perchloride of mercury is used. Cauterization by means of galvano-cautery or chromic acid and sprays of hazeline or alcohol complete the cure. In the case of fibro-myxoma attacked posteriorly, Jarvis's snare or the electro-cautery passed through the nose, or if it cannot be seized from the front, pulling it down into the mouth, and applying forceps to it from the mouth, enables us to remove it. *B. J. Baron.*

Editors of the "New York Medical Journal."—*Adenoid Growths of the Pharynx in Children.* Nov. 26, 1892.

At a meeting of the section of Pediatrics held in New York on November 10th, Dr. Bosworth discussed the symptoms and treatment of naso-pharyngeal adenoids. He urged that the trouble should be looked upon as a general disease with marked local manifestations. Over sixty per cent. of all nasal catarrh in children is due to the presence of these growths. The most important symptoms are interference with the respiration and impairment of hearing by occlusion of the Eustachian tubes. The child's appearance is characteristic. The mouth is kept partially open, the bridge of the nose is broadened, and the character of the voice is "dead." A simple and effective method of demonstrating the presence of adenoids is by means of the vaseline spray. When introduced into a healthy nostril a cloud immediately issues from the other passage; if, however, the pharynx be occluded by vegetations the spray does not return. The condition is but a step removed from scrofula, and is marked by a tendency to hyperplasia of adenoid tissues. If the tonsils be much enlarged adenoids are almost sure to be present. In the management of such cases not only must local treatment be adopted, but constitutional remedies must likewise be used. A preparation specially indicated is the syrup of the iodide of iron. Bosworth considers the curette a better instrument for the removal of such growths than the forceps, but has obtained the best results from the use of a snare. *W. Milligan.*

LARYNX, &c.

Uchermann.—*A Case of Laryngitis Sicca.* Med. Soc. of Christiania, Jan. 27, 1892.

At the meeting of the above-mentioned society the author mentioned a case under his treatment. The patient, a young girl aged seventeen, whose mother and sister died of phthisis, exhibited intermittent attacks of suffocation caused by the formation of large hard crusts in the hypoglottic region of the larynx. There was atrophic rhinitis present, but no pharyngitis sicca. The larynx improved by degrees under treatment with iron and painting of the hypoglottic region with iodine-glycerine. At the same meeting, Uchermann also demonstrated a cholesteatomatous growth removed from the mastoid process of a young girl. *Holger Mygind.*

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Heymann. — *Idiopathic Perichondritis.* Berliner Medicinische Gesellschaft. Meeting, Dec. 7, 1892.

THE patient exhibited showed an affection of the arytenoid cartilages. BAGINSKY believed the case to be a primary erysipelas of the larynx.

Michael.

Burger (Amsterdam).—*Laryngoscopical Appearances in Traumatic Neuroses.* "Berliner Klin. Woch.," 1892, No. 47.

CONTRARY to Holz, the author does not believe that the results of laryngoscopy can have any value in the diagnosis of traumatic neuroses.

Michael.

Avellis (Frankfurt-a-M.)—*Remarks on Acute Primary Laryngeal Œdema, with Special Reference to Iodide Œdema.* "Wiener Med. Woch.," 1892, Nos. 46 to 48.

REPORT upon the literature, with a communication of some cases.

Michael.

Onodi (Buda-Pesth).—*The Movements of the Vocal Cords after Cutting the Vagus Nerve.* "Monats. für Ohrenheilk.," 1892, No. 9.

AFTER cutting the nervi vagi, laryngei inferiores and their sympathetic communications, movements of the vocal cords arise caused by the function of the crico-thyroid muscles. *Michael.*

Smith (Dhalmsala).—*Laryngeal Paralysis—a Sequel of Measles.* "Brit. Med. Journ.," Nov. 19, 1892.

DURING a mild epidemic of measles three cases presented the above feature as a sequel, setting in a few days after subsidence of fever without congestion of the larynx. The affection lasted from six to ten days.

Wm. Robertson.

Taylor, J. S. (Norwich).—*Recovery of Voice fourteen years and a half after its loss.* "Brit. Med. Journ.," Nov. 19, 1892.

THE patient, a female aged fifty-six, lost her voice in March, 1878, without any appreciable cause. The laryngoscope showed paralysis of the inter-arytenoid muscle. All routine measures proved ineffectual. In 1891 she underwent ovariotomy, and in 1892 her voice gradually returned again without apparent cause. *Wm. Robertson.*

Loos (Graz).—*Tetany of Children, and its relations to Laryngospasm.* "Deutsche Archiv für Klin. Med.," Band 50, p. 168.

