LARYNX.

PAPAVANT (Frankfort).—**The Manner in which the Larynx is Closed during Swallowing.** *Virchow's Archiv.*, *Band* 104, *Heft* 3.

THE larynx is raised to the hyoid bone, which is itself a little elevated. Compression of the fatty tissues from above downwards results, so that the epiglottis is thus pressed downwards to the upper laryngeal space. The ary-epiglottic folds approach towards the laryngeal portion of the epiglottis; at the same time there is straightening of the upper laryngeal space by compression of the true and false ligaments and the arytenoidei, and elevation of the hyoid bone and larynx towards the tongue, causing the epiglottis to lie in the vallecula. The epiglottis is further pushed over the laryngeal aperture by pressure of the fat at the lowest part of the tongue.

MICHAEL.

PORTER, WM. (St. Louis).—**Erysipelas of the Upper Air Passages.** *New England Medical Monthly*, *November*, 1886.

AFTER reference to some well-known facts in regard to the affection under consideration, Porter gives a brief report of a case of erysipelas of the pharyngo-laryngeal membrane, in which tracheotomy was resorted to in order to save life from laryngeal œdema. The patient died on the day following the operation from pulmonary œdema.

J. N. MACKENZIE.

BUCKMASTER, A. H. (Brooklyn).—**A Case of Submucous Laryngitis Treated with Hot Water.** *New York Medical Journal*, *January* 22, 1887.

CALLED suddenly to perform tracheotomy in a case of acute laryngitis with œdema, extreme dyspnœa, cyanosis, and rapid, feeble pulse, Buckmaster determined to try hot water before resorting to operation. A rubber blanket was quickly thrown over the bed, and the patient placed so that her head was lower than her shoulders. A large supply of hot water, at about 120° F., was thrown against the œdematous tissues with a Davidson syringe. The head was turned on its side, so that the water could return and be carried by the sheet into a pail. At first the procedure caused the patient to attempt to swallow; but this was quickly overcome, and at the end of half an hour the symptoms had disappeared.

Buckmaster is unable to find any recorded instance of the use of

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hot water in laryngeal œdema. A *résumé* of the observations and experiments of Emmet and Milne Murray with hot water in the blood-vessels is appended to the author's instructive case.

J. N. MACKENZIE.

CADET de GASSICOURT.—A Case of General Emphysema Secondary to a Stridulous Laryngitis. *Revue des Maladies de l'Enfance, February*, 1887.

TUBERCULOSIS and whooping-cough appear to be the ordinary precursors of general emphysema; and stridulous laryngitis has not hitherto been quoted as a cause. The author, therefore, feels justified in publishing a case of false croup in a girl of nine years which resulted in emphysema of the neck, in which, with the upper two-thirds of the thorax, it remained localized. It did not extend to the cheeks or temples, and the abdomen, which is most frequently affected, also escaped. No serious consequence arose from the gaseous infiltration.

JOAL.

ROSENBACH.—A Case of Localized Laryngitis, and Tracheitis Crouposa in an Adult. *Wiener Med. Presse, Nos.* 4, 5, 1887.

A PATIENT of twenty-four had shivering, rigors, high fever, cough, and tracheal stridor. Membranes were seen, laryngoscopically, in the larynx and trachea. Ecchymoses occurred on the free parts of the mucous membrane. The sputum was blood-stained. Gargles of corrosive sublimate and salicylate of sodium internally were given. The next day casts of false membrane were expectorated. The patient was cured on the seventeenth day. This case, in which all false membranes were spontaneously ejected, proves that it is better to treat such cases expectantly than by local energetic measures, which, by injury to the mucous membrane, may succeed in aggravating the condition.

MICHAEL (Hamburg).

MAJOR, G. W. (Montreal).—**Prolapse of the Laryngeal Ventricles.** *New York Med. Journal, January* 1, 1887.

REFERS to the cases of Moxon, M. Mackenzie, Lefferts, Massei, Waldenburg, Gruber, Cohen, Elsberg, and J. N. Mackenzie, and relates cases of his own. Major insists on the necessity of discriminating between prolapse and eversion. Prolapse may exist without eversion, while eversion cannot occur without prolapse having been a factor for some period, however brief, in its development. In the five cases related by the author (three of prolapse, two of true eversion), three examples occurred in individuals of syphilitic habit.

