could not be replaced through the wound, but was easily introduced through the nose. This, however, gave rise to bleeding from the nose and fever, and made the little patient very uneasy, so the catheter was entirely removed, and the patient allowed to swallow food, partially with success. The gullet was, however, frequently bougied (which several times caused dysphagia, in the author's opinion, because he used the larger sizes, 25 and 26, the first time). The patient was seen last time four months after the operation, the operator in the meantime having used bougie No. 30 twice a week; the child was doing well in every respect, and was able to swallow any food. **Holger Mygind.**

MARCHAND.—Carcinoma of the Œsophagus. *Aertzlicher Verein zu Marburg, December* 12, 1888.

THE author showed a specimen of œsophageal carcinoma from which the patient had been affected for five years. It had caused stricture and paralysis of the left recurrent nerve, which was embedded in the carcinomatous mass. **Michael.**

PYE, WALTER (London). **— A Case of Œsophagotomy — Remarks.** *British Medical Journal, March* 9, 1889.

THE operation was performed on account of the impaction of the gullet of an artificial plate and teeth. The patient died on the fifth day after the operation, of pulmonary effusion (or œdema) due, it is suggested, to some injury to the nerve-governing mechanism of the lungs—vagus or sympathetic. **Hunter Mackenzie.**

SYMONDS, C. (London).—**Three Cases of Malignant Stricture of Œsophagus Wearing Short Tubes.** *British Medical Journal, March* 2, 1889. *Clinical Society of London, February* 22, 1889.

EXHIBITION of cases. **Hunter Mackenzie.**

SMITH, F. CLARENCE (India).—**Cancer of the Œsophagus—Gastrostomy.** *British Medical Journal, March* 2, 1889. *South Indian and Madras Branch, British Medical Association, August* 3, 1888.

THE patient died the day following the operation. A fistulous opening between the trachea and the œsophagus was found after death. **Hunter Mackenzie.**

LARYNX, &c.

MULHALL, J. C. (St. Louis).—**Cure of the Falsetto Voice.** *Inter. Jour. of the Med. Sciences, August,* 1889.

CASE of a man, aged twenty-five, in whom the puerile voice persisted. Though it was high-pitched and squeaky, the important fact was elicited that in laughing it was of low pitch. Two laryngoscopists had diagnosed

https://doi.org/10.1017/S1755145500152303 Published online by Cambridge University Press

paralysis, and applied electricity. Dr. Mulhall, however, observed that so far from there being any paretic condition present, the true and false cords during phonation approximated more closely than they should have done. There was apparently hyper-tension of the thyro-arytenoid muscles. A cure was effected by teaching the patient to speak in low tones. The same condition was observed in two other cases, and a similar treatment was successful.

Maxwell Ross.

HULTKRANTZ, J. VILHELM (Sweden). — **On the Respiratory Movements of the Diaphragm.** *Upsala Laekarefoerenings Foerhandlingar, Vol.* 24, *pp.* 507 *to* 529.

THE author has made a series of experiments on himself and five other persons in order to study the respiratory movements of the diaphragm by means of introducing a thin indiarubber balloon of four to five centimètres diameter into the stomach through the gullet. The balloon is then blown up through a long indiarubber tube fastened on the end of it, with so much air that it cannot be withdrawn, and the movements of the balloon caused by the movements of diaphragm are inscribed on a rotating Marey's cylinder by means of a thread going through the tube, which is stretched over a pulley by means of a weight. The results of the experiments were as follows :—During normal quiet breathing the cardiac portion of the author's diaphragm moved on an average 10·5 millimètres *up and down*, while in the other individuals experimented on the figures varied from 5·5 to 11·5 millimètres. The extent of the movements varied in the same person at different times according to the position of the individual (the figures being much smaller in the recumbent position), to the occupation previous to the experiment, to the different pressure of the clothes, and according to the circumstance, whether the individual had just had a good meal or not. By forced breathing the author's diaphragmatic movements increased to 42 millimètres; but when attention was paid to pushing the abdominal wall forward, the author was able to get as far as 63 millimètres. The highest figure, 81, was, however, obtained by another individual, who was a good singer.

