LARRAND, T. H.—Adenoid Tumours of the Naso-Pharynx. *Journ. des Sciences Méd. de Lille, June*, 1887.

THE author related an interesting case to the Medical Society of Lille, adding judicious observations on the symptomatology and treatment of the affection, remarking that the operation for post-nasal vegetations can be performed by all practitioners, and is not the exclusive property of specialists. He recommends especially the use of Loewenberg's forceps. JOAL.

LARYNX.

DESCROIZELLES.—On a Form of Simple Laryngitis Difficult of Diagnosis. *Journal Lucas-Championnière, July*, 1887.

CATARRHAL phlegmasia of the larynx occurs sometimes in young children with exceptional physiognomy, giving it a resemblance to stridulous and diphtheritic laryngitis. As in the first of these two complaints, one observes raucous cough and attacks of suffocation, separated from one another by intervals of complete apyrexia, but which may be of sufficient intensity to excite serious alarm, although one finds no neoplasm in the pharynx. As in croup, there are fever and modifications of the *timbre* of the voice during the phases of calm which separate the spasms. One cannot too strongly call the attention of physicians to the observation of such cases, which seem, indeed, to be far from rare. JOAL.

MACKENZIE, G. HUNTER.—Treatment of Laryngeal Phthisis. *Brit. Med. Journ., August* 27, 1887.

THIS may be medical, surgical, or climatic. Sedatives are preferable to caustics, especially morphine, iodoform, papayotin ($\frac{1}{2}$—5 per cent. solution), and cucaine, with its substitutes caffeine and menthol. The author refers to the use of lactic acid, as vaunted by Krause, Gleitsmann, Jellinek, &c., and does not report very favourably of its action. The author has not found sprays, inhalations, or insufflations of antiseptics (iodoform, corrosive sublimate, carbolic acid) of much service. The amenability of tuberculous lesions to treatment is in direct proportion to their accessibility. In the case of laryngeal tubercular disease, it is to surgery, intra or extra laryngeal, that we must look for successful treatment. The operation of tracheotomy, or laryngo-tracheotomy, is considered not only as a palliative, but as a directly curative agent. Two advantages are gained by opening the windpipe—rest and freedom from irritation of the larynx, and

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direct access to the diseased areas for scraping, incision, or other process. In cases where the lung affection is quiescent, absent, or small in degree, and in which the laryngeal affection resists ordinary remedies, there should be no hesitation in resorting to surgical measures. GREVILLE MACDONALD.

CASTRO, OLIVEIRA.—Treatment of Chronic Laryngitis. *Revista de Medicina Dosimetrica, February*, 1887.

THE author recommends for catarrhal laryngitis, helenine and sulphide of calcium; in specific laryngitis, iodoform and hydrargyrum; in tubercular forms, iodoform and arseniate of soda; in variolous forms, sulphide of calcium; in enteric forms, salicylate of ammonia. For the treatment of symptoms: Tannic acid for dysphonia; for cough and pain, hydrobromate of morphine; for dyspnœa, emetics and sulphate of strychnine; for suppuration, iodoform and arseniate of soda. RAMON DE LA SOTA.

PALACIOS.—Laryngeal Syphilis. *Los. Avisos, June* 10, 1887.

A MAN, thirty-six years of age, began to feel a tickling in the larynx, followed by pains and dyspnœa, increasing to such an extent that upon entry into the hospital he was attacked with orthopnœa and inability to swallow any solid food. With the laryngoscope there was observed a thin epiglottis, a hyperæmic laryngeal mucous membrane, œdematous vocal cords, at the anterior insertion of which was situated a large mucous tumour which almost occluded the whole lumen of the larynx. The vocal cords were very near together, the right one being in the cadaveric position, and having several growths upon its superior aspect; the left one was paretic, and possessed a semi-circular and extensive ulceration of the inner edge. Under the right vocal cord there was an extensive ulcer, and from under the left vocal cord sprang a good many outgrowths. The left arytenoid cartilage was reddish, and rounder than normal; the right arytenoid was five times larger than its natural size, and numerous points of suppuration were visible in both of them. From the antecedents of the patient, the character of the laryngeal lesions, the glandular swellings, and the presence of periostitis in both legs, the diagnosis of syphilitic laryngitis was made. Under treatment by iodide of potash and mercurial frictions, the patient (who was on the point of being tracheotomized) made a complete recovery, and not a trace of laryngeal mischief remained. RAMON DE LA SOTA.