J. N. MACKENZIE.

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CARPENTER, G. A.—Aphonia due to Subglottic Growth (? Congenital); **Operation; Cure.** *Lancet, March* 12, 1887.

THE only point of interest in the case is the possibility of its congenital origin. Mackenzie's tube-forceps were employed.

SCHROETTER.—The Dilatation of Stenoses of the Larynx. *Annal. des Mal. de l'Oreille, du Larynx, &c., January*, 1887.

THIS is the report of a clinical lecture delivered at Vienna during November, 1886, in which Prof. Schroetter described the instruments used by him, and already well known, and the methods and indications for the performance of dilatation. JOAL.

GAREL, J.—Vocal Gymnastics in the Treatment of the Undeveloped Voice, and Hysterical Aphonia. *Provence Med., December*, 1886.

THE author indicates the methods of treatment advised by Bruns, Edouard Fournié, and Michel of Cologne, and cites three cases in which he effected a cure of patients with voices not having "broken," in one hour, one day, three days, respectively, by using Fournié's exercises.

For the treatment of hysterical aphonia, Garel finds intra- or extra-laryngeal faradism sometimes impossible, and employs then the method adopted by Michel. Placing the large laryngeal mirror in the patient's throat, he seeks to excite vomiting, and makes the patient exaggerate the sound produced in retching. Massage of the larynx, as recommended by Oliver of Boston, also gives good results. Garel further relates the cases of three young women, suffering from hysterical aphonia, cured by vocal gymnastics according to Fournié's process. JOAL.

LUC, Dr.—Paresis of the Dilators of the Glottis a Means of Diagnosing the Onset of Tabes Dorsalis. *France Médicale, February*, 1887.

A PATIENT sought relief for difficulty in breathing. He suffered from dyspnœa, and his breathing became stridulous on walking or with other muscular effort. The cords were moderately patent during expiration, and instead of opening wide during inspiration they approximated, leaving only a linear space between them, and an appreciable interval between the arytenoids. Is this spasm of the constrictors or paresis of the dilators? The author believes it to be a paralysis of the crico-arytenoidei postici. Evidence of lesions in the nerve-centres was then discovered, such as startings in the legs. The patient complained of sensations like rapid electric shocks.

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Sensation was much altered and the knee reflex diminished on the right side. Dr. Luc concluded that it was an incipient case of tabes dorsalis. JOAL.

DUGARDIN.—Note on a Case of Compression of the Recurrents by an Organic Stricture of the Œsophagus. *Ann. Mal. de l'Or., Larynx, &c., January*, 1887.

THIS is the history of a patient afflicted with an œsophageal tumour, and in whom the right vocal cord was at first very congested, and fixed in the phonatory position; the left vocal cord then became less mobile, and the left recurrent became affected. The patient had subsequently attacks of suffocation (imputed to spasm of the adductors), and finally succumbed to cachexia. An autopsy not having been made, the author does not know whether the condition was produced in the left cord by extension of the tumour to that side, so as to enclose the left recurrent, or by ganglionic compression, or whether it was produced reflexly. JOAL.

SCHILLING (Spremberg).—**Hysterical Aphonia lasting Two Years.** *Deutsche Med. Zeitung, No.* 8, 1887.

A GIRL of twenty-eight became aphonic through catching cold. The condition was cured after treatment by faradism.

MICHAEL (Hamburg).

MAJOR (Montreal).—**Cases exhibited at the Medico-Chirurgical Society of Montreal.** (From Dr. Major's Clinic.) *Canadian Practitioner, February*, 1887.

1. *Complete paralysis of the right vocal cord*, arising from pressure on the right recurrent by a fibroid. The patient had also signs of lead poisoning (blue line on gums and colic), which had nothing to do with the laryngeal condition. The right vocal cord was completely immobile, resting midway between full inspiration and phonation.

2. *Early laryngeal œdema* (*tuberculosis*). No recognisable pulmonary infection. First œdema occurred of left arytenoid, then of right, then of epiglottis, and finally, pulmonary signs. Local improvement followed under lactic acid treatment.

3. *Laryngeal papillomata* (*three cases*).

BRESGEN (Frankfort).—**Spasm of the Glottis, caused by Aortic Aneurism.** *Berlin. Klin. Woch., No.* 8, 1887.

