more laceration of the œsophagus than in the preceding case, and there was for some time a consecutive abscess, which finally was quite cured. The author finds the mortality in 42 cases which he found recorded amounting to 10, *i.e.*, 23·8 per cent. His opinion is, that this high mortality is not the result of the danger inherent to the operation, nor even to the length of time during which the foreign body has remained in the œsophagus, but that it is more probably due to the injury done to the œsophagus by the sharp and irregular form of the foreign body, especially when efforts at extraction have been continued for some time. He accordingly advises great prudence in this respect, and to operate as soon as possible.

GUYE.

LARYNX.

KOCH, PAUL.—Influence of the Laryngoscope on the Diagnosis of Extra-Laryngeal Affections. (Influence du Laryngoscope sur le Diagnostic des Affections Extra-Laryngiennes.) *Read before the French Association for the Advancement of Science, Nancy*, 1886.

THE author opens his address by reminding his hearers that rational therapeusis depends upon diagnosis, and that the number of symptoms necessarily increases with our means of investigation. While admitting that the treatment of laryngeal affections belongs to the specialist, he proceeds to point out how the laryngeal mirror renders great service in the diagnosis of general maladies. After referring to phthisis, Dr. Koch asserts that laryngeal ulceration is much more frequent in typhoid fever than is generally supposed, and that the diagnosis of it, as distinguished from purely nervous troubles, is of the highest importance. After reviewing in this connection such diseases as syphilis, small-pox, erysipelas, &c., the author passes on to acute articular rheumatism. Here the crico-arytenoid articulations are only exceptionally affected; but a laryngeal dyspnœa is explained by the discovery of round, painful swellings over the arytenoid cartilages. Next he reviews the various cervical and thoracic affections which may cause pressure on the recurrent laryngeal nerves. Passing on to the consideration of nervous affections he adverts to the frequency of laryngeal neuroses in locomotor ataxy, and refers to cases where the laryngoscope was the means of initiating a correct diagnosis. Finally, the author reviews hysterical affections; he asserts that they can be explained only on the assumption of cortical motor centres, and that they appear to confirm the

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observations of Horsley and Semon, according to whom the centres are bilateral and independent of the centre of speech, which is only unilateral. GREVILLE MACDONALD.

BRUCE (Bristol).—**The Laryngoscope in Medicine.** *Bristol Medico-Chirurgical Journal, Vol.* IV. *No.* 13. *September*, 1886.

NOTHING new.

NUVOLI.—Tracheotomy. *La Riforma Med.*, No. 223, *September* 27, 1886.

AT a meeting of the Società Lancisiana degli Ospedali di Roma, Dr. Nuvoli referred to an urgent tracheotomy, a bistoury being the only instrument available. The index finger in the tracheal incision sufficed to keep it open. MASSEI.

LUNN (Hull Royal Infirmary).—**Scald of the Larynx in a Child; Tracheotomy; Recovery.** *Lancet, December* 18, 1886.

THE title indicates the nature of the case.

PAULY (Posen).—**The Causes of Granulation Stenoses after Tracheotomy. (Die Ursachen der Granulationsstenosen nach Tracheotomie.)** *Deutsche Med. Wochens.*, No. 44, 1886.

A GOOD review of the literature of the subject. MICHAEL.

HANCE, N. H.—Intubation of the Larynx. *New York Medical Journal, October* 2, 1886.

THIS paper is a report of cases of membranous croup treated with O'Dwyer's tubes. The author prefers the tubes to tracheotomy for the following reasons :—

INTUBATION OF THE LARYNX.	TRACHEOTOMY.
The tubes produce no shock during introduction.	Tracheotomy sometimes produces fatal shock.
They are instantaneously introduced.	It requires from ten to thirty minutes to open the trachea.
They are easily introduced.	It is often a very difficult operation, especially in a child of from four to six years of age.
They cause no wound.	It leaves an extensive wound liable to diphtheritic poisoning, &c.
They clean themselves.	It requires constant care to keep the inner tube clean.
The inspired air is warm and moist.	Artificial means are necessary to make the air warm and moist.
There is no increased risk of a complicating pneumonia.	The escaped blood and other fluids into the trachea increases the risk of pneumonia.
There is no after treatment.	The wound requires to be treated after the removal of the tube.