The mere passive movement upwards of the diaphragm by contraction of the abdominal muscles (the glottis being open) varied in the different experiments from 16 to 24 millimètres. A few experiments were made on a woman, the result being that, although the habitual movements of the diaphragm were very little, still the power of the diaphragm was not very small.

Dr. Hultkrantz tried besides in some cases to measure the relation between the power of the abdominal and thoracic breathing by enclosing the body of the person experimented on in two air-tight chambers, meeting each other at the lower border of the thorax. With all due reservations, owing to the small number of experiments, the author thinks that of 490 cubic centimètres inhaled by himself about 320 correspond to the expansion of the thorax, and 170 to the lowering of the diaphragm.

Holger Mygind.

https://doi.org/10.1017/S1755145500152303 Published online by Cambridge University Press

DELAVAN, BRYSON.—Further Investigations as to the Existence of a Cortical Motor Centre for the Human Larynx. *The New York Medical Journal, June* 22, 1889.

A COMPLETE record of a case of a merchant, sixty years of age, who suffered from an attack of left hemiplegia, with ptosis, paralysis of left side of the face and tongue, and whose voice, from being sonorous, became cracked, piping, and uncertain. All the symptoms began to clear up, and eventually almost disappeared, except the laryngeal ones, and the laryngoscope showed that there remained complete abductor paralysis of the left vocal cord, the position of which was in the median line. This continued for ten years, when the patient died from valvular lesion of the heart and pulmonary œdema.

The autopsy revealed extensive atheromatous disease of the vertebral and basilar arteries, with deflection outwards of the left vertebral, but with no embolus or thrombus in them. The posterior cerebrals, middle cerebrals, left anterior cerebral, and carotid were also atheromatous. In the left hemisphere, at the summit of the internal capsule, and in its anterior half, there were the remains of an old area of softening, and below and a little outside this there was a small space with smooth walls, in which a branch of the middle cerebral had lain. In the right hemisphere, in the upper portion of the middle third of the internal capsule, opposite to the anterior extremity of the optic thalamus, a small area of softening was found, involving the upper limit of the internal capsule for a quarter of an inch from before, backwards, and the upper portion of the outer body of the lenticular nucleus. In the right choroid plexus, a fatty tumour, $\frac{5}{8}$ by $\frac{3}{8}$ by $\frac{1}{4}$ of an inch, was found in the descending horn of the lateral ventricle. In the right crus cerebri, there was an indication of descending degeneration. A softening mass was found in the left segment of the medulla, situated in the path of the intra-medullary root-strands of the vagus nerve, and it involved a small portion of the ascending root of the trigeminus. This mass contained hyperplastic neuroglia, and was not of recent origin.

The ventral vagus nucleus and the recurrent vagus root-strands were present on the right side, but absent on the left side. Many of the extra medullary root fasciculi of the left vagus were degenerated.

The focus of softening on the medulla occurring simultaneously with the lesion in the internal capsule of the opposite side is considered by the author to be instrumental in the production of the permanent laryngeal paralysis more by the complete destruction of the ventral or motor vagus than by interference with the root-strands, many of which passed through the old softened focus intact.

The laryngeal symptoms are not considered to be due to a cortical lesion ; hence the motor character of the ventral vagus nucleus is confirmed clinically, and the author believes that laryngeal paralysis of central origin is caused by bulbar, and not by cortical injury, as a rule.

Barclay J. Baron.

HOWARD, BENJAMIN.—The Raising of the Epiglottis by Utmost Manual Extension of the Head and Neck. *British Medical Journal, February* 2, 1888.

https://doi.org/10.1017/S1755145500152303 Published online by Cambridge University Press

THIS is a supplementary explanatory note, in which the author points out that, "from an apparent fear of doing harm, that part of the "extension I have described by the word 'utmost,' has been stopped "just short of, whereas this is just the part of it which, to secure the "post oral airway, is indispensable. Even this will be ineffectual unless "with it is combined a perpendicular pharynx, and a horizontal os palati. "To dispel the fear of harm it should be understood that there is a "definite and insurmountable safety check. This consists in the firm "wedging together of the cervical spinous processes, which form a solid "and unbreakable arch." **Hunter Mackenzie.**

MOURE.—Acute Œdema of the Sub-Epiglottic Region and lower Pharynx in a Diabetic Patient. *The New York Medical Journal, March*, 1889.

