(5) Curvation of the tracheal wall (cases of Ruprecht, Guyon, Passavant, Flenier, and some original cases). (6) Relapse of the anterior tracheal wall (cases of Michael, Rosenthal, Meusel, Passavant, Paris, Boeckel, Settegast). (7) Compression-stenosis (Boeglhold and one original case). (8) Cicatricial stenosis (cases of Zimmerlin, Dupuis, Passavant, Volker, Stoerk, Genlit, Lefferts, Simon, Körte, Plenio, Flenier, Blauchez, Steiner, Settegast, Boeglhold, and two of his own). (9) Primary and secondary paralyses (Gerhardt, Blake, Rehu, Türk, Müller-Warneck, Barkcher, and one of his own). (10) Paresis from habit. (11) Moral influence. (12) Spasm of the glottis (Meyerson, Mackenzie, Boeckel, Wanscher, Bergeron, Rhyn).

Sometimes more than one of these various causes are combined. A good many examples of these are given. The therapy of the stenosis consists in dilatation by dilators (Trousseau, Schrötter, Bird, Stoerk), by bougies (Schrötter, Trendelenburg, Kappeler), or dilating canulas (Stoerk, Richet, Baun, Dupuis, Passavant, Flenier, Gresswell). The paralysis must be cured by electricity, nourishing food, strychnine, and brucine; the paralysis from habit and fear, by moral influence and frequent attempts at removal of the canula; the spasm by morphia or antirachitic treatment. A table illustrates the different forms and effect of the several dilating instruments. It is to be regretted (but this is not the author's fault) that only in very few cases a laryngoscopical examination was made. Certainly this is not possible in all cases, but without doubt it could be made in the majority of such cases. MICHAEL.

TONSILS, PHARYNX, &c.

KNIGHT, C. H.—The Galvano-Cautery in the Treatment of Hypertrophied Tonsils. *New York Med. Journ., Sept.* 24, 1887.

THOUGH the risk of hæmorrhage after tonsillotomy in children has been over-estimated, it is nevertheless one of the chief objections to the operation. There are two methods of operating by cautery—1. By cautery puncture as practised by Voltolini; 2. By the galvano-caustic snare. In the former a fine point is passed deeply into a crypt, or if the crypts are obliterated, it may be passed into the substance of the gland. Not more than three independent lacunæ should be cauterised at each sitting. The pain is not severe, and the inflammatory reaction is seldom excessive. By the fourth or fifth day all local disturbance will have subsided, the eschar may be partially detached and the operation repeated. The largest tonsils

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may thus be destroyed in from five to ten sittings. Krishaber, at Milan in 1880, said he had been obliged to use Paquelin's cautery fourteen times in one case. The galvano-cautery would be much quicker than this. Preliminary use of 10 per cent. cocaine, and after use of carbolized alkaline gargles may be required in some cases. Galvano-caustic écrasement is much more rapid, and naturally more painful than cautery puncture. The amount of tissue removed by the snare does not represent the total effect of the operation, since the parts left behind are cauterized to a considerable depth. A single case of hæmorrhage after the use of the snare has been reported by Capart. Two precautions are necessary; the current should be used intermittently, and traction should be made on the loop only during passage of the current. If any unevenness of surface remain, it may be smoothed down by cauterizations. Dragging the tonsil from its bed by vulsellum, or mouse-toothed forceps, or by transfixion needle, will provide that all may be included in the loop: 30 platinum wire is the most serviceable. The use of the galvano-cautery in very young children will be found impracticable except under general anæsthesia. It should be used in all adults and in all cases in which there is risk of hæmorrhage, objection to the knife, or abnormal adherence of the tonsil to the faucial pillars. (See p. 394.)

RICE, C. C. (New York). — **Glandular and Connective Tissue Hypertrophies of the Lateral Walls of the Pharynx.** *New York Med. Journ. Sept.* 17, 1887.

THESE conditions are not sufficiently differentiated from coincident affections of the tonsils and fauces. The author has frequently noted a complete tissue connection, of hypertrophic nature, between the enlarged faucial and pharyngeal tonsils,—overgrowth having extended in upward and downward direction these two organs have met. The author is not thus speaking of the raised connective tissue and glandular folds frequently seen running up and down parallel with the posterior pharyngeal pillar. Chronic follicular pharyngitis of the lateral walls of the pharynx is the commencement of this pathological process, and it is met with in young adults of 12 to 18 years of age. The whole tract of glandular tissue is nourished by one blood-supply, and destruction of any part of the chain, by knife or cautery, leads to atrophy of the rest. A second condition spoken of by the author is the so-called "pharyngitis lateralis," or hypertrophy of the plica salpingo-pharyngea. There are two inflammatory affections of the lateral pharyngeal wall which are distinct. One is acute inflammation of the simple follicles, just behind the posterior pillar, coincident with acute follicular tonsillitis. They disappear together, leaving a

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narrow superficial line of red raised tissue running up the side of the pharynx. The second form is a hyperplastic inflammation of the mucous and submucous structures at this point (salpingo-pharyngeal fold). This enlargement is liable to give rise to many unpleasant symptoms, *e.g.*, rawness, soreness, burning, fatigue of the voice, cough, glottic spasm, etc. These symptoms disappear with the destruction of this ridge by cautery or caustics.