THE author concludes his extensive review as follows: Tetany is often observed in early childhood. Spontaneous tonic contractures are rarely observed, but laryngospasm is often seen as a symptom of this disease. It seems doubtful if laryngospasm exists without tetany. The symptoms of the disease are caused by hyper-excitability of the peripheral muscles and nerves. The causes of tetany are not yet elucidated, but it appears to have a predilection for early childhood, and has no relation to rickets.

Michael.

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Ball, J. B. (London).—*Report of Twenty-two Cases of Intubation of the Larynx.* "Lancet," Nov. 26, 1892.

THE symptoms were in all cases those of acute stenosis of the larynx, threatening life. Ten recovered. Of the twelve which died, seven were cases in which tracheotomy was performed, after intubation had been tried and found insufficient. [This is quite natural, as the cases in which intubation has not the desired effect are just those in which tracheotomy is likely to fail.—Ed.] In two of the fatal cases the autopsy revealed ulcers on the anterior wall where the tube impinged. Of the ten cases in which recovery took place, one was traumatic, two, at least, were diphtheritic. *Dundas Grant.*

Cheatham and Pusey.—*Report of Intubation.* Louisville, Kentucky.

Number done by Dr. W. Cheatham	56.
Number of deaths	34.
Number of recoveries	22.
Per cent. of recoveries	39·28
Number done by Dr. W. B. Pusey	70.
Number of deaths	37.
Number of recoveries	33.
Per cent. of recoveries	47.
Total (both)	126.
Total number of deaths	71.
Total number of recoveries	55.
Per cent. of recoveries	43·65

R. Norris Wolfenden.

Hagen (Berlin).—*Tracheotomy in Infants.* "Deutsche Zeitschrift für Chirur," 1892, Band 2 and 3.

IN all cases of stenosis due to croup, tracheotomy should be performed. In the youngest children it has been followed by comparatively good results. *Michael.*

Mackenzie, G. Hunter (Edinburgh).—*Case of Cystic Tumour of the Larynx in a Woman Eighty Years of Age — Intra-laryngeal Removal — Recovery.* "Brit. Med. Journ.," Dec. 3, 1892.

THE success of the operation, more especially on account of the age of the patient, marks the interest of the case; as well does the fact of the growth having attained its large dimensions in from five to six months. On examination, the author found the growth springing from the left side, concealing the left cord and partly the right, and thus almost completely blocking the glottis. It was firm, smooth, red, and slightly movable. The epiglottis was pendulous, respiration dangerously difficult. After removal with Mackenzie's forceps, the breathing was instantly relieved. The tumour was found to be a cyst with a thick fibrous capsule and broad pedicle. *Wm. Robertson.*

Schulten (Helsingfors).—*Contribution to our knowledge of Malignant Growths of the Larynx.* "Finska Läkaresällskapets Handlinger," Vol. 33, s. 614.

THE author relates three cases of cancer of the larynx, stating as his opinion that microscopical examination alone is able to decide the

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character of a malignant growth of the larynx in its early stage. Besides, mention is made of a case of a spindle-celled sarcoma of the left vocal cord, in which no recurrence has taken place six years after its removal, in a man aged forty-five, by the intra-laryngeal method.

Holger Mygind.

Grossmann, M.—*Death after Extirpation of the Larynx.* "Weiner Med. Woch.," 1892, No. 43; and "Lancet," Nov. 12, 1892.

FROM experiments on animals Dr. Grossmann arrives at the conclusion that the sudden change in the pulse, œdema of the lungs, and fatal "paralysis of the heart" occurring several days after the operation (even if unilateral), are due not to the division of the laryngeal nerves, but to irritation of their trunks produced somehow by changes proceeding in the wound. *Dundas Grant.*

Lanz (Bern).—*Laryngectomies in Kocher's Clinic in Bern.* "Archiv für Klin. Chir.," Band 44.

THE author reviews the indications and contra-indications for the operation, the technique, and after treatment. In two cases an early diagnosis could be made, and excision of the diseased parts was sufficient. One of these cases is up to now free from recurrence, fourteen months after operation; in the second case, local recurrence had necessitated operation. Partial extirpation of the larynx has been performed in five cases—in two for lupus, in one for sarcoma, and in two for carcinoma. Total extirpation was performed in six cases on account of carcinoma. Only one of these cases died from the operation, in the other recurrence followed a short time after. *Michael.*

Seiffert.—*On Foreign Bodies of the Larynx.* Physikal-Medicinische Gesellschaft in Würzburg. Meeting, Nov. 19, 1892.

