LARYNX.

BARBACCI, O.—Experimental Contributions to the Physiology of the Superior Laryngeal Nerve. (Laboratorio di Patologia Sperimentale del Prof. Vulpian Sanzi). *Gazzetta degli Ospitali*, Anno viii., No. 24 and 25.

THE author affirms that his experiments do not pretend to be a control of the results obtained by Exner, which contradict the commonly accepted idea of Longet; nor does he feel authorized in drawing from them any general conclusions, but offers them as material that may ultimately be utilized by others. The experiments were performed on nine dogs. The first experiment tended to confirm the fact that the superior laryngeal contains only motor fibres for the crico-thyroid muscle. The 2nd, 3rd, 4th, 5th, and 6th experiments would indicate that section of the superior laryngeal nerve, at the end of ten, twelve, and even eighteen days, induces no degenerative lesions in the fibres of the crico-thyroid muscle, although they become paler and less vascular. With the 7th, 8th, and 9th experiments, the nerve filaments of all the muscles on the side operated on, show degenerating fibres, if we except those filaments which supply the crico-thyroid muscle. Nevertheless, adds the author, every time the superior laryngeal is stimulated, the crico-thyroid contracts energetically. He appears to think that the trophic influence is not supplied by the motor nerve; and that the median laryngeal, beyond its sensory function, may run with the fibres of the crico-thyroid muscle. MASSEI.

GAREL.—Cysts of the Larynx. *Revue de Laryngologie, &c., June*, 1887.

SCHWARTZ, in his recent book on tumours of the larynx, puts the proportion of laryngeal cysts at 3 per cent.; Garel, out of a total of sixty cases, has met with cysts of the larynx sixteen times, *i.e.*, 25 per cent.

In one case the cyst-wall was formed of epithelimu after the Malphigian type; in two cases the tumours were sanguineous; in three cases the contents were concrete yellow masses,—these were epidermic cysts, the others belonged to the category of serous cysts. Of the sixteen cases, four were in women. Singing exercises seemed to have a large part in the etiology, since seven cases occurred in *artistes* and amateur singers. In the greater proportion

https://doi.org/10.1017/S1755145500159718 Published online by Cambridge University Press

of cases, the tumours were situated towards the anterior third of the cords, ten times on the right vocal cord. All the cysts sprang from the upper or lower portion of the cords, not from the edge itself. In most cases there was absence of cough and expectoration.

On laryngoscopic examination the diagnosis of the fluid tumour is very easy, by reason of its opaline tint and the smooth, tense, rounded nature of the tumour. The diagnosis of blood-cysts is, on the contrary, almost impossible. JOAL.

FLESCH (Frankfort °/M.).—**On the Frequency of Spasm of the Glottis, with a Special Report to Jürgensen's Text-Book of Special Pathology and Therapeutics.** *Berl. Klin. Wochenschr.*, No. 13, 1887.

JÜRGENSEN says that he has never seen laryngismus stridulosus during a practice of twenty years. It is further remarked that in some countries this disease is very rare, while in others it is very common, and the remarks are reproduced of many authors who have made the same observation. MICHAEL.

FEDE, Prof. F.—Hydrocephalus; Spasm of the Glottis *Il Morgagni, November, December*, 1886.

THIS is a clinical lecture on the case of a baby who at seven months began to suffer from convulsions and gastro-enteritic catarrh, and then from broncho-pneumonia and spasm of the glottis. The author discusses the clinical aspect and pathogenesis of spasm of the glottis, mentioning the various modes of origin. He does not adopt unreservedly the theory of Flesch, viz., of a reflex neurosis the result of faulty nutrition, but believes the causes are more complex. He considers that the spasm of the glottis is due to contraction of the adductors, and not to paralysis of the abductors, arguing from the tonic nature of the convulsions which accompany it. As to its etiology, spasm, whether produced by reflex action or by direct irritation of the central nuclei of the vagus, must nevertheless, as appears to him, always invoke reflex action. He considers that the secondary spasm, whether idiopathic or an expression of the general condition of the organism, may be congenital or acquired. Such condition induces at the same time rickets, with which it is often associated, as in the case in question. MASSEI.

GERHARDT (Berlin).—**Paralysis Glottidis and Icterus.** *Deutsch. Med. Wochenschr.*, No. 16, 1887.

IN two icteric patients the author observed hurried respirations (eighty to the minute) and aphonia. He believes that there is no similar case recorded of the connection between these symptoms, and is of opinion that this is a special disease. MICHAEL.

https://doi.org/10.1017/S1755145500159718 Published online by Cambridge University Press

FAUVEL.—Extirpation of the Larynx. *Rev. de Laryngologie, &c., June*, 1887.

THE author presented one of his patients to the Congress of Laryngology (see p. 266), on whom Péan had performed extirpation in 1885, leaving only the epiglottis and a portion of the arytenoids. Many foreign societies, and the medical press, have already commented upon this case. The patient has been able to return to his occupation of wine merchant. He succeeded in making himself understood by means of a feeble guttural sound, put into speech by means of the lips and mouth. His pronunciation could even be heard at a certain distance. None of the prothetic apparatus, sent from Berlin or Vienna, had succeeded in giving to the patient any substitute for his lost larynx. The patient preferred his own guttural sounds to any of these appliances. The operation is one of the greatest advances in surgery, and the conception is entirely due to the study of laryngology. The diagnosis of the case had been laryngeal syphilis. JOAL.

HERING.—The Surgical Treatment of Laryngeal Phthisis. *Annales des Mal. du Larynx, March*, 1887.

