tological examination showed that in both cases there was simple hyperplasia of the muscular coat. Audry concludes, first, that there really exists œsophageal stricture from muscular hyperplasia. Second that this form of lesion is rare, and its diagnosis often impossible. Thirdly, that whenever it is suspected, early gastrotomy is indicated.

Joal.

LARYNX.

SEILER, CARL (Philadelphia).—**Physiology of Voice and Speech.** *Reprint from the American System of Dentistry, Philadelphia,* 1888.

AN able paper on the subject, which, to be appreciated, should be read in the original. **J. N. Mackenzie.**

BRACHET and COUPARD.—Hygiene of the Vocal Organs. *Paris: Dentu,* 1888.

FRENCH translation of the Third Edition of Sir Morell Mackenzie's book. **Joal.**

BRUGELMANN (Inselbad, Paderbon).—**On Asthma.** *Deutsch. Medizinalztg.*, 1888, Nos. 29, 30, 31.

A WELL-WRITTEN article, reviewing the different causes of bronchial asthma, the treatment of the disease, and recent theoretical views upon it.

Michael.

SEIFFERT and HOFFA (Würzburg).—**Case of Congenital Membranous Formation in the Larynx treated by Laryngo-fissure and subsequent Catheterism.** *Berl. Klin. Wochenschr.*, 1888, No. 10.

THE patient, a young lady, was born with stridor, and could never cry aloud. When one year old she began to speak, but always in a whisper. She was always cyanotic, and could never breathe freely. The laryngoscope showed that the vocal cords were joined together with a membranous septum. It was impossible to improve her condition by an intra-laryngeal operation, therefore tracheotomy, tamponning of the trachea, and laryngotomy was performed, and a thick membranous tissue was removed. The cartilage of the cutaneous wound was then sutured. The patient was treated afterwards with Schrötter tubes. Respiration and voice are now very good. **Michael.**

LENICKE (Rostock).—**Contribution to the Treatment of Cicatricial Laryngo-Stenoses.** *Berl. Klin. Wochenschr.*, No. 13, 1888.

THE patient has had phthisis of the larynx and lungs, and has been cured of both affections, but remains hoarse. Three years later he suffered

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from laryngo-stenosis, and almost complete aphonia. The mucous membrane of the larynx was normal. In place of the true ligaments is a cicatricial membrane, with only a small lumen. Tracheotomy was performed, and treatment with Schrötter's bougies was tried, but without success, in consequence of the bougies causing great pain to the patient. The larynx was filled with cicatricial masses of irregular form, which rendered the introduction of the bougies impossible. These cicatricial neoplasms were destroyed with the thermo-cautery, and the wound closed by suture. The treatment with bougies could then be continued, and after some time the patient was completely cured. **Michael.**

KOCH.—Phonetic Spasm of the Glottis. *Ann. Mal. Oreilles, March*, 1888.

SPASMODIC aphonia should be classed with neuroses of "vocation" or "occupation": it can be compared to the cramp of piano or violin-players, of shoe-makers, &c. *Apropos* of two cases he has just observed, the author remarks that parenchymatous goître may produce this aphonia. His two patients were suffering from goître involving the right lobe of the thyroid gland. One of Jonquière's patients and a patient of Schech were affected with the same hypertrophy. It may be surmised that the irritation of the recurrents produced by the compression of the goitre, combined with irritation emanating from a central source, causes a phonetic spasm through the inferior laryngeal nerve, a condition which neither of these two agents could produce separately. **Joal.**

REMAK (Berlin).—**Traumatic Paralysis of the Sympathetic, Hypoglossal, and Accessory Nerves.** *Berlin. Klin. Wochenschr.*, No. 7, 1888.

DURING the extirpation of a carcinoma of the circumference of a goose-egg, a portion, six centimetres long, was removed from the right cervical sympathetic. There followed a deviation of the tongue to the left side, but taste and sensibility were not altered. The patient's larynx was examined with the laryngoscope. Before the operation it showed no abnormality, but after the operation the right vocal band was paralyzed, but it did not remain in the cadaveric, but in the median position, as in posticus-paralysis. In this case there was an artificial paralysis of the posticus muscle.

