Onodi (Budapest). — *The Nasal and Accessory Cavities — Reproduction of Anatomical Sections in Twelve Tables.* Wien: Alfred Hölder.

IN spite of two excellent illustrative works upon the same subject, published in Germany during the last few years, the photographic reproductions of B. Fraenkel, and the illustrated anatomy of the nasal cavities by Zuckerkandl, this little book will be welcome, especially to medical practitioners who have no desire to purchase dear monographs on the anatomy of such a special part of the human body. In twelve tables we find well-selected sections of the nasal cavity and the accessory sinuses. They are introduced by a short and clear anatomical description.

Michael.

LARYNX.

Bleyer.—*Diet, Digestion, and the Voice: with many Remarks of Value to all Voice-Users—Do's and Don'ts.* "The Times and Register," Feb. 18, 1893.

DRINKING water *not hotter than* 120° *F.* an hour or two before every meal and at other times is recommended, as also is the use of Carlsbad Sprudel salt; avoidance of irritating foods and drinks, including ice water and alcohol, also of tobacco, is insisted on. A proper amount of sleep and exercise is essential; avoidance of too much vocal work, of hot rooms and narcotics, is enjoined. A nasal douche of warm water, with lime water and peroxide of hydrogen in it, cleaning the teeth, and using an antiseptic gargle after every meal are highly recommended.

B. J. Baron.

Rethi.—*The Epiglottis, Arytenoid Cartilages and the lower portion of the Pharynx during Swallowing.* Physiological Society of Vienna, Meeting, Feb. 28, 1893.

THE author has made experiments upon cats, and has found that the depression of the glottis during swallowing is not caused by muscular action, but by the pressure of the bolus. The vocal cord and arytenoid cartilages are in strong adduction, the lower portion of the pharynx is excavated.

Michael.

Burrell. — *Indication for Tracheotomy, and for Intubation.* "Boston Med. and Surg. Journ.," April 6, 1893.

THE writer of this article makes a very fair statement concerning these two operations. He has not come to the conclusion, like some, that intubation will supplant tracheotomy. He believes that each operation is useful, but in a selected field; that these fields have not yet been defined. He trusts by careful consideration of the character of the obstruction to classify them. He gives a clinical classification of the types of dyspnœa due to obstruction, and gives the following indications for each operation:—

Indications for tracheotomy.—Dyspnœa, caused by pressure from new growths, enlarged glands, cellulitis of the neck, pressure on the recurrent laryngeal nerve (?), foreign bodies in the larynx or trachea; where new

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growths, fractures of the larynx or trachea (?), or where membrane (either diphtheritic or fibrous) has extended well below the vocal cords.

Indications for intubation.—In the early stages of croupy cases in children ; in the case of diphtheria where the membrane is principally in the fauces ; in cases of dyspnœa in children dying of diphtheria, where the parents will not consent to tracheotomy. *J. Macintyre.*

Pott (Halle).—*Intubation in a Case of Spasmus Glottidis.* "Münchener Med. Woch.," 1893, No. 16.

A CHILD, one and a half years old, was suddenly attacked with syncope during an attack of glottic spasm. Respiration and cardiac movements ceased. An O'Dwyer tube was introduced. After some minutes the cardiac pulsation and respiration returned, and cure followed. *Michael.*

Stembo (Wilna). — *Case of Spontaneous Cure of a Laryngeal Polypus after Tracheotomy.* "St. Petersburger Med. Woch.," 1893, No. 5.

A PATIENT, forty-two years old, had cough, hoarseness, and attacks of suffocation for some months. She was pregnant, and in the seventh month. She became strongly dyspnœic. The laryngoscopical examination showed a tumour to be situated under the vocal cords, nearly filling the tracheal space. Next day tracheotomy was performed. During the next few weeks the tumour disappeared, the respiration became free, and a few weeks later the canula could be removed. *Michael.*

Stadler (Bremen).—*Multiple Papilloma of the Larynx in Children.* Inaugural Dissertation. Gottingen, 1892.

REPORT of six cases treated by laryngo-fissure. Two cases were cured, three cases became aphonic, and one died. *Michael.*

Chiari (Wien).—*Case of Hereditary Syphilis in a Child of Four and a half years.* "Archiv für Kinderheilk.," Band 15, Heft 3 and 4.

