had purulent discharge from right ear while swelling was still in pharynx. Examining chest, slight feebleness of respiratory sounds was found over lower third of right lung. At lower third of pharynx a fungoid mass was seen, and removed with snare; beneath it was an opening about two millimetres in diameter. A small elastic catheter was passed in it, and gently pushed down fistulous tract a distance of thirty centimetres; pain was complained of at its extremity, a little to right of and below right breast. Dr. Ingalls was under the impression that when the lower part of sac was filled with pus it might be possible to detect it, and make a counter-opening through the pleural sac, whereby constant drainage could be established, and healing effected. **T. Morris Murray (J.N.M.)**

BLOCH (Freiburg).—**On the Bursa Pharyngea.** *Berlin Klin. Wochenschr.*, 1888, *No.* 14.

A GOOD report on the publications concerning these diseases, with some original observations. **Michael.**

LARYNX.

GOUGENHEIM AND PERRIER.—Cyst of the Sub-hyoid Region; Deviation of the Larynx; Disturbances of Voice and Respiration. *Ann. des Mal., &c., February*, 1888.

THE cyst was firm, elastic, situated in the right sub-hyoid region adherent to the larynx during deglutition. The larynx was deviated to the left and its interior inaccessible to view; an exploratory puncture revealed the cystic nature of the swelling. A second puncture brought away thick liquid containing a large amount of cholesterin. Tracheotomy was done on account of increasing suffocative attacks. Deep adherences prevented the complete dissection of the cyst; it was partially dissected off, and its walls touched with chloride of zinc (one in ten).

It completely disappeared, and the larynx and voice became normal.
R. Norris Wolfenden.

DESVERNINE, C. M. (Havana).—**A Contribution to the Normal and Pathological Anatomy of the Vocal Bands.** *Crónica Médico-Quirúrgica, and rewritten in English by the Author.* Havana: Soter, Alvarez, & Co., 1888.

THE first part of this essay is occupied by a study of cystic growths. From 156 cases tabulated by the author he concludes that intra-laryngeal cystic tumours occur with greatest frequency upon the vocal bands. No case on record has permitted the study of these new formations in undisturbed relation with the surrounding parts. A case has occurred in Dr. Desvernine's practice which has enabled him to fill this gap. In this case of cysto-fibroma "with rich epithelial investment with un-

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deniable Malphigian characters," the pathological factor must be localized "in such elements of the vocal band which have an ectodermic embryological origin, namely—the dermo-papillary mucosa, the racemose glands, or the excretory ducts." The author locates this process in the glandular epithelium, which has progressed to the para-glandular connective tissue, has condensed it layer by layer, with the peri-glandular elements, "to form a highly-fused fibrous whole."

The author next studies "the glandular apparatus of the vocal bands" in great detail; and in contradiction of the statements of Luschka, Morell Mackenzie, Gottstein, Lennox Browne, states that the vocal bands indubitably possess a glandular apparatus constant in its presence and perfectly well developed. The priority of having demonstrated this fact belongs to Coyne. The vocal bands are defined by the author to be "the whole ligamentous system constituted by the horizontal thyro-aryteno-cricoid fasciculi, and by the ascending crico-thyro-arytenoid fibres." The mucosa of these bands therefore extends inferiorly with the band to the upper border of the cricoid in the whole ascent of the cricoidal ascending fibres. All the glands embedded in this region must be considered constituent elements of the glandular apparatus of the vocal bands. The mucosa lining the vocal ligaments may be divided into three segments. 1. The ventricular, or superior portion. 2. The glottic portion. 3. The infra-glottic portion. The first and third portions alone are supplied with glands. The glands of the superior surface form a group, deeply seated near the thyro-arytenoid fibres towards their ventricular border. Their excretory ducts are directed obliquely upwards and towards the glottic border and terminate on the superior surface. Their position is variable. They may be very deeply seated, in, or subjacent to, the thyro-arytenoid muscle, and they are then absent from the submucous connective tissue. Their number never exceeds three or four. The subglottic region is plentifully supplied with glands. They are always here embedded in fibro-elastic structures. Their excretory ducts are directed obliquely upwards and inwards. The author finally considers the pathology of cystic growths in the light of his histological researches. He concludes, "The excretory ducts traverse, *very frequently*, in the supra-glottic region, and *constantly* in the infra-glottic zone, fibro-elastic structures in a frequent state of energetic distension, and consequently must be compressed violently—while the structures of the bands are in complete physiological integrity, the obliteration is always transitory, momentary, but as soon as congestive or inflammatory derangements occur, of some duration and intensity, then the excretory ducts participate in the general process of hypernutrition, their walls become more or less thick, their elasticity is reduced or abolished, and their situation in the midst of structures actively compressing them, are all circumstances which create the best adapted conditions to promote the permanent fusion of their walls."

