LARYNX.

Musehold (Berlin).—*New Apparatus for Photography of the Larynx.* "Deutsche Med. Woch.," 1893, No. 12.

THE instrument cannot be understood without the illustrations, and the paper must therefore be read in the original. Some copies of photograms prove that good results can be obtained with it. *Michael.*

Brothers, A.—*The Complications and Sequelæ of Measles.* "Arch. of Pediatrics," April, 1893.

LARYNGEAL cough is due to punctate spots and shallow ulcers in the air passages. This complication is very common. The symptoms suggest the diagnosis of croup. The eruption of measles appears in the mouth and throat twenty-four hours before it occurs on the body. Bronchitis and pneumonia are, of course, known to be frequent; pleurisy, empyema, and enlarged glands, scrofula and eye diseases also. Otitis media, and skin diseases, such as eczema, are common. Laryngeal croup is frequent. Genuine diphtheria has been met with so often that the author cannot consider it extremely rare. Whooping cough precedes and follows some cases. Nephritis is not common. Hyperpyrexia and meningitis are dangerous complications. *R. Norris Wolfenden.*

Holz (Berlin).—*Laryngoscopical Results in Traumatic Neuroses.* "Berliner Klin. Woch.," 1893, No. 11.

POLEMICAL article replying to the paper of Burger on the same subject. *Michael.*

Langerhans (Berlin).—*Lesions in the Lungs and Air Passages from Carbolic Acid Poisoning.* "Deutsche Med. Woch.," 1893, No. 12.

A PATIENT, thirty-three years old, drank a little bottle of pure carbolic acid, intending to commit suicide. Death occurred some days later. The *post-mortem* examination showed hepatization of the lungs. In the upper part of the œsophagus the mucous membrane was discoloured, yellowish, and partly ulcerated. The larynx was reddened throughout its mucous membrane, and that of the trachea and the bronchi were of grey, yellowish colour, and pellucid. The appearances must be regarded as the result of direct local cauterization by the carbolic acid. *Michael.*

Foxwell (Birmingham).—*Specimens of Lungs, Larynx, Trachea, and Liver from a Case of Syphilis.* "Brit. Med. Journ.," Mar. 25, 1893.

THE larynx had a clean-cut ulcer on the posterior third of each cord and another at the base of the epiglottis. The trachea inferiorly was deeply ulcerated, as well as the bronchi, which were stenosed. *Wm. Robertson.*

Williams, P. Watson (Bristol).—*Foreign Body in the Larynx.* "Brit. Med. Journ.," Apr. 8, 1893.

THE accident occurred in a man aged thirty, who had put a half-sovereign into his mouth and swallowed it, as he thought. It caused some difficulty in breathing, and the patient was aphonic. The author found the coin

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lying below the ventricular bands on the vocal cords, and almost completely occluding the glottis. While being put under chloroform with a view to performing tracheotomy, the patient's struggles dislodged the coin into the pharynx. *Wm. Robertson.*

Kuttner (Berlin).—*Further Contributions to the Study of Pachydermia Laryngis.* "Virchow's Archiv," Band 130, Heft 2.

A REPORT upon two cases of pachydermia; one of them was combined with typhoid ulceration, the other with syphilis. The author concludes that pachydermia has no relation to the ulcerations, and that both affections were independent of each other. The author believes that the formation of the so-called "Dellen" is caused by the pressure of the two processus vocales, as has been described by B. Fraenkel. The microscopical sections have a great resemblance to carcinoma from the existence of epithelial nests and micro-cellular infiltration. *Michael.*

McBride, P.—*Pachydermia of the Larynx.* "Edinburgh Med. Journ." Apr., 1893.

A SHORT historical description of this rare laryngeal condition is given, special mention being made of Virchow's investigations published in 1887. Virchow describes this condition as occurring in the form of symmetrical elongated swellings of oval shape, situated in the region of the vocal processes. In the centre of each swelling a pit or hollow is found, which he says is due to the more intimate contact of the mucosa with the cartilage in this situation. In association with these swellings the epithelium of the vocal cords was usually found thickened, and at times a very marked development of epithelium was found in the inter-arytenoid region, in which fissures were occasionally noticed. In Sommerbrodt's cases all the patients were males, and the pachydermia affected the vocal processes. In one of his cases the patient had also leukoplakia in the mouth. According to Meyer, the subjective symptoms are not marked: a feeling of pressure in the throat, slight pain on deglutition, and more or less huskiness, comprise those observed. As causes of pachydermic changes in the larynx, especially in the inter-arytenoid commissure, chronic catarrh, abuse of alcohol and tobacco, tuberculosis and syphilis may be mentioned. The author calls attention to the relationship, from a pathological point of view, between the so-called singers' nodules and pachydermia. Most writers agree that the condition of pachydermia is a comparatively innocent one. As regards treatment, the internal administration of iodide of potassium in small doses, sprays of salt water or acetic acid (two or three per cent.), and intra-laryngeal injections of acetic acid are at times useful. Sometimes the lesion is so situated as to demand surgical interference. The author relates the histories of five interesting cases, and gives a table of the differential diagnosis of this condition from the inter-arytenoid tumour found in cases of laryngeal phthisis. *W. Milligan.*

Photiades and **Lardy.**—*Contribution to the Surgery of the Respiratory Passages.* "Rev. Med. de la Suisse Rom.," Jan., 1893.