The pathological affections of this tract demonstrate that the upper and middle portions of the pharynx are part of the same tract. (See p. 393.)

KNIGHT, F. J. (Boston).—**Sensory Affections of the Throat.**—*New York Med. Journal, August* 27, 1887.

His experience is chiefly with hyperæsthesia and paræsthesia. He considers that hyperæsthesia is usually due to a constitutional vice, generally alcohol, which disappears with abstinence from alcohol; and occasionally from granular pharyngitis, which is relieved quickly only by combining local and constitutional treatment.

He refers to the probable cause of some cases of paræsthesia as being due to paralysis of one set of the hyoid muscles, the motor-nerve supply for each set of muscles being received from entirely different sources. Treatment is to be specially directed to constitutional vice. (See p. 389.)

GAIRDNER and COATS (Glasgow).—**Perforation of the Œsophagus and Penetration of the Aorta by a Fish-Bone; Fatal Hæmorrhage.** *Glasgow Medical Journal, July*, 1887.

Exhibition of specimens before the Pathological and Clinical Society of Glasgow, 13th December, 1886. In the œsophagus, at a point about 2½ inches below the level of the bifurcation of the trachea, were two oval apertures—one on either side—which communicated on the right side with a large cavity which passed towards the root of the lung, and on the left side with a cavity which passed more upwards than downwards, and lay chiefly between the œsophagus and the aorta. The left cavity contained blood, and shreddy decomposing matter. In the aorta was a very ragged irregular aperture, situated directly in a line continued from the middle of the aperture on the right through the middle of that on the left side.

The history of the case having pointed to a fish-bone, which had been swallowed nine days before death, as the cause of the perforations, diligent search was made for it, but without success.

In the discussion which followed, Prof. Gairdner remarked upon the important fact observed in this case—that the patient had lived for some hours after penetration of the aorta had taken place, and he

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observed that there are, or may be, possibly favourable conditions under which such a breach might be permanently healed. He referred to some cases which show that fish bones were at least possible sources of danger long after the period of swallowing. Dr. Finlayson referred to a case of perforation of the œsophagus which had been under his care, but no details were given.

HUNTER MACKENZIE.

LANGMAID.—Constitutional Causes of Throat Affections. *Medical News, June* 25, 1887.

IN lesions of the throat there is some underlying cause, which may be external or intrinsic. Too much attention having been directed to the local condition and to atmospheric conditions, it is worthy of study why atmospheric conditions are active at one time and not at another. Chronic recurring coryza is one of the most intractable diseases which we have to treat. As a rule the treatment must be general, though sometimes destruction of the mucous membrane of the nose is sufficient. The sense of a lump in the throat so often complained of is an indication of an overloaded colon, and more good is done by a dose of castor oil than by local treatment. Clergyman's sore throat, or follicular laryngitis, arises not in the necessary use of the throat but in the sedentary life which, with errors of diet and other conditions, plays an important part. Throat trouble is sometimes a rheumatic or gouty manifestation, and treatment must be directed to this condition. Local treatment in many throat troubles is of the nature of repair; constitutional and hygienic treatment must be directed towards the renewal of the normal processes. Swellings and congestions of the mucous membrane, hypertrophy of the tonsils, elongation of the uvula, must be regarded as symptoms which will not be banished except the underlying constitutional malady is removed. (See p. 395.)

DEBOVE.—Simple Ulcer and Cicatricial Stenosis of the Œsophagus. *Soc. Méd. des Hôpitaux, August* 12, 1887.

THE author made an autopsy on a man in whom, in 1885, a cicatricial stenosis of the œsophagus had been diagnosed, to all appearance simple, but in reality due to an ulcer of the œsophagus. The latter, at a distance of five centimetres from the cardia, presented a cicatricial fibrous band, which had been successfully dilated in 1885: there was, moreover, a gastric ulcer seated near the lesser curvature, which had not been diagnosed during life. It is interesting to observe that there can exist œsophageal strictures, simple in appearance, but which could be thought to be cancerous, and which are of good prognosis if the treatment by dilatation be instituted in time. JOAL.

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