same treatment. Luc is of opinion that many patients who would have been formerly condemned to certain death can be saved, if physicians will realise the necessity of destroying from time to time the infecting foci (bone, testicle, larynx, nasal fossæ, etc.). **Joal.**

BRONNER, ADOLPH (Bradford).—**The Local Treatment of Empyema of the Maxillary Sinus.** *Lancet, August* 25, 1888.

ALTHOUGH bearing a different title, the substance of this paper, and the cases recorded in it, appear identical in all essentials with one previously published by the author, and already abstracted for this Journal (Vol. II., p. 375). **Hunter Mackenzie.**

BAYER.—Contribution to the Study and Treatment of Empyema of the Antrum of Highmore. *Rev. Mens. de Laryng., January*, 1889.

THE author complains that specialists who have written on this subject have ignored the existence of a work read by him in 1886, at the fifty-ninth meeting of German naturalists and physicians. In the *compte-rendu* of this meeting is to be read, "Bayer recommends enlarging the natural "orifice, by which the maxillary sinus communicates with the nasal fossa "in the semilunar hiatus; and for this purpose he recommends the em-"ployment of the galvano-cautery. It then suffices to make the patient "lie on the stomach, with the head low, in order to empty the antrum of "Highmore, and to make use of antiseptic injections."

Then the author relates the case of the first patient he has cured by this method. He adds that he has observed twenty-five cases of this affection, and, with regard to etiology, remarks, that seven times the patient had coincidently numerous polypi, a fact which has not been tested by authors; the polypi and the catarrh closed the opening of the sinus, the secreted liquid was retained in the cavity, where it served for development of all kinds of bacteria, and particularly those which produced that mixture of trimethylamine, methylamine, and dimethylamine, which one meets with in old herring sauce, and the odour of which is identical with empyema. It is in these cases, in which the empyema has not an alveolar origin, and is due to a nasal affection, that Bayer's process should be employed. In other cases the author gives the preference to Cooper's method. **Joal.**

LARYNX.

HUNT, J. M. (Liverpool).—**Clinical Paper Illustrating some Affections of the Respiratory Passages.** *The Liverpool Medico-Chirurgical Journal, January*, 1889.

THE author relates four cases. The first was one of a *foreign body in the trachea*, a piece of bone. At first there was severe dyspnœa, which was succeeded by spasmodic cough and inspiratory stridor. There was

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marked subglottic œdema. This subsequently disappeared. A piece of bone could then be seen crossing the left half of the trachea. After tracheotomy, the piece of bone was removed easily. The author emphasises the point that in the ordinary seated posture, laryngoscopic examination failed to reveal more than the upper half of the trachea, but by making the patient stand while the author remained seated, and placing the mirror well forward on the soft palate the whole length of the trachea could be seen.

The second case was one of *soft fibroma of the right vocal cord*, with dysphonia of fifteen years standing. It was removed with Schroetter's tube forceps.

The third case was one of *naso-pharyngeal polypus* in a girl of twenty, a prominent symptom of which was recurrent and severe epistaxis. The growth completely filled the anterior half of the post-nasal space. It was removed with the cold snare, and was microscopically a simple polypus, with excess of fibrous tissue.

The fourth case was one of *rhinolith*. It weighed seven grains, and consisted mostly of a sequestrum of bone. A review of the literature of the subject shows that this is the only case recorded complicated with abscess of the antrum. Of seventy cases collected by the author, 85 per cent. of nasal calculi have a nucleus, 80 per cent. of these are foreign bodies introduced from without, 20 per cent. have as nuclei some secretion, blood clot, or bony sequestrum. **R. Norris Wolfenden.**

OSLER (Philadelphia).—**Hereditary Angio-Neurotic Œdema.** *Amer. Jour. of Med. Sciences*, 1888.

THE affection in a family studied by the author has the following characteristics :—1. The occurrence of local swellings of the body, face, hands, arms, legs, genitals, buttocks, and throat. In one instance, possibly in two, death resulted from a sudden œdema glottidis.

2. Associated with the œdema, there is almost invariably gastro-intestinal disturbance, colic, nausea, vomiting, and sometimes diarrhœa.