A NUMBER of cases have been treated by the author with lactic acid, inhalations, "badigeonnages," sub-mucous injections, with or without scraping and excision. The following results have been arrived at :—

1. Eighteen patients, with infiltrations in all parts of the larynx, have been cured by the cleansing of the deeper and crateriform tumours. Cicatrization has been maintained for thirteen months, in spite of the total or partial destruction of the epiglottis.

2. Nine patients, at first cured, have had fresh attacks.

3. In six cases, of which four had pharyngeal tuberculosis, one a tubercular tumour of the nose, and one pulmonary tuberculosis, complete cicatrization was obtained after longer or shorter periods of treatment.

4. Fourteen cases have been treated by the surgical method, with good results. The author delays the publication of these results for the present. JOAL.

WHITEHEAD, W.—Tracheotomy. *Lancet, April* 30, 1887.

THE operation proposed by the author is performed as follows. The head of the patient being bent well back over a pillow, an incision is made in the usual situation, but of rather greater length than is

https://doi.org/10.1017/S1755145500159718 Published online by Cambridge University Press

common. The incision extends through the skin and fascia, as deep as the interval between the sterno-hyoid muscles. The scalpel is now laid aside, and the raspatory used, not only to separate the sterno-hyoids, but to split the strong fascia which runs down from the hyoid bone to enclose the isthmus of the thyroid gland. This fascia is split to a distance extending from the upper limit of the incision down to the isthmus below—that is, supposing it is desired to open the trachea above the isthmus. The split fascia is then pushed to right and left with the raspatory. Should there be any difficulty in doing this, the fascia is separated to some extent on each side from the upper border of the isthmus. Proceeding carefully, the isthmus itself can be pushed down, and the trachea exposed to the necessary extent. If the trachea is to be opened below the isthmus we proceed in a similar manner, remembering that here, however, we have between the fascia and the trachea a quantity of areolar tissue in which lies the inferior thyroid plexus of veins. The front of the trachea can in this way be cleared perfectly, and, since the method is bloodless, the rings of the tube are seen glistening white at the bottom of the wound. The trachea can now be fixed readily between the left index finger and thumb, and opened to the desired extent. There is little or no difficulty in introducing the cannula, since the trachea can be so steadily fixed and the incision into it so clearly seen.

The above method resembles in many particulars the "bloodless" method of Bose, but in the latter operation the scalpel is used to a much greater extent than in the operation here advocated, and when the scalpel is not to be used the employment of the director is advised. But the walls of the veins in this region are very thin, and the sharp edges and point of the director have been frequently known to tear these vessels and rob the operation of its bloodless character. This tearing of the veins is much less likely to occur if the raspatory is used. Moreover, the above operation with the raspatory is not only suitable for cases where the surgeon has abundant time at his disposal, but is advised even in emergency tracheotomy; since, although perhaps a little more time is required to reach the trachea, the certainty that when once reached it can be quickly opened and entered is a distinct ultimate gain. What is urged in favour of the operation is—firstly, the ease with which it can be performed; secondly, the small number of instruments required; and, thirdly, the manner in which it meets the four difficulties usually enumerated—viz., of reaching the trachea, of hæmorrhage, of opening the trachea, and of introducing the cannula. Again, it avoids, in an especial manner, those dangers met with when the operation is per-

https://doi.org/10.1017/S1755145500159718 Published online by Cambridge University Press

formed, as it too often is, practically in the dark, from the bleeding, and the not sufficient separation of the parts; thus it is impossible, in this operation, that the cannula should be pushed down between the trachea and the fascia lying in front of it, or that it should be thrust, as has actually happened, into the internal jugular vein.

RENTON (Glasgow).—**Tracheotomy.** *Glasgow Medical Journal*, *October*, 1886.

DESCRIPTION to the Glasgow Medico-Chirurgical Society of a Case of Tracheotomy in a Child, in which the operator removed a brooch-pin which was lying between the trachea and the œsophagus. There had been an abscess, which had burst. HUNTER MACKENZIE.

STEWART, W. R. H.—Case of Thyrotomy for Epithelioma of the Larynx. *Lancet*, *May* 21, 1887.

THE thyroid cartilage having been divided in the middle line, the tumour and vocal cord were cut away with curved scissors, and the remains scraped with a sharp spoon and cauterized with nitrate of silver. The wound healed well. At the end of four weeks the patient was lost sight of; so that the case falls short of being instructive. GREVILLE MACDONALD.

PATERSON and NEWMAN (Glasgow).—**Gunshot Wound of the Larynx.** *British Medical Journal*, *October*, 1886. Exhibition of Case before the Glasgow Clinical and Pathological Society.

A SPLINTER of ball had been removed by Newman from the larynx by the endo-laryngeal method. HUNTER MACKENZIE.

MACLAREN (Edinburgh).—**Larynx and Trachea from a Case of Burning.** *Edinburgh Medical Journal*, *October*, 1886.

DEMONSTRATIONS of Specimens before the Medico-Chirurgical Society of Edinburgh, June, 1886. HUNTER MACKENZIE.

BASSOLS Y PRIM.—On Stammering. *Anales de Otologia y Laryngologia*, Ano. V., No. 1. *Alcalá de Henares.*

AFTER giving a summary of the causes, symptoms, diagnosis, and treatment of stammering, the author publishes a case of cure in a youth twenty years old, who had been a stutterer since his sixth year, without any lesion whatever in the organs of phonation or speech. His stammering was specially manifested in the explosive consonants, when he was roused, and while reading. The cure was effected in a month by using a series of graduated exercises, and by practising gymnastics of respiration, voice and the mouth.

RAMON DE LA SOTA.

https://doi.org/10.1017/S1755145500159718 Published online by Cambridge University Press