LARYNGOSCOPIC examination revealed a tumefaction, red at its borders and almost transparent in its centre, situated near the base of the tongue, and involving the ary-epiglottic fold, and projecting into the pyriform sinus. It came on after taking a trivial cold, and speedily disappeared under poultices, emollient fumigation, and a saline purge. Diabetes was suspected from the slightness of the cause, and the urine had a sp. gr. of 1039, and contained sixty grammes of sugar per litre. The author recommends the examination of the urine in all cases of laryngeal œdema, except when the cause is evident, *e.g.*, burns, foreign bodies, traumatism, etc. **Barclay J. Baron.**

RETHI (Wien).—**On Pachydermia Laryngis.** *Wiener Klin. Wochenschr.*, 1889, *No* 27.

A PATIENT, forty-three years old, often became hoarse from catching cold. After the acute laryngitis was cured, there developed two greyish-red tumours on each *processus vocales*. The upper portion of the growths was concave. **Michael.**

PUTELLI.—Cartilaginous Tumours of the Larynx. *Med. Jahrbuch*, 1888, *Heft* 7.

A PATIENT, fifty years old, suddenly died from asphyxia. The post mortem examination showed that the posterior part of the cricoid cartilage presented a large tumour of hyaline cartilage nearly filling the whole lumen of the larynx. **Michael.**

MICHELSON.—Laryngeal Growths. *Verein für Wissenschaftliche Heilkunde in Konigsberg. Meeting, March* 27, 1889.

THE author showed a patient who had had a cyst of the right vocal cord, which had been operated upon by the knife. He also showed papillomata removed from a girl twenty years of age, and also exhibited a patient with a round red tumour (fibroma) inserted on the right ventricle of Morgagni. The author has removed a part of the neoplasm, but its total extirpation is very difficult indeed. **Michael.**

https://doi.org/10.1017/S1755145500152303 Published online by Cambridge University Press

TSAKYROGBOAS (Smyrna). — **Case of Intra-Laryngeal Polypus.** *Monatsch. fur Ohrenheilk.*, 1889, No. 7.

A patient, sixty-five years old, related that she had a foreign body in the throat, which made her dyspnœic, and caused difficulty of swallowing. To demonstrate this she introduced two fingers into the mouth and brought into the mouth a polypus nearly 7 centimètres long. After having marked the location of the polypus with a pincette, the author saw with the laryngoscope that it was inserted into the outer wall of the larynx on the left lateral aspect of the cricoid cartilage. It was removed with a laryngeal knife. A similar case was published in 1854 by Middeldorpff.

Michael.

BROWNE, LENNOX (London). — **Congenital Growth of Larynx.** *British Medical Journal, March* 9, 1889. *Pathological Society of London, March* 5, 1889.

THE subject was a child, aged three years, who since birth had suffered from laryngeal papillomata. These had blocked the glottis to such an extent as to threaten asphyxia. Intubation was attempted, but, causing hæmorrhage, tracheotomy was performed. Several hæmorrhages occurred before death, which took place forty hours afterwards.

Necropsy showed that the first bleeding had taken place from abrasion of a growth by the intubation instrument, and that the later ones had arisen from the lungs, never having been properly expanded, giving way under the suddenly increased volume of air afforded by the tracheotomy tube.

The case points to the risk of attempting intubation in cases of laryngeal growths, and is interesting as presenting a hitherto unrecorded danger of tracheotomy in cases of congenital laryngeal obstruction.

Hunter Mackenzie.

HARRIS, THOMAS (Manchester).—**Laryngeal Polypi.** *British Medical Journal, March* 2, 1889. *Manchester Medical Society, February* 6, 1889.

A WOMAN, aged forty-three years, had suffered from almost complete aphonia from the age of thirteen years. The author found the larynx nearly full of polypi, only a small aperture existing at the posterior part through which the patient could breathe. The greater number of these growths were now removed by laryngeal forceps, and were found to be of a simple papillomatous nature.

Although these growths had probably existed for over twenty years, and the patient had been repeatedly under treatment for hoarseness and difficulty in breathing, the complaint had never been diagnosed until a few months previously, when a laryngoscopic examination was made for the first time!