DETAILED history of a syphilitic child, four and a half years old, suffering from grea tstenosis, cured by tracheotomy and subsequent antisyphilitic treatment. *Michael.*

Rubsamen (Königsberg).—*Contribution to the Knowledge of Laryngitis Hypoglottica Chronica.* Inaugural Dissertation. Königsberg, 1892.

A PATIENT, thirty-six years old, suffered from great dyspnœa. The laryngoscope showed the presence of two tumours causing subglottic stenosis. The mobility of the vocal cords was normal. Tracheotomy was performed, and the tumours treated with the galvano-cautery through the tracheal wound, up to now without effect. *Michael.*

Stoerk (Wien.)—*Carcinoma of the Vocal Cord.* "Wiener Klin. Woch.," 1893, No. 15.

A PATIENT, fifty-four years old, had been hoarse for some months. On the right vocal cord a tumour was situated. The microscopical examination showed that it was a cancroid. Tracheotomy and extirpation of the vocal cord were performed. The defect was covered with mucous membrane. Cure resulted. The laryngoscope showed that the membrane

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performed the function of a vocal cord. The patient now has a loud voice. *Michael.*

Socin.—*A Cured Case of Laryngeal Carcinoma.* Med. Gesellschaft der Stadt Basel, Meeting, 19 May, 1892.

A PATIENT, fifty-eight years of age, had a little carcinomatous neoplasm in the larynx, situated on the left vocal cord and the left ventricular band and a cervical gland enlarged into a hard tumour of the size of a fist. Extirpation of one-half of the larynx and of the gland was followed by cure. The author used the occasion to examine the sense of taste of the larynx, but careful examinations of the mucous membrane gave negative results. *Michael.*

Grabower.—*A Case of Paralysis of the Postici Muscles combined with Tabes.* Berliner Med. Gesellschaft, Meeting, April 26, 1893.

CASE shown by the author. *Michael.*

Davies, the late Herbert (London).—*The Relationship between the Phrenic and Inferior Laryngeal Nerve.* "Lancet," Jan. 21, 1893.

DR. DAVIES offers the following very ingenious explanation of the circuitous course of the inferior laryngeal nerve. In order that in inspiration the opening of the glottis should be simultaneous with the descent of the diaphragm, the nerve supplying the glottis-opener (recurrent laryngeal) should be nearly of the same length as that supplying the diaphragm (phrenic). The recurrent nerve, therefore, takes a winding course. In phonation, on the other hand, the tension of the vocal cords ought to precede the action of the expiratory muscles, and hence the external branch of the superior laryngeal, supplying the crico-thyroid, takes the shortest and most direct route to the muscle. The multiple origins of the phrenic nerve in the neck is explained by the necessity for guarding against possible interference with its function by the pressure of muscles or other parts on one or more of the roots. Dr. Davies reminds us that nerve force travels at the rate of one hundred and ten feet per second—a very slow speed as compared with that of electricity—and that difference in length of nerve cannot be disregarded. [The greater length of the left recurrent as compared with the right has its parallel in the case of the left phrenic. These fascinating mechanical speculations will be recognized by all who had the privilege of knowing the late Dr. Herbert Davies as eminently characteristic of his interesting mode of reflecting on physiological problems.—ED.] *Dundas Grant.*

Swift.—*Chloroform Anæsthesia as an Aid in the Diagnosis of Laryngeal Obstruction.* "New York Med. Journ.," April 15, 1893.

THIS is a letter to the editor suggesting the propriety of giving chloroform to a child suffering from dyspnœa, in order to see how much of this is due to mechanical obstruction, and how much to spasm, which the anæsthetic allays. *B. J. Baron.*

Klinedinst. *A Foreign Body Impacted in the Larynx for Seventeen Months; Removal by Laryngo-Tracheotomy.* "Med. News," March 25, 1893.

THE patient in this instance met with an injury from a weight falling upon him. After half-an-hour's unconsciousness it was found that a set of

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artificial teeth which he had been wearing was missing, and it was assumed that he had swallowed them. Laryngoscopic examination long after revealed the presence of the foreign body, and it was removed successfully as above mentioned. *J. Macintyre.*

Heymann.—*On Fractures of the Larynx.* Verein für innere Medizin in Berlin, Meeting, Oct. 24, 1892.