3. A strongly-marked hereditary disposition, the disease having affected members of the family in five generations.

A special interest belongs to the œdema about the throat and larynx, since sudden involvement of these parts may be fatal. Quincke and Dinkelaker's case of a man aged twenty-two, showed repeated attacks of suffocation and cyanosis, the mucous membrane of the larynx being swollen, and requiring scarification. Goltz saw a case of œdema of the uvula and pharynx in a man of thirty, along with swellings of the sides of the anus and scrotum. Landon had in his own case swelling of the pharynx. Cuntz recorded a case of sudden onset of great suffocation and dyspnœa lasting a few hours. One case of Riehl's had three attacks of angina with dysphagia and dyspnœa, and in one case the man had inflammation of the vocal cords.

The heredity of the condition seems well established by a number of cases. The intestinal colic is a striking feature, combined with the skin affection. The attacks may be repeated at intervals for many months. Urticaria, purpura, hæmorrhage from the bowels, hæmaturia and albumi-

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nuria may occur. The disease is unquestionably neurotic in origin, having a close relationship with urticaria. A very careful and detailed history of the disorder through successive generations is given by the author of a case observed by him. **R. Norris Wolfenden.**

LUC.—On Diffuse Hypertrophy of the Laryngeal Mucous Membrane, and on the Nature of the Inter-arytenoid Vegetations observed in Phthisical Subjects. *Archiv. de Laryngol., February*, 1889.

THE author has just observed a patient, forty-five years of age, who had the vocal cords thickened, and of pale red colour. They presented in all their length either sessile mamillæ or verrucous elevations, essentially irregular, projecting into the glottic chink and opposing approximation of its borders. The same elevations were observed on the arytenoid and inter-arytenoid mucous membrane. Although the general condition was satisfactory, and auscultation revealed no lesion of the pulmonary apices. Luc diagnosed a laryngeal tuberculosis, and treated it with scarification and applications of lactic acid. The patient was cured, but microscopical examination of the vegetations showed only fibrous tissue, and the condition was therefore a hypertrophic chorditis. Fibrous vegetations, which are generally assumed to be tubercular, are also observed in phthisical patients, and their presence is not sufficient to conclude the tubercular nature of the laryngeal condition. **Joal.**

MARTY (Paris).—**Considerations upon Hypertrophy of the Superior Vocal Cords in the form of Polypi or Tumours.** *Annales des Mal. du Larynx, etc., November*, 1888.

A CASE is recorded of hypertrophy of the ventricular band of the right side, resembling a polypus, pedunculated, club-shaped, very moveable, hiding the glottis, red and hard. Attempts to remove it by cutting forceps being ineffectual, it was destroyed with the galvano-cautery. The true vocal cords were injected, red, and ulcerated in places. The posterior commissure, arytenoids and aryepiglottic folds were tumefied and red. The lungs were tubercular, and the laryngeal condition was that of phthisis. Polypoid tumours in this condition are rare. Trousseau and Belloc recorded papillomata and polypi, pedunculated, and situated on the vocal cords. Fauvel has recorded a case analogous to the one mentioned here, and in which he failed to remove it with forceps or cold wire snare. His patient, however, was not tubercular. Gougenheim has lately observed a patient with red, spherical, cherry-like, pedunculated tumours of both ventricular bands. These polypi are composed of truly hypertrophied tissue of the mucosa and sub-mucosa, and owe their origin to a simple chronic laryngitis, bacillary or specific. The author recommends their removal by the galvano-cautery knife, in preference to other means, which are usually unsuccessful. **R. Norris Wolfenden.**

DESSAR, L. A. (New York).—**Dilatation of Stenosis of the Larynx.** *Int. Journ. of Surgery, April*, 1888.

THE paper consists of a short historical account of operations of this nature, and a description of the well known Schroetter's bougies. The

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only interesting feature of the paper is the author's observation drawn from Schroetter's clinic of his methods. "In cases of funnel shaped "stricture where the lower opening is exceedingly small, Schroetter passes "a thin catheter with either a small knob or a groove to fasten a cord. "This catheter is forced through the stenosis, and as soon as the knob is "seen in the tracheal fistula it is brought to light with the aid of forceps; "a cord is then fastened tightly to this catheter and also to a second "thicker one; the first is then withdrawn, and by some little force the "thicker catheter is drawn through the fistulous opening and through the "stenosis, and allowed to remain in the larynx for some time. But to my "knowledge Schroetter employs this manipulation very seldom, and only "in cases where the stricture cannot be reduced by means of a bistoury "or a cautery." Schroetter leaves these tubes for twenty-four hours at a time in the larynx, introduced daily. After sufficient dilatation, the passage is kept free by employment of hollow hard rubber tubes, which are introduced into the larynx several times daily, remaining there for 5 to 30 minutes. The patients learn to pass these tubes themselves very well.