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BOUCHUT.—On Intubation of the Larynx. (Sur le Tubage du Larynx.) *Gazette des Hôpitaux, November* 30, 1886.

REFERRING to recent literature, Dr. Bouchut relates the fact that nearly twenty years ago he, being then struck with the terrible inefficiency of tracheotomy, sought some means of replacing this operation, and read at the Academy of Medicine (in 1858) a memoir "On a New Method of Treating Croup by Tubage of the Larynx." He there sought to prove that it was easy to practise tubage of the larynx by means of a canula fixed on the vocal cords, and not interfering with the functions of the epiglottis. He added that it was possible to remedy in this manner the asphyxia of croup and other affections of the larynx, and that this method was to be preferred to tracheotomy. Trousseau then formulated this conclusion—Tubage cannot replace tracheotomy except in rare instances, and this is the principal means of dealing with croups in which other medical treatment has failed. Bouchut's communication was treated curiously as an unpatriotic attempt to depreciate a method of treatment "entirely French," and the discussion which followed took the character of a veritable "executien." Recent publications have proved that the Academy was wrong, and that Bouchut was right. JOAL

NEWMAN, D. (Glasgow).—**Case of Excision of the Larynx for Malignant Disease.** *Glasgow Medical Journal, November*, 1886.

EXHIBITION of patient before the Glasgow Pathological and Clinical Society, May 11, 1886, with details of the method of operating employed. The result has so far been highly satisfactory.

HUNTER MACKENZIE.

BROWNE, L.—Excision of left of the Larynx for Epithelioma; Recovery. *Medical Press, December* 22, 1886.

THE disease was extensive, involving the left vocal cord, and originating in the ventricle, and causing dyspnœa of eighteen months' duration. Tracheotomy having been performed, and Hahn's canula introduced, the major operation consisted in the separation of the perichondrium with the raspatory, and the removal of half of the thyroid and cricoid cartilages, and the whole of the arytenoid, but leaving the superior cornu intact. Only two arterial twigs required torsion, and the oozing was checked by the galvano-cautery. The tracheotomy tube was removed at the expiration of seventy-two hours, and six hours later he ate a mutton chop. On Christmas Day, the eleventh from the operation, he had turkey and champagne for dinner. On the thirteenth day his pulse was 80; temperature 98·8 degrees. GREVILLE MACDONALD.

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HOFMAN (Wien).—**Zur Kentniss der Entstehungsursachen von Kehlkopffracturen. (Contribution to the causes of Fracture of the Larynx.)** *Wien. Med. Woch.*, No. 44, 1886.

CASES seen by the author:—

1. Longitudinal fracture of the thyroid, and the posterior cornua, by a blow from a hatchet.
2. Fracture of the larynx from treading on the neck.
3. Laceration of the neck and multiple fracture of the larynx by the traces of a steam machine.
4. Multiple fractures of the larynx from a heavy stone.
5. The same from squeezing by a carriage.
6. A similar case.
7. A cutting wound of the neck made with a dull knife, both posterior cornua being fractured, without being cut, by forcible pressure against the vertebral column.

The author has seen four cases in which the fracture (of the larynx) was caused by falls on the head. The author concludes—

1. Fractures of the larynx, especially of the cornua majora and the cricoidea, can be caused by a direct force, especially if the cartilages have lost their elasticity.
2. They may also be caused by indirect force, compression, or traction.
3. Cutting of the throat with a dull instrument, or falls on the head, may also cause fracture. MICHAEL.