1. *Cancroid of the Left Cord—Laryngotomy—Extirpation—Cure.*

A man of forty-nine, hoarse for two years, had a small papillomatous

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tumour situated on the left cord in its anterior third. There was no paresis of a cord, or glandular enlargement. The patient was a strong, healthy man. The growth increased slightly in size. Photiades diagnosed cancroid, rejecting intra-laryngeal operation, and proposed radical operation. A previous tracheotomy having been performed, the thyroid cartilage was subsequently cut through, the vocal cord and growth were cut away, the parts cauterized with the galvano-cautery, and the larynx sutured. A little granulation at the anterior commissure was afterwards removed by cold wire, along with a sequestrum of ossified cartilage. Sixteen months after there was no trace of recurrence, and the patient has remained in good health, with a clear voice.

Microscopic examination confirmed the existence of a cancroid penetrating to the muscular layers, although epithelial *perles* were not met with. The character of the epithelial buds penetrating deeply was sufficiently clear evidence of cancroid.

A few days after this operation another patient with identical condition refused intervention. Three months after tracheotomy became urgent, and within a year the patient died, all the front of the neck being occupied with a tumour the size of a child's head.

2. *Partial Destruction of the Trachea, and Retraction of Calibre in its whole extent—Plastic Laryngo-Tracheal Operation—Cure.*

This is the first case where an extensive plastic operation has been attempted upon the trachea.

The patient, a man of twenty-three, for some months had worn a tracheal canula, which it was found impossible to remove, and he threatened to commit suicide. There was no history of either syphilis or tuberculosis. Intra-laryngeally, only pretence of a glottis could be seen, and no trachea at all, only a fistula full of granulations.

A plastic operation was successfully undertaken, the report of which cannot be abstracted without detracting from the interest of the account, which must therefore be read in the original. *R. Norris Wolfenden.*

Mayer, E.—*Primary Chrondritis of the Larynx, and Report of a Case with Destruction of the Cartilages, Tracheotomy, and Death Seventeen Months afterwards.* "New York Eye and Ear Infirmary Reports," Jan., 1893.

The case occurred in the clinic of Dr. Morris J. Asch, and was that of a printer forty years of age, who came under observation in 1884, and who, sixteen years previously, after exposure, had a hoarse harsh voice which had remained so. A fresh exposure caused extinction of the voice. The left arytenoid was swollen to about three times its normal size, membrane dark red, the left vocal cord hidden, except in its posterior portion, which was pink. The anterior portion was adherent to the thickened mucous membrane. The right side was normal and the general health was good. A diagnosis of chondritis of the larynx was made, and applications of iod-iodide of potassium in glycerine were made, causing some improvement. Five months afterwards such dyspnœa occurred, with increased swellings in the larynx, unrelieved by applications of cocaine, that tracheotomy became necessary. Three weeks afterwards the upper part of the larynx was occluded by further swelling, the left side of the larynx pre-

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senting the appearance of abscess. Six months after this, hard and painless swelling occurred round the tracheal tube extending down to the clavicle. There was no glandular swelling. Four months after this (January, 1886), a large amount of pus exuded from the tracheal opening, suppuration ceased later, but hæmorrhage from the tracheal opening occurred in large quantity, checked by cold applications. Flow of pus and hæmorrhages kept recurring, and rapid loss of flesh ensued. Two months after (March), he had bronchitis, the external swelling was large again, liquid nourishment only was possible. The dyspnœa was great, only relieved by the passage of a soft rubber catheter introduced below the tube. Swelling with fluctuation in the neck increased, and, finally, about two ounces of thick pus were discharged by the side of the tube. This exudation of pus continued, and, finally, the patient was seized with a chill, and he died on July 28th, 1886, seventeen months after the operation.

At the autopsy a large fungoid mass above and to the left of the tracheal orifice was found, and a large cavity was revealed alongside the thyroid cartilage on the right. This abscess cavity extended down along the trachea. Another cavity extended to the hyoid bone from the left side of the larynx.

Three large pus cavities were found in the larynx, one in a line with the fifth tracheal ring, and not communicating with the others. The cavity on the right side was filled with a pulpy mass. The third cavity extended backwards, destroying the whole of the left side of the larynx posteriorly. The right wing of the thyroid was ossified and partially broken down. Almost all the left thyroid was destroyed. The right arytenoid was swollen, the left one destroyed. The cricoid cartilage was necrosed and broken down into an indistinguishable mass. The left wall of the trachea was broken down by ulceration. "Subsequent microscopic examination showed that there was no evidence of malignant disease."

A number of authors are cited to show that primary perichondritis of the larynx is rare, and exceedingly difficult to diagnose in its early stages. The occurrence of perichondritis as a sequela of typhoid fever is said not to be known in America.

The very general destruction of the various cartilages gave little hope for any operative measures other than total extirpation of the larynx, which the patient's health did not allow of.

[A syphilitic history is presumed to have been absent in this case merely because it is not mentioned in the report. Only five grains of iodide of potassium, t.i.d., appear to have been administered; and it does not seem from the report absolutely certain that syphilis was excluded, either from the history or treatment.—*Abstractor.*]

R. Norris Wolfenden.

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