglottic region. Mercury was now administered, but without effect. Gottstein confirmed these observations, and ordered potassium iodide. He also removed a piece of the tumour

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with his forceps, which was examined by Professor Ponfick, who declared it to be malignant, and probably a sarcoma. Extirpation of the larynx was determined upon and performed by Dr. Riegner. The operation lasted two hours, and the examination of the specimen proved it to be a scirrhus. Eight days afterwards, the first ring of the trachea had to be extirpated on account of a portion of tumour which may have been left unremoved, or might have been a recurrence. Two days later, death occurred from cardiac paralysis. **Michael.**

SOMMERBRODT (Breslau).—**Hoarseness of 28 years' duration, Dyspnœa lasting for 5 years, Multiple Papillomata, Laryngo-fissure—Cure.** *Berl. Klin. Wochens.*, No. 42, 1888.

THE title indicates the nature of the case. **Michael.**

BENNO LEWY (Warmbrunn in Schl.).—**A case of Laryngeal Typhoid in a child of one year of age.** *Archiv. für Kinderheilkunde, Band* 10, *Heft* 2.

THE child suffered for eight days from general spasms, diarrhœa, fever, and increasing laryngeal stenosis, which at last necessitated tracheotomy, but without avail. The autopsy proved the existence of abdominal typhoid. In the larynx swelling of the mucous membrane with much stenosis was found, and the whole subglottic region was occupied by a white tumour-like mass. Microscopical examinations showed it to be fibrinous transudation into the mucous membrane, so that the condition was a laryngitis fibrinosa. In the muciporous gland the well-known typhoid bacilli were found. **Michael.**

NECK, THYROID, &c.

MUDD, H. H. (St. Louis).—**A Fibro-Myxo-Chondroma of the Neck.** *Weekly Med. Review, November* 10*th*, 1888.

THIS was a tumour removed from the neck of a woman aged fifty-six Nineteen years before a little nodule had appeared under the skin near the right ear, which had subsequently developed. Eventually the tumour had stretched the skin over it very tightly, and the large and well-developed blood vessels had ulcerated and caused numerous hæmorrhages. The skin was not adherent at any place except here and there to a blood vessel, and at these points gave way upon the slightest touch. The tumour gave a sense of pseudo-fluctuation, but on removal was found to be solid and myxomatous. It was attached about the angle of the jaw behind the sterno-mastoid, with the deep vessels in front and to to the inner side. The tumour measured vertically 28½ inches, and transversely 24 inches in circumference. It was enucleated without much difficulty. The author closed up the incision, but thinks it would have been better to leave the wound open. As it was the wound suppurated. The patient would have recovered so far as the wound itself was con-

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