FRAENKEL, B. (Berlin).—**Erste Heilung eines Larynxcancroids vermittelst Ausrottung per vias naturales. (First Cure of a Laryngeal Cancer by Extirpation per vias naturales.)** *Langenbeck's Archiv f. Chir.*, *Bd.* xxxiv., *Heft* 2.

A PATIENT, seventy years of age, had a tumour on the right vocal cord of the size of a bean. This was extirpated by the cautery loop. Microscopically it proved to be a carcinoma. A year later it recurred, and was extirpated in the same manner. Two years afterwards it recurred, and was again extirpated. During the next three years, three returns, with extirpation after each. A carcinomatous gland of the neck was also removed by Professor Madelung. The patient is now seventy-five years of age, and for two years the larynx has shown no sign of any neoplasm. The voice is clear and loud. (This is a triumph of intra-laryngeal surgery.) MICHAEL.

CHARLES, D. H. — Œdematous Laryngitis; Tracheotomy; Glossitis, terminating in Abscess; severe Hæmorrhage from Tongue; Recovery. *Brit. Med. Jour.*, November 6, 1886.

THE case is stated to be one probably of contiguous œdematous

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laryngitis. The laryngoscopic appearances were: "epiglottis very much thickened, and of a deep red colour . . . . false cords also swollen and inflamed." A solution of nitrate of silver (f. ℥j. ad ℥j.) gave temporary relief to the dyspnœa; but ultimately laryngo-tracheotomy was performed under great difficulties. On the night of the operation the tongue was normal, while sixteen hours later it filled the mouth, the only assignable cause of the inflammation being extension from the epiglottis. Abscess formed, which on the fifth day opened spontaneously. Five days later alarming hæmorrhage set in, the source of which was not ascertainable, but which, although returning three or four times, yielded to astringents. The patient ultimately recovered, with wasting and partial loss of power in the tongue, which the author ascribes to degeneration of the muscular tissue.

G. MACDONALD.

PRIM, BASSOLS (Barcelona).—**Laringopatica Sifilitica no Ulcerada.** (**Laryngeal Syphilis without Ulceration.**) *Revista de Laring. Otol. y Rinologia. October*, 1886.

THE author relates a case showing that there are laryngeal syphilitic cases which do not yield to antispecific treatment. They last a long time, undergo exacerbations on the slightest provocation, as occurs in catarrhal laryngitis, and need, therefore, every precaution.

RAMON DE LA SOTA Y LASTRA.

MACKENZIE, HUNTER (Edinburgh).—**Chronic Laryngitis and its Sequelæ.** *Edinburgh Medical Journal, January*, 1887.

THE author directs attention to the propriety of not overlooking the fact that a neglected chronic laryngitis may drift into tubercular disease, or into the domain of distinct tumour-formation. In regard to the diagnosis of the former, he says it is frequently impossible to say by mere laryngoscopic examination when this degeneration has taken place; recourse must be had to the microscopical examination of the sputum for the bacilli of tubercle. The presence of elastic tissue in the sputum is misleading as an indication of tubercular disease either of the larynx or lungs. He holds that tubercle, first of the larynx and subsequently of the lungs, may be one of the sequelæ of chronic laryngitis (see confirmatory case, "Case of Laryngeal and Pulmonary Tuberculosis originating in Simple Chronic Laryngitis," *Lancet*, February 14, 1885). With reference to the formation of growths or tumours and their treatment, he cites a case of papillomatous disease of the larynx as a result of chronic laryngitis after measles, in which the performance of tracheotomy and the wearing of the canula not only relieved the breathing, but ultimately,

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without further treatment, effected the removal of the growth, and the restoration of the voice. He accounts for this by the rest and freedom from irritation afforded to the larynx by the performance of the operation, and he thinks it worthy of consideration whether this plan should not be adopted in all cases which evince a tendency to tubercular degeneration, or to the formation of distinct growths.