R. Norris Wolfenden.

SOLIS-COHEN (Philadelphia).—**Stricture of the Larynx, with extensive Cicatrisation from Ulcerative Tuberculosis.** *Amer. Jour. Med. Sciences, December*, 1888.

THE patient was a man of forty-five. During the winter of 1871-2 he had a very bad sore throat, more severe on the left side. An abscess opened on this side, just below the ear, and remained open six weeks. The sore throat improved. In 1883-4 he had acute bronchitis, from which he thoroughly recovered. In February, 1886, he had sore throat again, with dysphonia and dysphagia, which subsided under treatment. In 1887 sore throat with great dysphagia occurred. In May the voice was almost normal again, leaving, however, some huskiness. The patient had always been a little short of breath, and had a weak voice. In May, 1887, he began to breathe with difficulty, and in June to cough and choke on swallowing liquids. The patient had lost flesh rapidly. On examination of the throat, Dr. Cohen found a condition he had not met with before.

"At the root of the uvula, extending half an inch along each side the "soft palate, was a pale, bilateral, symmetric cicatrix, broad at the raphé "and gradually acuminated toward each extremity, of the same physical "appearance as the cicatrices of syphilis. The epiglottis was gone; the "cicatrized stump presented the same pale, glistening aspect as the cicatrix "in the palate, and it was continuous into similar-looking tissue on either "side, which represented thickened pharyngo-epiglottic folds. The top "of the larynx looked as though overlaid by a thick, tense, uniform "diaphragmatic membrane, which, without evidence of cicatrices at any "point, left a small pear-shaped orifice in the centre; the butt in front and "the apex in junction posteriorly. The largest horizontal diameter was "about three millimètres at the butt, whence it tapered to a point at a "distance posteriorly of about six millimètres. Through this membranous-"looking structure the exterior outline of the aryteno-epiglottic folds "could just be made out.

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"The parts were pale. Their appearance was quite similar to the "picture of lupus of the larynx figured in the last edition of Lennox "Browne's volume (***The Throat and its Diseases***, London, 1887, p. 398, "pl. xiv., Fig. 119). There was no history of syphilis, nor had I any reason "to suspect infection.

"The picture was the picture of lupus; the cachexia, the cachexia of "tuberculosis; the diathesis that of scrofulosis.

"There was evidence of disorganization going on in much of the left "lung, and in the upper portion of the right one. The sputa, which were "ejected with difficulty, accompanied by a sort of sneeze of the glottis, if "I may so describe it, were decidedly tuberculous.

"The conclusion I arrived at was that this was a case of congenital "syphilis which had become cured with slight defect in the soft palate, "loss of the epiglottis, and adhesions between the upper surfaces of the "ventricular bands which, with the aryteno-epiglottic folds had become "stretched into a sort of diaphragm. The closest scrutiny with the "oxy-hydrogen light and with magnifying mirrors did not disclose any "trace of a cicatrix in this diaphragmatic tissue. Hence there was some "suspicion that this formation might have been congenital and that con-"traction had taken place of late years in consequence of recent inflam-"mations, or of irritation set up by the tuberculous process.

"The difficulty in swallowing liquids was readily overcome by adopt-"ing Wolfenden's suggestion of swallowing in the prone position from a "tube in a tumbler. My patient, who was a machinist, explained the "mechanism by a sort of siphonage, making one continuous conduit of "the rubber tube, the back of the throat, and the œsophagus, without "impingement of the liquids on the superior surface of the larynx, the "efforts at swallowing keeping the liquids in line.