A PATIENT who suffered from attacks of laryngeal spasm and dyspnœa died suddenly with hæmorrhage. An aneurism was discovered at

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the necropsy, but the relation to the recurrent and vagus nerves could not be traced. MICHAEL.

WALFORD, W. G.—Functional Aphonia in a Boy. *Brit. Med. Jour., March*, 1887.

A BOY, not quite eleven years old, afflicted with colic, became unable to utter a sound. Next day, with disappearance of the colic, the voice returned, but absolute aphonia came on again, and persisted for three months, when the voice suddenly returned. Patient was of nervous temperament, and had enuresis.

MASSEI, Prof. F.—Gleanings. *Archivii, &c., Anno. VII., Fasc.* 1.,

UNDER this title the author collects in a concise manner the following clinical notes, as records of daily practice from his case-book :—

(1) The resin and essential oil of turpentine are rightly included in the pharmacology of diphtheria ; the former is applied by pencilling and atomizing, the latter by continuous inhalation, and also internally. He regrets that although he suggested the resin in 1875, he has never been accredited with it. Nevertheless, he recognizes greater claims in those who have used it extensively.

(2) In a note published in *Grazzi's Journal*, in 1883, the author justified the employment of the continued current in goitre, without previous use of the aspirator. Latterly, he has confirmed its efficacy in a number of cases, as well as the uselessness of other agents, the risks of which sometimes give considerable anxiety. In three cases of which he relates the history, and especially in two, where thyroidectomy had been proposed, the results were not satisfactory. The method is not dependent on an accurate diagnosis, always difficult enough, for there can be no harm in trying it.

(3) In deviations of the nasal septum he has obtained excellent results from measures less severe than the compression and straightening treatment of American practitioners, by using either digital pressure (which the patient may practise himself several times a day), or properly applying tampons of cotton-wool, or by employing compressed air with Waldenburg's apparatus. With the last treatment he was enabled in a youth to straighten a deviation to the left of the septum so marked that it occluded the naris, and twisted the point of the nose.

(4) An accident of tonsillotomy manifested itself two hours after the operation, when the patient began to spit blood. A vessel on the cut surface was seized and twisted with the hæmostatic forceps.

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The patient then vomited about three hand-basinfuls of blood. It was attributed to the fact that the patient had been swallowing for two hours the blood flowing from the cut artery.

Another accident was experienced in a young woman operated on for bilateral tonsillotomy. Ten days after a blackish projection of the right tonsil was noticed. Believing it to be an inflammatory swelling he reapplied the tonsillotome, and removed a piece of necrosed tissue. In a few days the wound had healed.

(5) The author believes much that has been said concerning the efficacy of lactic acid, given internally for laryngeal tuberculosis, is exaggeration. He can, however, allow that it possesses real merit in chronic hyperplastic laryngitis. He has never given more than 50 per cent. for a dose.

(6) It is said that a laryngeal paralysis may be diagnosed even without the mirror, by feeling for vibration in the two halves of the larynx, the paralysed side being distinguished by absence of vibration. The author, from various cases of unilateral paralysis of the adductors, is convinced that the vibrations were preserved on both thyroid plates. When, however, he has examined cases of unilateral thickening of the tissues, he has found augmentation of the vibrations on the diseased side.

(7) He states certain indications for catheterization of the larynx in non-idiopathic spasm of the glottis: if the latter arises during the destruction of papillomata, or while practising gradual dilatation in organic stenosis of a different nature; if it arises during tracheotomy, or before the instruments for the operation are ready. One of his patients with papillomata owes his life to Schrötter's catheter.

MASSEI.

SCHECH (Munich).—**Contribution to the Pathology of Syphilis of the Lung, Trachea, and Bronchi.** *Internationale Klinische Rundschau, No.* 5, 1887.

A LADY of sixty (infected many years before), three years before this date developed cough with bloody expectoration, later on, stridor, nocturnal sweats, and fever. Laryngoscopically two red tumours were seen near the bifurcation of the trachea. Moist sounds, bronchial respiration, and rhonchi were heard over the lungs. Dyspnœa increased. Tracheotomy was not performed, because the stenosis was not in the trachea but the bronchi. Death occurred through suffocation. The autopsy revealed ulcerations over the upper tracheal rings, over the bifurcation, and the bronchi where continuous with the lungs, along with lobular infiltration of the lungs.