MASUCCI, P.—Contribution to the Etiology and Treatment of Acute Œdema of the Mucous Membrane of the Arytenoids. *Giorn. Internaz. di Sc. Med.*, 1887.

A CASE of œdema of the arytenoids in an adult sixty-four years of age,

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which developed quickly and was controlled speedily by the internal and external administration of ice. On the third day the patient was found to be without fever, notwithstanding that pyrexia was present at the commencement. The author thinks that the condition had a rheumatic origin, and thinks that in spite of the keen attention given to bacteriological processes in disease, the rheumatic diathesis is still an important factor in pathology. MASSEI.

THERMES.—Two Cases of Laryngeal Vertigo in Whooping-Cough amongst Old People. *Journal de Méd., June* 15, 1887.

BOTH cases occurred in old arthritic persons, and were treated and cured by large doses of bromide of potassium. Although the recent treatment of whooping-cough is all directed to antiseptic and anti-parasitic medication, it would appear to result from these cases that there is still a place for sedatives; that, in the spasmodic period of whooping-cough bromide of potash, in large doses, possesses a remarkable sedative effect—a therapeutical effect long recognized and acted upon in France. JOAL.

WEGENER, G. F.—Paralysis of Laryngeal Muscles as a Symptom of Tabes Dorsalis. *Dissertation, Berlin*, 1887.

THE author gives a bibliographical review of the subject, and relates two new cases of so-called "laryngeal crises" in tabes. These crises are fits of spastic cough, like whooping-cough, with dyspnœa, sometimes convulsions, and unconsciousness. As accompaniments of tabes they were first observed in France, and later by Kahler, and especially, Oppenheim. Afterwards, eight cases, with exact laryngoscopical examinations, were published by Weil, Krause, Landgraf, Krauss, and Knessner. All these cases present the same laryngoscopical appearances, viz., the permanent immobility of the vocal cords in the median line, or adduction. Such a constancy of results in all cases cannot be considered accidental, as Krause has asserted. The author insists upon the importance of laryngoscopical examination in central nervous affections. Therapeutically, potassic bromide and cocaine were of service. H. KRAUSE (Michael).

BESCHORNER (Dresden).—**Bilateral Paralysis of the Dilators of the Glottis caused by an Aneurism of the Aorta pressing on the Left Recurrent Nerve. Rupture of the Aneurism. Death.** *Monatschr. für Ohrenheilkunde*, No. 5, 1887.

THE title describes the case. MICHAEL.

BANDLER.—Idiopathic Abscess of the Larynx. *Präger Med. Wochenschrift*, No. 34, 1887.

ABSCESS of the larynx is a very rare disease. Thirteen cases are

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published by Mackenzie, and nine others are collected by Ziemssen The author has observed the following case :—A patient, thirty-seven years old, became ill without special cause, with fever, hoarseness, and stertorous respiration. With the finger could be felt, on the epiglottis, a tumour of the shape and size of a bean. The treatment consisted in external and internal application of ice. The following day the laryngoscope revealed a red tumour of the epiglottis with a yellowish coloured centre. The author made an incision, which was followed by the escape of a great deal of pus and great relief to the patient, who was completely cured in some days. MICHAEL.

POLHERAT.—Foreign Bodies in the Larynx. *Société Anatomique, July* 8, 1887.

THE author saw at the Hôpital Laennec an old woman, toothless, who, in gluttonously eating a piece of beefsteak, introduced it into the larynx, where it became fixed below the glottis. Attempts at extraction having failed, the patient died in eight minutes. In such a case ought one to perform tracheotomy ?

Veretière in 1879 saved a case at the Bicêtre which was at the point of asphyxiation from the same reason. JOAL.

EGIDI, F.—Rapid Tracheotomy by the St. Germain Process. *Gaz. Medc. di Roma, April*, 1887.

THE author relates a case of a boy, four years old, suffering from croup, and dying from suffocation, in whom there was scarcely time to operate even with the greatest rapidity. The author concludes from this case that the so-called "rapid process" may in some cases render the greatest service, and, therefore, modifies his views previously published in another place. MASSEI.

D'URTO, G.—Tracheotomy for Foreign Body. *Giorn. Internaz. delle Sc. Med.*, 1887.