The author's paper is one of great interest, and is illustrated by three beautifully-executed coloured plates. His histo-pathological contributions, of which others are promised, are of the greatest importance. The paper should be read in the original. **R. Norris Wolfenden.**

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GOTTSTEIN. — Local Treatment of Laryngeal Tuberculosis. *Breslauer Aerzte. Zeitsch.*, No. 13, 1888.

A REVIEW upon the methods of treatment now in practice. **Michael.**

MIDDLEMASS-HUNT, J. (Liverpool). — **Local Treatment of Laryngeal Phthisis.** *The Liverpool Medico-Chirurgical Journal*, July, 1888.

THE author thinks that tubercular laryngitis may be primary, and quotes Demme, Orth, Fränkel, and Pogrebinski, each of whom has recorded cases in which the lungs were entirely free from complication. For the treatment of the first stage of anæmia, he advises stimulating inhalations (pine oil and creosote), and brush applications of iron or zinc chloride. He strongly objects to the use of nitrate of silver. The simple catarrh which often occurs in pulmonary phthisis is to be treated by sedative and moderately stimulating inhalations and mineral astringents—especially perchloride of iron, or sprays of bichloride of mercury (1—2000). Eucalyptus oil is especially valuable in relieving the cough of early laryngeal phthisis.

The author passes under review the drugs now much used, viz., iodoform, lactic acid, iodol, and menthol. He prefers iodol to iodoform, as a local insufflation, and confirms the observations of Lublinski and Wolfenden as to its power to heal ulcerations and relieve symptoms. The author does not think that lactic acid is suitable for all cases, as in some it gives rise to severe pain and inflammation; and it should not be used in advanced stages, or in cases with narrowing of the glottis from œdema or new formations, especially as it is liable to produce spasm. He has not obtained the favourable results recorded by Heryng, but thinks, nevertheless, that it is the best drug we at present possess for the treatment of this disease. The author does not recommend the adoption of Moritz Schmidt's method of making deep incisions into the laryngeal tissues, and thinks the practice introduced by Heryng, of curetteing before applying the lactic acid, is extremely severe, and should require very favourable results before being adopted here. He does not think that tracheotomy in laryngeal phthisis can do otherwise than as Morell Mackenzie suggests, viz., keep up irritation in the larynx, instead of favouring rest to the organ, but quotes Hunter Mackenzie, who recorded a case in which lupous ulceration of the larynx ceased to progress after tracheotomy. **R. Norris Wolfenden.**

HERYNG, TH.—The Curability of Phthisis of the Larynx and its Surgical Treatment. *Paris, Carré*, 1888.

A FRENCH translation by Dr. Schiffers of Heryng's excellent work. The translator is to be complimented as well as the author. **Joal.**

HENNIG (Konigsberg).—**Tubercular Tumours of the Larynx; Laryngotomy.** *Berlin. Klin. Woch.*, No. 28, 1888.

THE author performed laryngotomy upon a patient of fifty-three (who for some time had had bronchitis and gastritis), for two large tumours of the

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larynx, of hard consistence and globular form, and possessing a broad base. The patient died 14 days later. At the autopsy, chronic tuberculosis was found in the lungs, and microscopical examination of the tumours showed them to contain many large tubercles, and tubercle bacilli. As cases of tubercular tumour are very rare, this fresh case is of great interest. **Michael.**

LEWIS, BRANSFORD (St. Louis).—**Tracheotomy in Morphine Poisoning.** *Journal of the Am. Med. Assoc.*, May 19, 1888.