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The condition of the lungs was very similar to interstitial pneumonia. Syphilis can thus destroy the pulmonary parenchyma, as well as tuberculosis and pulmonary gangrene. MICHAEL.

NEWMAN, DAVID (Glasgow).—**Syphilitic Diseases of the Upper Air Passages; their Pathology, Symptoms, and Treatment. With Illustrative Cases.** *Glasgow Medical Journal, December*, 1886, *and January and February*, 1887.

IN these communications the author gives, in the form of two lectures, an accurate and careful *résumé* of his subject, with many illustrations of personally-observed cases. The paper is well worthy of perusal. HUNTER MACKENZIE.

HOLDEN, EDGAR (Newark, N. J.).—**A Case of Gummatous Disease of the Larynx, with Spontaneous Re-opening of the Larynx, after Thyroid Laryngotomy.** *N. J. Med. Journal, January* 29, 1887.

A MINUTELY detailed case, the nature of which is indicated in the title of the paper. J. N. MACKENZIE.

IRSAI (Pesth).—**Laryngological Communications.** *Pesther Med. Chir. Presse.* No. 46, 1886.

ON tuberculosis. Nothing new. MICHAEL.

AIKINS, W. H. B. (Toronto).—**Laryngeal Tuberculosis.** (*Canadian Pract., March*, 1887.

A PATHOLOGICAL specimen shown at the Toronto Medical Society, January 20, 1887. The larynx exhibited was covered on the vocal cords and arytenoid cartilages with tuberculous ulcers, in which tubercle bacilli were found in abundance. The interest of the case lay in the fact that no tuberculous deposits were found in the lungs.

CRAWBERY, D. B. (King, Miss.)—**Ingenious Method of Extracting a Cockle-burr from the Larynx.** *Medical News, Phila., December* 11, 1886.

HAVING no instruments at hand, Crawbery wrapped some cotton around the end of his right index finger, which he then passed down to the burr, and by a rotatory movement, in order to entangle the cotton in its prickles, succeeded, after several attempts, in effecting its complete removal. J. N. MACKENZIE.

KNIGHT, CHAS. H. (New York).—**A Case of Perichondritis of the Larynx; Necrosis of the Cricoid.** *New York Med. Journal, January* 1, 1887.

RELATES a case, with post-mortem examination of the air-passages.

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The carefully written history of the patient is supplemented by a review of the etiology of laryngeal perichondritis, and a brief reference to a case occurring in the service of Dr. Asch, in which perichondritis and abscess of the posterior wall of the larynx resulted from swallowing a plate of false teeth during an epileptic fit.

J. N. MACKENZIE.

Statistics of Tracheotomies at the Hôpital Trousseau, and at the Hôpital des Enfants during the year 1886. *Revue des Maladies de l'Enfance, March,* 1887.

HÔPITAL Trousseau.—The number of croup cases operated on has been 363, of which 297 died and 106 recovered, making 29·23 per cent. of cures. The cases not operated on numbered 62, of which 54 recovered and 8 died.

Hôpital des Enfants: 355 children affected with croup were operated on, of which 60 recovered and 295 died, which gives the percentage of cures as 16·9 only. The difference of the two statistics is inexplicable.

JOAL.

NECK, &c.

FORT, J. A.—Cyst of the Thyroid Gland; Extirpation; Cure. *Gaz. des Hôp.,* No. 6, 1887.

THE tumour extended from the hyoid bone to the sternal notch, passing over the median line internally, and resting externally upon the internal jugular and carotid. Thyroidectomy was determined upon. During the operation the cyst emptied itself. The walls, containing cartilaginous and calcareous concretions were dissected out. No hæmorrhage occurred at the time, but after suturing the wound, secondary hæmorrhage supervened, which was, however, controlled without great difficulty. Antiseptic precautions were used. No vessels were ligatured.

BEC, Le.—Sanguineous Cystic Goître: Puncture: Injection of Iodine. Cure. *Gaz. des Hôp., No.* 1, 1887.

SIXTY grammes of clotted blood were removed on puncture. The nature of the case is indicated by the title.

HURRY, J. B.—Case of Goître, followed by Asphyxia; Tracheotomy; Death. *Lancet, March* 19, 1887.

THE goître was of a year's duration with increasing dyspnœa, which

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