AN old beggar, sixty-six years old, hastily eating a piece of meat, was suddenly taken with symptoms of dyspnœa, and applied to the Naples Hospital for Incurables. An examination with the finger yielded negative results as to the pharynx and larynx. Artificial respiration was resorted to and tracheotomy performed. (We cannot but deplore the absence at this important institution of a laryngoscope and a laryngoscopist. If a proper examination had been made by this method, no doubt the foreign body could have been extracted *per vias naturales* by the long forceps, without exposing the patient to the risks of tracheotomy, since the piece of meat was the same evening easily extracted by the forceps after the tracheotomy had been done.)

MASSEI.

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McNAUGHTON (Brooklyn). — **Intubation.** *New York Medical Record, June* 4, 1887.

THE dangers of intubation in unpractised hands—which should be made familiar by performing the operation on the cadaver—are clearly shown. Holding the finger too long in the larynx, forcing the tube through one of the ventricles of the larynx, pushing the membrane down in front of the tube (never known to occur on the first introduction), and placing the tube in the œsophagus instead of the glottic chink, are some of the unpleasant occurrences to the unskilled operator. On the other hand, the advantages are, when properly performed:

1. The consent of the relatives and friends is obtained early, and without difficulty. 2. The operation takes but a few moments. 3. The air enters by the proper channel, and is less irritating. 4. The cough has more expulsive power for forcing the bronchial mucus through the tube than in tracheotomy. 5. Intubation does not preclude tracheotomy. Statistical table shows 71 recoveries out of 280 cases—over 25 per cent.

WAXHAM, F. E. (Chicago).—**Intubation of the Larynx, with Inferences from 134 Operations.** *Journ. of Am. Med. Assoc., July* 30, 1887.

THE ages of Waxham's patients were as follows:—

5	cases with	1	recovery, or 20 per cent.	under 1 year.
15	,, ,,	3	recoveries, ,, 20 ,, ,,	between 1 and 2 years.
29	,, ,,	7	,, ,, 24 ,, ,,	2 ,,
23	,, ,,	4	,, ,, 21 ,, ,,	3 ,,
21	,, ,,	7	,, ,, 33 ,, ,,	4 ,,
15	,, ,,	7	,, ,, 46 ,, ,,	5 ,,
3	,, ,,	1	,, ,, 33 ,, ,,	6 ,,
9	,, ,,	2	,, ,, 22 ,, ,,	7 ,,
4	,, ,,	2	,, ,, 50 ,, ,,	8 ,,
2	,, ,,	2	,, ,,100 ,, ,,	9 ,,
2	,, ,,	0	,, ,, 0 ,, ,,	11 ,,
1	,, ,,	0	,, ,, 0 ,, ,,	14 ,,
7	,, ,,	0	,, ,, 0 ,, ,,	— ,,
136		37	27·20	Average age, 3 yrs 8 mns.

Seventy-two cases were three years old or under, with sixteen recoveries, or 22 per cent.; sixty-four were over three years, with twenty-one recoveries, or 32·8 per cent. The youngest to recover was nine months old, the oldest nine years. In every case false

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membrane was present. The longest period the tube was worn was two weeks, the child being but two years old, and making a perfect recovery. The shortest period the tube was worn was one hour, in a desperate case, with recovery. Dr. Waxham has not performed the operation until surgery is imperatively demanded. Dr. Waxham's paper gave rise to a lengthy discussion which is fully reported in the Journal, and will repay perusal. J. N. MACKENZIE.

MUDD, H. H. (St. Louis).—**Tracheotomy and Intubation.** *Journ. of the Am. Med. Ass., June* 25, 1887.

AFTER a lengthy critical discussion of the two methods, the author draws the following deductions:—Mechanical obstruction in the larynx demands relief when sufficiently great to threaten death. Tracheotomy, when performed under similar conditions with intubation, promises better result, because—

1. It does not interfere so much with deglutition and nutrition.
2. The opening can be maintained as long as desired.
3. The opening is larger, and is not so likely to become plugged with membrane.
4. If plugged, the tube can be removed by the most ignorant attendant.
5. It enables us to introduce moist, warm, pure air to the lungs.
6. It gives us a much better chance to clear and cleanse the trachea.
7. The operation is not more dangerous from hæmorrhage, from injury of important parts, from death from chloroform, narcosis, or from suffocation, than is intubation from the laceration of contiguous parts, from the escape of the tube into the stomach, or from suffocative attacks excited by manipulation, and by the detachment of membrane.