"As to relief for dyspnœa, the choice wavered between tracheotomy "and section of the constricting tissues. It was determined to try the "latter first, as tracheotomy could always be resorted to in an emergency. "I began by dilating with the Schroetter's tubes. At first there was "difficulty in introducing the smallest, No. 1; but at the end of about "three weeks I was able to introduce No. 10, although the orifice closed "up a little after its withdrawal. It did not contract, however, beyond "the calibre of No. 5, and this passage gave me ample room, under "oxy-hydrogen illumination, to see that the vocal bands were free to "move in efforts at phonation. In the belief that the diaphragm was "composed of the tissues normally represented by the aryteno-epiglottic "folds and ventricular bands, I had a special pair of scissors made to "cut the fold; but on trying them found, to my surprise, that the tissue "was so thick that I could not get a purchase. I then resorted to the "naked knives, presenting in the cardinal directions, which for more "than twenty years I have been using to divide strictures of the larynx, "and by sawing through fully an inch of solid tissue, almost cartilaginous "to the touch, I succeeded, in the course of several days, in modelling a "very fair representation of what I thought the normal aryteno-epiglottic "folds ought to be. Several pieces were thus sawed out solidly. Some "were examined microscopically in Philadelphia; others in Washington

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" by Dr. W. M. Gray, of the United States Army Medical Museum. Dr. " Gray wrote me that he cut the largest piece only, not thinking it worth " while to examine the little pieces unless specially requested. The " specimen contained many bacilli, some of them in large giant cells. " Dr. G. de Schweinitz, of Philadelphia, found in the sections he " examined a somewhat thickened epithelium, beneath which was a " granulation-like tissue, with occasional giant cells, and numerous " tubercle bacilli.

" After the posterior adhesions had been divided, and the resection of " the lateral parts had been effected, the picture assumed the ordinary " aspect of tuberculosis of the larynx.

" There was no disposition to retraction, and the operative wounds in " a great measure cicatrised, although the wedges of tissue excised had " contained numerous tubercle bacilli. This cicatrisation was spontaneous.

" The subsequent clinical history was the usual one of tuberculous " laryngitis, and the patient died with pulmonary œdema in the latter " part of February, 1888.

" Examination twenty-five hours after death showed both lungs " tuberculous, the apex of the left one being riddled with small cavities, " and the base of the right lung being healthy. The larynx showed very " great thickening of the aryteno-epiglottic folds and ventricular bands, " with detachment of the fibrinous portion of the vocal bands from the " muscular portion, the intervening tissue having cicatrised. Both " arytenoid cartilages were carious and exposed. The raw surfaces of " the cuts made in resection were in great measure cicatrised.

" The specimen has been preserved for future reference in the United " States Army Medical Museum, Washington." **R. Norris Wolfenden.**

PEAKE, W. P. (London).—**A Case of Tubercular Laryngitis: Tracheotomy performed with Cocaine—Remarks.** *Lancet, September* 15, 1888.

TRACHEOTOMY was performed on account of the dyspnœa. The hypodermic injection of a 5 per cent. solution of cocaine over the region of the incision, and the sponging of each cut with a 10 per cent. solution, were found to be efficacious in abolishing pain, except when the trachea was cut through.

The patient died of the disease ten days afterwards. **Hunter Mackenzie.**

WRIGHT, EDWARD ARTHUR (Huddersfield).—**Case of Obstruction to Respiration—Tracheotomy—Recovery.** *Lancet, September* 29, 1888.

THE cause of respiratory obstruction, in a boy aged twelve years, was apparently a peribronchial glandular abscess pointing into the trachea, and which was ruptured by means of a catheter passed through the tracheotomy wound. **Hunter Mackenzie.**

BERGER.—Pin implanted in the Vestibule of the Larynx.—Extraction per vias naturalis. *France Médicale, September* 8, 1888.

AFTER cocaining the foreign body was removed by laryngoscopical means. It had been implanted in one of the ary-epiglottic folds, and passed out

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between the two median and lateral glosso-epiglottic folds. It was removed with forceps, after having made the epiglottis swing over on the tongue.

Joal.

STRÖM. — Corpus Alienum Laryngis. *Medical Society of Christiania, September* 12, 1888.