Hunter Mackenzie.

BOOTH, J. MACKENZIE (Aberdeen). — **Thyrotomy for Laryngeal Tumour.** *British Medical Journal, March* 2, 1889. *Aberdeen Branch, British Medical Association, December* 19, 1888.

EXHIBITION of a patient operated on by Dr. Ogston four months

https://doi.org/10.1017/S1755145500152303 Published online by Cambridge University Press

previously, for an infra-glottic papilloma with a broad base occluding the glottis No recurrence ; moderate dysphonia ; breathing now quite free.

Hunter Mackenzie.

ROSER.—Laryngeal Carcinoma. *Aertzlicher Verein zu Marburg, December* 12, 1888.

THE author exhibited a patient, forty-two years of age, in whom he had extirpated half the larynx, the epiglottis, and hyoid bone four weeks previously on account of carcinoma. **Michael.**

GREENWOOD.—Epithelioma of the Vocal Cords. *British Medical Journal, March* 2, 1889. *Metropolitan Counties Branch, February* 21, 1889.

EXHIBITION of case, without remarks. **Hunter Mackenzie.**

HANDFORD H. (Nottingham).—**Carcinoma of the Left Bronchus and Root of the Lung.** *British Medical Journal, February* 9, 1889.

NOTES and specimens from three cases (Pathological Society of London, February 5, 1889). In one case the trachea for about three-quarters of an inch above the bifurcation was affected by the new growth, and the consequent stenosis was a leading feature in the history. All the cases terminated by profuse hæmoptysis. **Hunter Mackenzie.**

GOUGUENHEIM. — Cancer of the Larynx — Tracheotomy — Buccal Perforation opening into the Maxillary Antrum. *The New York Medical Journal, March* 9, 1889.

THESE two cases were shown at the Tenth Annual Congress of the American Laryngological Association. In the first, owing to a large growth around the tracheotomy tube, it was necessary to insert a very long cannula, which was made by Mathieu, of Paris, the first part of which is rigid, while the lower, or tracheal two-thirds, are movable, and consist of a continuous spiral, the rings of which are attached to each other. The second case is that of a man who had a sinus which admitted the end of the little finger, opening into the cavity of the maxillary antrum from the left side of the hard palate. A probe could be passed through it into the middle meatus of the nose. It is probably due to a localized syphilitic necrosis.

Barclay J. Baron.

GULLIVER (London).—**Syphilitic Ulceration of Trachea and Large Bronchi.** *British Medical Journal, March* 9, 1889. *Pathological Society of London, March* 5, 1889.

SPECIMEN from a woman, aged thirty-two years. Transverse ulcers were found in the lower part of the trachea, and in the bronchi, with constriction, which had caused stridor. There was also ulceration of the palate. The cause of death was broncho-pneumonia. **Hunter Mackenzie.**

BILLINGS.—Syphilitic Stenosis of the Larynx, with Tracheotomy. *The Medical Record, June* 1, 1889.

THE stenosis was due to a large gumma, involving the ary-epiglottic fold, the ventricular bands, and overhanging more than half the glottic space. After tracheotomy had been performed, iodide of potassium was pushed,

https://doi.org/10.1017/S1755145500152303 Published online by Cambridge University Press

which could not be done before the operation on account of irritation and dyspnœa, and in three weeks the tube was removed, and respiration and voice were good. **Barclay J. Baron.**

KORKUNNOW (München).—**On the Origin of Tuberculosis Ulcers of the Larynx, and the relation of the Tubercle Bacilli to them.** *Deutsch. Archiv. fur Klin. Med.*, *Bd.* 45, *Heft* 71-2.

FROM very exact microscopical examinations the author has found that the bacilli are propagated from the lymphatic spaces, that they are always more numerous in the sub-epithelial tissue than in the epithelial layers; he also has found tubercles in places where the epithelium is intact. He concludes that laryngeal phthisis is therefore not produced by infection by the sputum, but by propagation of the micro-organisms through the lymphatic channels of the infected lungs. The laryngeal affection must therefore be viewed as secondary to tuberculosis of the lungs. **Michael.**

LANDGRAF.—Laryngo-stenosis. *Gesellschaft der Charité Aerzte in Berlin*, *March* 7, 1889.