There was no reason to believe that it resulted from irritation, and it was probably a true paralysis. **Michael.**

ROSENBACH, OTTOMAR (Breslau).—**On the Different Vulnerability of the Fibres of the Recurrent Nerve.** *Berlin. Klin. Wochenschr.*, No. 8, 1888.

SEMON (London).—**On the Different Vulnerability of the Fibres of the Recurrent Nerve.** *Berlin. Klin. Wochenschr.*, No. 10, 1888.

CLAIMS for priority. **Michael.**

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FRÄNKEL, B.—Remarks on Remak's Case of Traumatic, etc., Paralysis. *Berlin. Klin. Wochenschr.*, No. 8, 1888.

THE author agrees that this case is a certain confirmation of the views of those who hold the paralytic, as opposed to the irritative theory, and that, therefore, it is of eminent importance. **Michael.**

OKELL, J. B. (Leicester).—**Tracheotomy in Tubercular Laryngitis.** *Provincial Medical Journal, April*, 1888.

THE operation was done on a man aged thirty-four, after respiration and pulse had stopped. Artificial respiration, ether, and brandy, brought him round, but five and a half hours elapsed before he recovered consciousness. The writer states that a week later an examination was made of the larynx, and advanced tubercular disease found to exist. The usual symptoms appear to have been absent, and there was no evidence of pulmonary mischief, nor were the bacilli found, though looked for. The patient continued to wear a vulcanite tube when he left hospital, and it is stated that the operation greatly improved his voice and general health, rendering him able to do his work well, whereas before it he had great difficulty in following his employment. **Maxwell Ross.**

MACKENZIE, G. HUNTER (Edinburgh).—**Case of Thyrotomy for Recurrent Growths in the Larynx; with Remarks.** *Edinburgh Medical Journal, December*, 1887.

A WOMAN, aged thirty-five, commenced in October, 1884, to suffer from hoarseness from laryngitis. On the 18th December following, a warty-looking growth was detected at the anterior commissure of the vocal cords. A piece of this was removed, and, on microscopical examination, was quite negative, so far as regards malignant disease. The patient, who was pregnant, was remarkably insensitive to the action of cocain, and complete extirpation of the neoplasm could not be accomplished by endo-laryngeal means. On 9th June, 1885, thyrotomy was performed, the growth was removed, and its seat of attachment was cauterized with solid nitrate of silver. This, however, did not prevent recurrence, for by September of the same year the growth was again present in its former situation, apparently in a more luxuriant form than ever. Thyrotomy was again performed, the base on this occasion being freely and deeply cauterized with the thermo-cautery. The growths were of a simple papillomatous nature. The patient made a good recovery, and quite regained her voice in about six months. She was not seen again by the author until over two years had elapsed, when she again consulted him. It was now found—(1) the old growth had not recurred; (2) from the posterior third of the left vocal cord there sprang a sessile growth of exactly similar appearance to those already described, and a little larger than a pea. A growth similar in character to those in the larynx commenced shortly afterwards to grow from the mucous membrane of the hard palate, just behind the incisor teeth.

The author remarks upon the beneficial effects from the use of the thermo-cautery, and, in regard to the diagnosis of the nature of growths upon the vocal

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cords, states "that in malignant disease the mobility of the corresponding vocal cord is at an early stage markedly impaired or altogether lost, and that apart from the merely mechanical hindrances to movement incidental to the position and size of the growth." Some observations are made upon the value of microscopical examinations of portions of laryngeal neoplasms removed for the purpose, and upon the effect (which the author believes to be entirely supposititious) of endo-laryngeal operations in causing or hastening the malignant transformation of previously benign growths. **Hunter Mackenzie.**

SMITH, THOMAS (London).—**Removal of Foreign Bodies from the Air-passages.** *Lancet, January* 28, 1888.

A LETTER to the Editors, correcting a mistake which had arisen in connection with the author's suggestion, that the margins of the tracheal wound should be sutured to the skin during operations for the removal of foreign bodies from the air-passages. This attachment is meant to be a *temporary* one, and the sutures ought to be divided so soon as the foreign body is removed. **Hunter Mackenzie.**

L'ABBÉ, LÉON.—Foreign Body in the Larynx. *Congrès Chirurgie, March*, 1888.