THE patient, a child aged three, who previously had suffered from convulsions, and whose mother was very nervous, had suddenly, while eating cherries and walnuts, got a fit of suffocation, which, however, soon disappeared, and the child could speak with a clear voice. As the fits of suffocation returned frequently, combined with convulsions, the patient, nineteen days later, was brought to Dr. S., who, witnessing a fit of suffocation, received the impression that this was caused by a foreign body, and performed tracheotomy. The crico-thyroid ligament was found to be pushed forward by a foreign body, which, on opening the trachea, was found to move violently up and down. After the removal of the foreign body, which was found to be a cherry stone, the child breathed quietly, but four hours later the convulsions reappeared, first in the right side, and later in on the left ; and the child died three days after the operation.

Holger Mygind.

PATÉ.—Foreign Body in the Trachea. *Union Méd. et Scientifique du Nord-est*, 1888, *No.* 5.

A MAN entered the hospital at Rheims, under Dr. Luton, complaining of great trouble in breathing. Auscultation revealed only whistling sounds and a diminution of the vesicular murmur. He was treated for emphysema. On the third day he died. At the autopsy a flint, weighing 9·5 grammes, was found arrested at the bifurcation of the trachea. It was afterwards learnt that the man was in the habit of keeping a pebble in his mouth, in order to break himself of chewing a quid.

Joal.

PARELIUS, H. C.—A Fishbone in the Throat. *Norsk Magazin for Lægevidenskaben, No.* 1, *January*, 1888.

A CHILD, aged one-and-a-half years, exhibited symptoms of a foreign body in the larynx, became afterwards well, except for hoarseness and slight cough. Twenty-four days later the patient, while coughing, brought up a large fishbone, two centimètres long, with a long spur at one end (probably an os hyomandibulare). Complete recovery resulted.

Holger Mygind.

STEWART, W. R. H. (London).—**Two Cases of Unilateral Abductor Paralysis of the Larynx, due to Nasal Reflex Irritation.** *Lancet, October* 13, 1888.

BOTH cases were cured by "removal of the right middle turbinate bone "with a snare." This bone was thickened, and pressing on the septum.

(The author states that, in such cases, "other causes being negatived, "the nose should always be examined, and symptoms treated."—We consider the treatment of mere symptoms a most unsatisfactory method

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of therapeusis, and, moreover, is it meant to be inferred that the thickening of the middle turbinate bone in the cases now abstracted was a *symptom* of the complaint? We further think that removal of the *middle* turbinate bone is a somewhat risky procedure, on account of its not being, like the inferior turbinate, a separate bone, and the less it is interfered with, the better. We have not yet witnessed a case where its removal was justified. —H.M.) **Hunter Mackenzie.**

LLOYD, FRANCIS (Northampton).—**Disorders of Speech in the Insane.** *Lancet, July 7,* 1888.

THIS paper is mainly of psychological interest. **Hunter Mackenzie.**

SAVILL, T. D. (London).—**A Case of Hysterical Aphonia in a Woman aged seventy-one—Recovery—Remarks.** *Lancet, August* 18, 1888.

THE age of the patient is stated to be the most interesting point in the case, and "the unbounded gratitude expressed by this patient at her cure (by the Faradaic current) is a point worthy of note."—(We trust that this is not noteworthy on account of its rarity.—H.M.) **Hunter Mackenzie.**

PANNÉ.—Tracheotomy in Croup, under Chloroform, and by the Slow Method. *Thèse., Paris,* 1888.

THIS is an essay based upon fifty cases observed by the author at the Hôpital Trousseau. Chloroform anæsthesia is innocuous. It should be given in small quantities, and when the patient has arrived at the stage of muscular relaxation—which takes about 2-4 minutes—anæsthesia should be arrested. As the operation only lasts about three minutes the child does not recover consciousness until it is over. The operation comprises five factors: (1) Incision of the skin and subcutaneous cellular tissue, commencing a little above the cricoid and terminating 2½ centimètres below. (2) Incision of the muscular layer. (3) Incision of the thyroid isthmus. (4) Incision of the trachea. (5) Insertion of the tube. Hæmostasis is completely obtained by means of special retractors, which are adapted perfectly to the two lips of the wound, and compress the peritracheal tissues. **Joal.**

VERNEUIL.—Tracheotomy under Chloroform. Cure. *Journal de Méd. de Paris, December* 2, 1888.