THE patient exhibited had had the condition since childhood. The epiglottis was fixed by cicatricial bands to the posterior pharyngeal wall. The larynx was covered with a thick membrane, which could be perforated by a probe. There were also ulcerations on the posterior pharyngeal wall. The ulceration was cured by mercury and iodide of potash. Two years ago tracheotomy was performed without narcosis, as the patient was not susceptible to chloroform. Cocaine could not be applied, so that internal treatment was very difficult to carry out. It was yet possible to cut the membranes with a knife, and to employ dilatation with Schroetter's bougies. As the patient could not well support this treatment, the membrane was resected by a double-ring knife; and bougies could then be introduced. Now, two years after, the cannula could be removed.

The same author showed a *tubercular tumour* removed with Sir Morell Mackenzie's cutting forceps. **Michael.**

PORT (London).—**Paralysis of Recurrent Laryngeal Nerve.** *British Medical Journal*, *March* 9, 1889. *Hunterian Society of London*, *February* 27, 1889.

A MAN, aged twenty-five, was injured from the wheel of a heavy cart having past over the lower part of his chest, without fracture or external injury resulting. Effusion into the left pleural cavity was detected on the third day. The left vocal cord was paralysed, but fairly recovered in about three months under the use of the interrupted current. The paralysis was supposed to be due to extensive parenchymatous hæmorrhage in the mediastinum, with formation of, and pressure by, a clot, which had since been absorbed. **Hunter Mackenzie.**

TAYLOR, W. S. (Livermore, Cal.).—**Death from Impaction of a Collar Button in the Larynx.** *Occidental Medical Times*, *July*, 1889.

OCCURRED in the case of a Portuguese female child, aged seven.
Maxwell Ross.

https://doi.org/10.1017/S1755145500152303 Published online by Cambridge University Press

SUTLIFF, F. B. (Sacramento, Cal.).—**Two Cases of Scald of the Upper Air Passages from Inhaling Steam.** *Occidental Medical Times, July*, 1889.

BOTH patients were plumbers, and had been working at the water back of a stove, the pipes of which were obstructed. The first man, after blowing into the pipe, unmindful of the high temperature of the water, began to suck it, when his mouth was suddenly filled by a jet of steam and water. Tracheotomy at one time seemed necessary, but in less than twenty-four hours the breathing began to improve, and in a few days he had quite recovered. The second man, while working at the same pipe in the afternoon of the same day, got some hot water into his mouth, but not of a higher temperature than was sufficient to cause a smart pharyngitis.

Maxwell Ross.

COLLIER, JOSEPH (Manchester).—**Tracheotomy.** *Lancet, December* 22, 1888.

THE author describes and figures a grooved dilator for the purpose of facilitating the easy introduction of the cannula. **Hunter Mackenzie.**

KOBLER (Wien). — **Foreign Bodies in the Bronchi.** *Wiener Klin. Wochenschr.*, 1889, *No.* 33.

THE author has observed in Schroetter's clinic two cases of bronchiectasis following the aspiration of foreign bodies. The first case occurred in a man, fifty years of age, who did not give any account of a foreign body. Clinically, he exhibited a simple bronchiectasis. The post mortem examination also revealed bronchiectasis, but the cause of it was discovered to be the presence of a piece of bone in the left bronchus. The same cause was found in a second case of bronchiectasis, occurring in a patient forty-one years of age, who again did not remember having aspired any foreign body. At the post mortem examination a shirt button was discovered in the right main bronchus. **Michael.**

NECK, &c.

KOCHER.—The Statistics of Goitre in the Canton Berne. *Berne*, 1889, 19 *pp.*

THESE researches embody observations made on 76,606 school children, and lead to the conclusion that drinking water is primarily the cause of the goitre. The water causing goitre contains many micro-organisms; and by injection of these organisms, swelling of the thyroid gland can be produced in rabbits. **Michael.**

PEARSE, WILLIAM H. (Plymouth). — **A Case of Exophthalmic Goitre.** *Prov. Med. Jour., May*, 1889.

THE case of a married woman, aged twenty-eight, where, though she was

https://doi.org/10.1017/S1755145500152303 Published online by Cambridge University Press