THE author gave a review of the current literature of the subject, and then showed a child from whose larynx he had removed a screw after tracheotomy. He showed the screw, and also a large piece of a bone which had been six months in the larynx of a child six years old, and had produced aphonia and dyspnœa. It was removed endo-laryngeally. *Michael.*

Moskowitz.—*Scleroma of the Air-Passages.* "Pester Med. und Chir. Presse," 1892, No. 6.

DESCRIPTION of the specimen from a case in which the larynx and trachea were affected and stenosed. *Michael.*

Avellis (Frankfurt-a-M.).—*Tracheal Polypus.* "Monats. für Ohrenheilk.," 1892, No. 7.

THE author reports the cases collected from the literature of the subject, and relates the following case from his own practice. A patient, aged fifty years, with a large goitre, coughed blood. The examination showed hyperæmia of the retro-pharynx, paralysis of the left vocal cord, and compression stenosis of the trachea. In the trachea a small mobile body could be seen indistinctly. Death occurred some days later from

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pneumonia. The *post-mortem* examination showed the existence of a polypus, situated on the seventh tracheal ring. *Michael.*

Seibert (New York).—*Syphilitic Broncho-Stenosis in Children.* "Archiv. of Pediatrics," Nov., 1892.

THE author has, during the last three years, seen four children from one and a half to three and a half years of age, in whom stenosis had existed for three, four, and eight months. Cough, and later, hoarseness and aphonia were the primary symptoms; then shortness of breath and occasional dyspnœa occurred, became more frequent, and then barking or croupy cough, with severe attacks of dyspnœa would occur during the whole night, relief only coming after copious expectoration of mucus. The condition closely resembled empyema and asthma, and at other times acute laryngeal stenosis. In each case dulness existed over the right lung posteriorly, which did not reach to the base or apex of the lung. Vesicular breathing was entirely absent, giving place to sharp stenotic inspiration and expiration, most marked in front and behind the upper half of the right side, and with large and small *râles* over the dull area. There was granular swelling of the lower pharynx, yellow purulent secretion from the larynx and trachea, and, in the oldest child, papillous ulcers and gummatous infiltration of the tongue and pharynx; moderate glandular infiltration of the neck and groin existed; there was purulent discharge from the nose; no cicatrices; fairly good nourishment; normal temperature; irregular and slow respiration.

All four were children of poor Russian Hebrew immigrants.

The condition simulated laryngeal croup to perfection, and one child was intubated—of course, without relief to the respiration. The auscultation of the chest clearly showed that the main right bronchus was obstructed. The first case resembled obstruction by a foreign body, with secondary infiltration of the lung, but the condition gradually developed; cough, hoarseness, and aphonia developed before dyspnœa and stenosis. Tumours pressing upon the bronchus being excluded, only tubercle and syphilis remained to be considered. Hectic fever being absent, and the locality of the pulmonary affection, negatived tubercle.

Syphilitic broncho-stenosis has been described by E. Wagner ("Arch. d. Heilkunde," iv. 1863) and Gerhardt (Sitzungst. d. Phys. Gesellschaft, Wurzburg, 1881), and by Kopp ("Deutsch. Arch. für Klin. Med.," xxxii.) and Gerhardt ("Deutsch. Arch. für Klin. Med.," 1867); Hüttenbrenner ("Jahrb. für Kinderheilk.," v. p. 701); Dittrich and Weil ("Deutsch. Arch. für Klin. Med.," 1874), and Gerhardt's Cyclopædia; also by Virchow ("Die Natur der Constitutionellen Syphilitischen Affectionen," 1859), and Wagner ("Ueber das Syphilom," 1863), and by Schnitzler ("Die Lungen Syphilis" Wien, 1886), Lanceraux, Fournier, Cornil, Oppolzer, Grandidier, &c.; and by Dillon Brown ("Arch of Pediatrics," 1892), who lately recorded a case in a boy of six necessitating intubation.

The disease is rare in children. The first case of the author gradually got worse and died, the condition not having been diagnosed. The others speedily recovered under iodide of potassium and inunctions of mercury.

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In the discussion which followed the reading of this paper at the Am. Ped. Soc., Boston, May 4, 1892,

Dr. CAILLE stated that he had seen several such cases. At the autopsies of two cases the areas of dulness referred to by Dr. Siebert were found to be atalectatic areas. One-sided stenotic breathing being frequently found in membranous stenosis of the trachea, absence of vesicular murmur cannot be used to differentiate between chronic and acute stenosis. He recommended fumigations of calomel.