DETAILED account of a desperate case of morphia narcosis, in which the trachea was opened and respiration kept up by a bellows such as that used in the physiological laboratory in the performance of artificial respiration in dogs. This operation was first done by Dr. G. E. Fell (*Buffalo Med. and Surg. Journal*, Nov., 1887.) Since this, Fell has done the operation successfully in two other cases. The method has been subsequently employed in Vienna.

Dr. Lewis believes that, in view of the results in this hospital case, in morphine poisoning, when other means fail, though no bellows respiration be possible, tracheotomy is a wise and justifiable measure.

John N. Mackenzie.

SCHNEIDER. — **On Granulation Stenosis after Tracheotomy.** *Breslauer Aerzst. Zeitsch.*, Nos. 9, 10, 11, 12, 13, 1888.

A VERY complete report upon this condition, with one new case. A full report was made some months ago of the paper of Köhl upon the same subject. **Michael.**

AHRONSON (Berlin, Ems).—**The Pathology of Dilatation of the Glottis.** *Deutsch. Med. Woch.*, Nos. 26, 27, 28, 1888.

THE author has discovered the interesting fact, that in all cases in which the cause of paralysis of the posticus muscles is found in an affection of the nerves in relation, there is also a tachycardia, and increased frequency of pulse. It may, therefore, be stated, that if there is no increased frequency of pulse, some organic disease behind the ramification of the recurrent nerves, myopathic paralysis of the postici muscles, or contraction of the adductors, must account for the condition. In six cases of central disease he has found a pulse rate of 100-120. He then gives an exact description of fourteen cases, particulars of which must be looked for in the original. **Michael.**

JELENFFY (Buda Pesth).—**On the Electric Contractility of the Laryngeal Muscles after Death, and Etherisation.** *Berlin. Klin. Woch.*, No. 26, 1888.

FROM experiments made by the author and Prof. Regescy, the following conclusions are arrived at :—

1. From electrical irritation of a nerve which sends fibres to extensors or flexors, both sets of muscles contract at the same time.

2. If the nervous system is not interfered with, the flexors preponderate.

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3. During narcosis, the electrical excitability of the flexors decreases in inverse proportion to the degree of narcosis.

4. The crico-arytenoid muscles are extensors, the muscles closing the glottis are flexors.

5. The extensors possess a greater resistance to the effects of ether and chloroform than the flexors. **Michael.**

SAVILL, T. D.—Hysterical Aphonia in a Woman aged Seventy-one—Recovery—Remarks. *Lancet*, August 18, 1888.

THE affection was due to adductor paresis, and was cured by external use of faradism. There was nothing noteworthy in the case except the age of the patient. **R. Norris Wolfenden.**

LOEB (Frankfort-on-Maine).—**Some Remarks on Enlargement of the Thymus Gland in Young Children.** *Deutsch. Med. Woch.*, No. 54, 1888.

THE author records the cases :—

1. Of sudden death of a girl, three months of age. The autopsy proved merely an enlargement of the thymus.

2. Of a boy, seven months of age, who had a laryngismus stridulus, and died from catarrhal pneumonia. Notwithstanding the pneumonia to be situated on the left side, a few moist sounds were heard on the opposite side. The autopsy revealed enlargement of the thymus gland. **Michael.**

BRAMWELL, H. R. (Harlington).—**An Anomaly in Stammering.** *Lancet, February* 4, 1888.

THE anomaly consists of a "series of clonic contractions of certain of the flexor muscles of the right upper and lower extremities which invariably precede the commencement of a sentence, and occasionally also interrupt a sentence already commenced." **Hunter Mackenzie.**

NECK, &c.

BERENS, T. P. (Philadelphia).—**Angioma of the Thyroid Gland.** *Med. News, April* 14, 1888.

A FULL account of the history and autopsy of a case which the author considers unique. **John N. Mackenzie.**

GAUTIER.—Treatment of Exophthalmic Goitre. *Rev. Gén. de Clin. et Thér.*, May 10, 1888.

GRAVES'S disease is a general neurosis, and the precise locality is in the bulbo-protuberantial region. Hyperæsthesia of this region constitutes the primordial functional trouble, which is followed by functional

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