IN a case of croup in a child five years old, Verneuil performed tracheotomy under chloroform. He remarks that he must praise chloroform for producing an anæsthesia which transforms into a tranquil operation an intervention always agitated, often chance, and the indispensable rapidity of which often leads to serious operative accidents. **Joal.**

HAYWARD, CHARLES W. (Liverpool).—**Cyst of Ventricular Band.** *Lancet, September* 15, 1888.

THE cyst occupied the middle three-fifths of the band. It was treated by incision, and tearing away of the cyst wall, followed by the applications of nitrate of silver and chloride of zinc. **Hunter Mackenzie.**

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EEMAN (Ghent).—**Hyaline Myxoma of the Right Vocal Cord.** *Rev. Mens. de Laryngol., February,* 1889.

THE author published a similar case in 1886, and now records the case of a man of twenty-eight, who presented a tumour occupying the superior face of the right true vocal cord at the level of its anterior third. The tumour was of the size of a large pea, semi-transparent, of pearly-grey colour, smooth surface, divided into three portions by two horizontal grooves, and it had small and very delicate arborisations on the surface. It was of soft consistence. Eeman diagnosed a cyst; microscopic examination proved it to be a myxoma. He concludes that the physical characters of myxoma and certain cysts are identical, and diagnosis can only be established with certainty by the microscope. **Joal.**

SUNDARENA-LABAT.—Inter-crico-thyroidean Laryngotomy in a Case of Encephaloid Cancer of the Larynx. *Rev. Mens. de Laryngologie, February,* 1889.

THE case of a patient operated upon successfully. The author concludes that (1) Inter-crico-thyroidean laryngotomy permits of a smaller wound being made, and for that reason is superior to tracheotomy in the adult; (2) The employment of Paquelin's thermo-cautery, heated to a dull red, and successive punctures made produces no scars; (3) The cannula *à bec* in section of the crico-thyroid membrane permits the operation to be finished; (4) The crico-thyroid space is sufficient in the adult to permit the insertion of a cannula of nine millimètres; (5) Apart from slight dysphagia and some laryngitis, which quickly yields to treatment, the immediate complication of the operations are nil. **Joal.**

GOUGUENHEIM and GASTON.—Cancer of the Larynx—Tracheotomy—Propagation to the Thyroid Gland. Enormous Tumour of the Neck around the Wound. Application of a very long Cannula with inferior half movable.—Death.—Autopsy. *Annales des Mal., du Larynx, etc., December,* 1888.

THE case of a man suffering from laryngeal stenosis, due to a tumour difficult of diagnosis, since syphilis, tubercle, and cancer could be successively thought of. The aneurysmal appearance of the large vessels of the neck at their origin from the aorta caused the belief that the recurrent laryngeal nerves were compressed. After tracheotomy was performed, the tumour advanced forwards, invading the thyroid gland, and underwent a great development in the neck, so that a special cannula with movable inferior extremity had to be applied. At the autopsy the condition was proved to be cancer. **Joal.**

CATON, PARKER, HUNT, GLYNN, HARRISSON. — Malignant Disease of the Larynx. *Transactions of the Liverpool Medical Institution, Liverpool Medico-Chirurgical Jour., January,* 1889.

DR. CATON, in opening a discussion upon this subject, related three cases of cancer of the larynx which had been under his care at the infirmary. The first occurred in a man of fifty-seven, whose earliest symptoms were cough and dysphagia. The tumour extended so as to hide the aperture

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of the larynx. Patient had no pain, and the dyspnœa did not call for tracheotomy. At the autopsy an epitheliomatous mass was found to invade the upper third of the œsophagus, and posterior part and left side of the larynx, with secondary nodular masses in the lungs.

In the second case a diagnosis was at first made of syphilitic laryngitis. Later on sloughing, and nodular ulcerating masses were found in the larynx. At the autopsy epithelioma was proved.

In the third case enlargement and soreness of the larynx, swelling of the aryteno-epiglottidean folds, suggested at first merely perichondritis. Asphyxia rendered tracheotomy necessary. Abscesses formed external to the cartilages, the glands enlarged, shooting pains and sanious discharge followed. The growth subsequently spread to the œsophagus.