Dr. JACKSON related two cases in adults.

Dr. SIEBERT remarked that there was one form of syphilitic stenosis which would not be benefited by iodide of potassium, viz., where cicatrices press upon the bronchial tubes and occlude them. He preferred iodide given per rectum, which did not upset the digestion, and mercury given the ordinary way, and not by fumigations. He did not know of more than six cases of broncho-stenosis of syphilitic origin having been reported in children. *R. Norris Wolfenden.*

Poncet (Lyons). — *Actinomycosis of the Right Cheek and of the Corresponding Maxillæ; Extension to the Lungs.* Paris Academy of Medicine. "The Medical Week," Dec. 23, 1892.

A WOMAN, in April last, a week after the extraction of a tooth, complained of a swelling in the right submaxillary region. This consisted of enlarged glands and was very painful. It gradually invaded the region of the parotid and the right cheek with the formation of abscesses and fistulæ. For a week or so there was a discharge of pus from the nose and ear on the right side, as if abscesses had burst into these cavities.

A month ago the disease suddenly took a new extension. The swelling rapidly spread to the temporal region, where another fistula formed within a fortnight.

About the same time she developed some pulmonary symptoms ; she began to cough and expectorate, she rapidly lost strength and flesh, and in consequence came to the hospital. A purulent sanious fluid could be pressed out of the fistulæ, containing the yellow bodies characteristic of actinomycosis.

By staining these bodies with picro-carmine or eosine, taking care not to squeeze them too much with the cover glass, the ray-like arrangement and the club-shaped ends of the rods were readily recognized.

The lung condition presented all the physical signs of pulmonary tuberculosis, but no bacilli were found in the sputum even on the most careful examination.

The yellow granules of actinomycosis were not so easily detected in the sputum as in the pus, as they were much fewer in number and not so well coloured.

The extent of the maxillary and cranial lesions, and particularly the condition of the lungs, contra-indicated all interference, and the patient was sent home after a few weeks of palliative treatment.

R. Norris Wolfenden.

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Downie (Glasgow).—*Foreign Bodies in the Lung.* "Brit. Med. Journ.," Dec. 17, 1892.

In referring to a case, he remarks upon the liability of suffocation by impaction of the body in the larynx during strong expiratory efforts, one reason for performing tracheotomy at once; another is due to the reasonable supposition that a foreign body in the lung must eventually set up injurious processes in the lung, bronchiectasis, abscess, etc., if allowed to remain—an equally good reason for at once performing tracheotomy and exploring with sound and forceps where inversion has failed. In one such case, a boy aged nine, while eating hazel nuts inhaled a piece of one; twenty-three days after there were noticeable flushing, high fever (temp. 104·2), cough, and immobility of right side. There was an area of dulness over right base, and blockage of right bronchus. Tracheotomy was performed, the patient being allowed to come to before the trachea was opened so as to allow of free coughing. Mucus and blood were at first expelled. While using a fine laryngeal probe, a violent cough brought away fœtid muco-pus along with a pyramidal-shaped portion of the nut kernel, measuring a quarter of an inch by three-eighths of an inch, smaller pieces following. Air now entered the right lung freely, a result on which we must congratulate Dr. Downie. Next day the patient was virtually well. *Wm. Robertson.*

THYROID GLAND, &c.

Horne, R. M. (Edinburgh). — *The Blood-Vessels of the Thyroid Gland in Goître.* "Lancet," Nov. 26, 1892.

Gutknecht ("Die Histologie der Struma" — "Virchow's Archiv," Band XCIX. 1885) has remarked on the occurrence of hyaline changes in the walls of the vessels, and of colloid material in the lamina in extirpated goitrous thyroids. He derived these colloid masses from the red corpuscles of the circulating blood. Horne examined a number of normal thyroids from adults and fœtuses, and found projections into the lamina of the smaller arteries, formed by proliferation of the endothelium of the intima. These projections or "buds" resembled young gland follicles, and in several sections were found to contain colloid not to be distinguished from that in the true gland follicles. It would seem, therefore, that they possess in common with the thyroid follicles the power of secreting or of producing colloid material. Nothing similar was found in the veins. *Dundas Grant.*

Braun.—*On the Genesis and Diagnosis of Intrathoracic Goîtres.* Med. Gesellsch. in Leipzig, Meetings, Aug. 2, 1892, and Oct. 25, 1892.

The surgery of goître has made great progress. The mortality of the normally situated goîtres is rather less. Goîtres situated in the thoracic cavity arise from degeneration of accessory strumous glands. The author

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