Intubation is, however, not to be condemned. It has its sphere of usefulness, and it may be said in its favour—

1. It is bloodless, and consent can be obtained when other operations would be denied.
2. It is more quickly performed, and is done without an anæsthetic.
3. It will relieve, ordinarily, the symptoms of dyspnœa.
4. It will probably find its chief benefit when applied to chronic obstructions of a cicatricial character. Its influence in acute cases will be pernicious, because it does not fulfil so well the necessities of the case, and will be resorted to by the unskilful and timid surgeon as an easy way out of a difficult position. J. N. MACKENZIE.

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WHEELER, J. B. (Burlington, Vt.).—**Intubation of the Larynx.** *New York Med. Journ., February* 26, 1887.

A GIRL of three and a half with membranous croup, cyanotic laboured respirations forty-eight to the minute, with dilated nostrils and recession of the ensiform cartilage, and pulse rate of 156, was intubated. In five minutes the respirations fell to thirty, and pulse rate to 120 a minute. Perfectly comfortable for twelve hours, the child then had a severe fit of coughing, and died suddenly. The tube was plugged with a large piece of false membrane, completely obstructing it. Skilled assistance was not at hand, or the result might have been different.

COHEN, SOLIS.—Description of a Modified Laryngectomy. *N. Y. Med. Journ., June* 18, 1887.

THIS operation removes the entire respiratory portion of the larynx, leaving the greater portion of the protecting thyroid cartilages undisturbed to perform their function as shields, and it should fulfil every indication which has prompted entire laryngectomy, being applicable to the unilateral as well as to the bilateral procedure. The following are the steps of the operation, which can be performed within two minutes:—

1. Make an incision from the hyoid bone to the lower border of the cricoid cartilage, exactly in the middle line.
2. Carefully separate the sterno-hyoid muscles.
3. Hold the soft parts aside, and, inserting one blade of a strong cutting forceps with narrow blades from above, beneath one wing of the thyroid cartilage, one-fourth of an inch from the angle of junction with its fellow, sever the cartilage vertically its entire length through to the crico-thyroid membrane.
4. Make a similar cut on the opposite side.
5. Seize the freed angular portion of the thyroid cartilage, comprising its entire respiratory contingent, with vulsellum forceps, and draw it to either side, the soft parts being separated meanwhile from the inner surfaces of the detached wings of the thyroid cartilages with the handle of the scalpel.
6. Make a transverse cut to sever the cricoid cartilage from the trachea. A sterilized cotton plug should be inserted into the upper end of the trachea, preliminary tracheotomy having been previously performed.

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7. Lift the cricoid cartilage forward, and carefully separate it with the edge of the knife from the inferior cornua of the thyroid, laterally and superiorly, and then from the œsophagus posteriorly.
8. Insert a finger into the pharynx from below, and carry its tip over the epiglottis to draw that structure down.
9. Divide the thyro-hyoid membrane and the fibrous tissues still holding.
10. Lift out the exsected respiratory portion of the larynx.

The arteries requiring ligature will comprise small branches of the superior, middle, and inferior laryngeals. The advantages alleged for this procedure are:

1. Rapidity, ease, and comparative safety to the patient.
2. The small size of the wound.
3. The preservation of the attachments of the thyro-hyoid ligament, and the greater part of the membrane, and of the thyro-hyoid, sterno-thyroid, stylo-pharyngeus, and inferior constrictor muscles; leaving important functional structures retained in their normal relations of deglutition, and a firm natural support for the adjustment of artificial substitutes for the larynx. The operation is applicable in all cases where the thyroid cartilage is not involved.

KÜSSNER (Halle).—**On the Physiological Process of Ventriloquy.** *Deutsch. Med. Wochenschr.*, No. 31, 1887.

By intonation whilst the glottis is very tightly closed with blowing only by use of the thoracic walls without the help of the abdomen (which must remain immobile), the singular timbre of the ventriloquist can be produced; but there are also some other factors, viz., the elongation of the mouth by depression of the larynx helps to change the timbre of the voice, which now seems to come from the deeper regions, and the tone becomes more peculiar still by the applied head voice. By reason of the mouth remaining closed in speaking the voice is less distinct, and gives the impression that it comes from a distant place. MICHAEL.

NECK, &c.

GRUZNER (Tubingen).—**Physiology of the Thyroid Gland.** *Deutsch. Med. Wochenschr.*, No. 32, 1887.

The author concludes that cachexia strumipriva is caused by a toxic substance which circulates in the blood, and which normally is

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