Mr. RUSHTON PARKER considered that most of the cases of this disease were unfit for surgical interference, except perhaps the insertion of a tube into the larynx. A case now and then occurred in which extirpation seemed and proved to be practicable. The case he had recorded last year was undertaken under what appeared to be favourable conditions, though the intra-laryngeal disease was well advanced. There was implication of the pharynx, and the disease recurred there and in the glands of the neck, and was extirpated from these situations without return. But the disease persisted in and about the trachea after eventual total removal of the larynx, killing the patient in five months. A similar case to this he should regard in future as totally unfit for operation. If the operation is to be done besides the essential preliminary tracheotomy the larynx should merely be opened at first so that further operation or its abandonment can be at once finally decided upon. All such operations must be very difficult and tedious, and he felt that extremely little could be argued in favour of them for hospital patients on purely surgical grounds, but the urgent wish of a private patient should not be entirely disregarded. He looked back with hardly any satisfaction to the case he had operated on last year, and thought it an operation from which he could scarcely expect much future development.

Dr. J. M. HUNT made remarks upon the differential diagnosis of cancer of the larynx, and thought that operation should be limited to cases of intrinsic cancer in which glands were not involved.

Dr. GLYNN directed attention to the fact not referred to by previous operators that death in many cases of laryngeal cancer occurs from gangrene of the lungs. This is caused by entry of food into the lungs. He referred to Mr. Rushton Parker's case of total excision, stating that the patient lived six months after the operation, dying of recurrence in the lower part of the trachea.

Mr. DAMER HARRISSON related a case in which he had removed about three-fifths of the larynx. The disease was located on the right side. There was complete immobility of that vocal cord, and what appeared to be a small growth projecting into the larynx below it. On opening the larynx in the median line the growth was seen to extend across the mid-line both in front and behind. The excision included a portion of the left side of the larynx. At first the patient progressed favourably, but on the seventeenth day sank from septicæmia.

R. Norris Wolfenden.

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BARATOUX.—Palliative Treatment of Epithelioma of the Larynx and Pharynx by Tincture of Thuja Occidentalis. *Pratique Médicale, June,* 1888.

THE author prescribes alcoholic tincture of thuja in doses of twenty drops at first, subsequently going up to three or four grammes. It is also necessary to swab the tumour every two or three days with a glycerine mixture of the tincture. This treatment has given him good results, and has checked the course of the disease. **Joal.**

HJORTH (Christiania).—**Sarcoma Laryngis—Laryngofissio—Recovery.** *Norsk Magazin for Laegevidenskaben, No.* 12, *December,* 1888.

THE patient, a man aged sixty-two, exhibited on laryngoscopical examination a large tumour, situated on the left arytænoid cartilage, filling up the whole width of the laryngeal cavity, while it anteriorly left an open space. The symptoms, which had lasted for three months, were only feeling of something sticking in the throat, indistinct pronunciation, and, lately, dysphagia.

The growth was removed by thyrotomy, during which operation the lower part of the larynx beyond the tracheal tube, temporarily introduced, was plugged with small sponges. The ossified thyroid cartilage was cut by means of scissors, and afterwards the two sides were brought into contact by means of a silver wire applied at the upper part (the application of a similar one below failed, on account of the cartilage breaking into pieces). Twenty days after the operation the patient was discharged. The laryngeal examination showed only very slight alterations ; the vocal cords were in good contact, and the voice sonorous, but deep.

The tumour was found to be 2 centimètres long and broad, and 1 centimètre thick, and the microscopical examination showed it to be a spindle-celled sarcoma. The patient exhibited on the hands several small tumours, of which one examined microscopically consisted of spindle cells. **Holger Mygind.**

NECK, THYROID, &c.

McBURNEY (New York).—**Tubercular Enlargements of Lymphatic Glands.** *Internat. Journal of Surgery, January,* 1889.

THE patient was a female, aged twenty-five. She had two small enlargements beneath the jaw on either side ; one has existed for six and the other for four years. Dr. McBurney regarded them as tubercular. All these cases do well after operation, and there is every advantage in their removal. If they are of tubercular nature, the quicker they are removed the better. It is possible for them to dry up or to spontaneously rupture, a hard cicatrix forming. It is best to operate, however, and not wait for these conditions to occur. We should operate before suppuration of the

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