L'ABBÉ exhibited a metal star, part of a plaything, extracted by him from the larynx of a child by laryngotomy. Dr. Cadier, with the laryngoscope, had seen clearly the star firmly fixed at the level of the vocal cords. Extraction *per vias naturales* not being possible, L'Abbé decided on performing thyrotomy, but wished to spare his patient preliminary tracheotomy, which Morell Mackenzie advises. The sequel proved him to be wrong. For at the moment when L'Abbé was about to seize the foreign body, some drops of blood fell into the trachea, and brought on immediate formidable attacks of suffocation, which necessitated tracheotomy. It took forty-five minutes to re-establish respiration by means of the usual methods. **Joal.**

DEMONS.—Extirpation of the Larynx for Cancer. *Congrès Chirurgie, March*, 1888.

A NUMBER of eminent surgeons have condemned the operation. Demons thinks that it should not be abandoned, and until a cure for cancer without operation shall be discovered he will continue to operate. He quotes two cases in favour of his views. In the first, in which the lesions were very extensive, the patient lived for nine months; in the second, success was complete. The operation is a serious one, but it is a last chance for patients whose case is otherwise hopeless. **Joal.**

DU CAZAL.—Wounds of the Larynx. *Soc. Chirurgie, April* 4, 1888.

THE case of a soldier who, after having passed his evening in a café, was seized in the night, without apparent cause, with a fit of intense suffocation and great pain in the throat. He died the following day. At the autopsy, a small non-ulcerated wound was discovered on the

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inferior vocal cord, apparently of recent date ; there was also œdema. Du Cazal thinks that the patient may have swallowed a piece of glass at the café, which entered the trachea, and, being expectorated by the coughing efforts, wounded the vocal cord. **Joal**

LUC.—Tracheal Ozæna. *Journ. de Ruault, February*, 1888.

IT is a generally-received opinion that in patients suffering from true ozæna, when the nasal fossæ are once cleansed, the unpleasant odour ceases, not to reappear until fresh mucous secretions soon drying re-form in the cavities. Three clinical cases observed by the author contradict this opinion, and establish the fact that in certain subjects with ozæna, the fœtidity of the breath has a dual origin, and that it proceeds both from the nasal fossæ and the trachea, and may therefore continue when the nasal fossæ are cleared by irrigation from the fœtid secretions they contain. According to Luc, Fraenkel of Berlin is the sole author who has already mentioned tracheal ozæna, and he has only mentioned briefly the existence of fœtid crusts in the trachea without in the least appreciating the clinical value of the fact, and without entering into their pathogenic signification, and without drawing any deduction from the prognosis and therapeutics of ozæna. The author maintains that tracheitis is secondary to rhinitis, but once originated it appears to evolve independently. The microscope reveals the presence in the tracheal secretions of micro-organisms similar to those contained in the nasal crusts in ozænic patients ; these are not migratory productions which have gone from the nose, but are originated *in sitû*. Tracheal ozæna is indicated clinically by expectoration of a greenish colour, viscous, thick, exhaling the odour of ozæna, especially in the morning, by the persistence of the fœtidity of the breath after nasal irrigation, and also by the fact that the air expired by the mouth is as fœtid as that from the nose. Besides the cases which he related in December at the Soc. de Méd Pratique, Luc brings forward two new observations fairly conclusive.

Joal.

NECK, &c.

PETIT, L. L.—Gaseous Tumours of the Neck. *Congrès Chirurgie, March*, 1888.

AFTER having studied the pathogeny and symptomatology of æroceles, the author says that contrary to the general opinion, certain of these tumours are susceptible of diminution and even of cure. They are those which have appeared suddenly during an effort not repeated, and without chronic affection of the respiratory tract ; the others remain *in statu quo* or increase. It is the opinion of many surgeons that these tumours are not always incurable ; some have been cured by compression, and narcotics internally. Perhaps in the future it will be possible to perform an operation analogous to the surgical one for abdominal hernias. **Joal.**

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