THE author showed a case which he had seen eight hours after the traumatism. The patient had fallen against his bed. He had some dyspnœa and pain and difficulty in swallowing, but no grave symptoms. The external examination was not very painful. The right arytenoid was enlarged and œdematous, and covered with a sanguineous sugillation. The cricoid cartilage was swollen and infiltrated. The right vocal band was immobile and in the cadaveric position. The author proved that there could only be in this case a fracture of the larynx, and agreed with Arbuthnot Lane, who says that very many laryngeal fractures cause only slight symptoms. Treatment with ice and morphia ended in cure.

The author also showed a patient with a membrane in the anterior part of the larynx caused by tracheotomy performed on account of diphtheria seventeen years before. *Michael.*

Kuh.—*A Case of Suffocative Laryngo-Tracheitis, and a Method of Immediate Relief.* "Med. News," April 15, 1893.

THE author describes a case where there was accelerated and stridulous respiration with cyanotic face; there was also a gurgling sound of advancing and receding mucus in the trachea. The treatment consisted in what has been described by the author as a topical treatment of bronchitis ("Med. News," March 11). He states that by causing the patient to inhale deeply he was able to spray into the parts so efficiently that the tenacious cohesive discharge was ejected. Recovery took place. *J. Macintyre.*

Eisenmenger (Wien). — *Maydl's Tamponing of the Larynx.* "Wiener Med. Woch.," 1893, No. 5.

FOR tamponing of the larynx during operations on the mouth and pharynx as Maydl proposed (see the report in this Journal), the author applies a Schroetter hard rubber tube, combined with a Trendelenburg balloon. *Michael.*

Fischer (Kreuzlinzen). — *Foreign Bodies in the Bronchi.* "Correspbl. für Schweitzer Aerzte," 1893, No. 9.

A PATIENT, twenty-six years old, while eating soup, inspired a little piece of bone. He became dyspnœic for a short time, but the condition improved, and he could follow his occupation. Some days later he had a slight stridor during respiration, and his condition deteriorated more and more. He became feverish, and developed cough and palpitation. Over both lungs patches of inflammation were found. After some months the patient was suddenly attacked with severe cough, ending in the expectoration of the bone, and followed by discharge of pus. Cure resulted. *Michael.*

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Schimmelbusch (Berlin).—*Plastic Operations for Tracheal Defects.* XXII. Congress der deutschen Gesellschaft für Chirurgie, Meeting, 12th to 15th April, 1893.

(1) A PATIENT, nine years old, had diphtheria in her second year, and was tracheotomized. There has since been a stenosis of the larynx and defect of the trachea. By declination of the head the child could close the defect, which was four centimetres long, and could speak with a loud voice.

(2) In a second case the defect had an extent of five centimètres. By plastic operation the defect of the skin was closed, but there remained a stenosis on account of the wall being too soft, so that it was drawn inwards during inspiration, and closed the trachea. By transplantation of the periosteum of the sternum the anterior wall of the trachea was transformed into a hard tube, and the child could speak with a loud voice. There was no difficulty of respiration when the fistula was closed.

KUSTER (Marburg) had some years ago performed resection of the defective part, followed by reunion of the upper and lower parts of the trachea.

SPRENGEL (Dresden) believes that defects especially follow inferior tracheotomy.

KOERTE (Berlin) has always performed inferior tracheotomy with good results. Defects are produced by secondary infections most commonly followed by death. He does not know any means of preventing them.

BERGMANN (Berlin) had never seen such events. He always performed superior tracheotomy. He believes that necrosis is often caused by cutting the cricoid cartilage. *Michael.*

THYROID GLAND, &c.

Schnitzler, Julius (Wien).—*Etiology of Strumitis.* "Internat. Klin Rundschau," 1893, No. 16.

BACTERIOLOGICAL examination showed in the pus of strumitis the constant presence of encapsuled diplococci. *Michael.*

Ostermayer. — *Struma.* Konigliche Gesellschaft der Aertze in Budapest, Meeting, Feb. 10, 1893.

THE author exhibited a patient cured of his struma by enucleation.

Michael.

Guttman, P.—*Goitre Noise.* Verein für innere Medizin in Berlin, Meeting, Feb. 20, 1893.

IN Basedow's (Graves') disease, with the stethoscope, is heard over the goitre an arterial noise, isochronous with the pulse. The author exhibited two patients showing the noise. As it can be heard in all cases of the disease, it is of differential diagnostical value in relation to other cases of goitre. *Michael.*

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