Attention is also directed to the fact that chronic inflammation may complicate or accompany the specific lesions of the larynx, *e.g.*, cancer, and unless great care be exercised, may render fallacious the results of microscopical examination of the pieces of the neoplasm which have been artificially or spontaneously discharged during life.

HUNTER MACKENZIE.

CHARAZAC (Toulouse).—**Contribution to the Study of Gummata of the Larynx. (Contribution a l'Etude des Gommes du Larynx.)** *Rev. Med. de Toulouse, October*, 1886.

GUMMATA of the larynx occur oftenest among men. They are met with under the infiltrated or ulcerating form. In the first form, the lesion is circumscribed or diffused; the subjective symptoms in these cases consist in troubles of respiration, phonation, and deglutition. The respiratory troubles vary with the extent of the swelling; affection of the voice, hoarseness, and dysphagia occur only when the epiglottis is infiltrated. Pain is rare, but that it does occur sometimes the author relates an example. Laryngoscopic examination determines the seat, extent, and period of evolution of the gummata. Ulcerated gummata are of graver import than the infiltrated form, and the diagnosis is more difficult. Dr. Charazac studies the symptoms which differentiate gummata from phthisis, cancer, hypertrophic laryngitis, leprosy, and lupus, ending with some remarks as to treatment.

JOAL.

CARTAZ, A.—On Crico-Arytenoid Arthritis at the commencement of Tubercular Laryngitis. (De l'Arthrite Crico-Arytenoidienne au début de la Tuberculose Laryngée.) *France Médicale, November*, 1886.

A CERTAIN number of so-called paralyses of the vocal cords are simply the result of defective mobility of the cartilages, and not of any direct nervous lesion, compression, or alteration of the intrinsic muscles of the larynx. Tuberculosis seems to be one of the conditions in which crico-arytenoid arthritis may supervene the most frequently. Tubercular laryngitis very constantly shows its firs t

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alterations in the arytenoid region, and it is with these primitive lesions that Cartaz occupies himself. This author relates two cases in which crico-arytenoid arthritis and a consecutive ankylosis were the first manifestations of tuberculosis. This was brought about in the following manner: at first, tubercular infiltration in the region of the cricoid and arytenoids, which led to perichondritis, then inflammation of the cartilage and the articular surfaces, and finally to pseudo-ankylosis. The diagnosis of ankylosis, unilateral or bilateral and of the different vocal paralyses, is very often most difficult; but there are two signs which may be taken to indicate a lesion of the articulation, viz., pain localized over the articulation, especially in transmission of the voice, and tumefaction of the arytenoid region.

JOAL.

TRIFILETTI, A.—On the Value of Clinical Diagnosis in a Case of Paralysis of the Adductor of the left Vocal Cord. *Archiv. Ital. di Laring., An. VI., Fasc. 3 and 4.*

THE author wishes to point out the no small difficulty sometimes attending the differential diagnosis, anatomical as well as etiological, between paralysis of the abductors and that of the adductors. He first regards the question from the side of anatomical diagnosis, and discusses, as causes of the difficulty, the simultaneous action of the two muscular groups, and the small space in which the lesion is included, no less than the gradual development of the special paralysis; he then speaks of the etiological diagnosis, and considers that many lesions of internal organs, in their early stages, are not appreciable by physical examination, that at the same time it is common to assume the action of remote causes, through which are produced paralysis equally of the abductors and adductors, and that finally a central nerve lesion or pressure on the recurrents may induce indifferently either of the two paralyses.

From this he infers that to obtain an exact diagnosis, one must estimate both anatomical and etiological observations, making them agree with the results of practical medicine. In fact, he summarizes in clinical order, the bearings on the differential diagnosis between the two groups of muscles, and applies his remarks to a case observed in the Clinical Hospital of Naples. He relates the history and objective examination of the patient. Summarizing all the data, anamnestic, etiological, anatomical, curative, and clinical, he was enabled to establish a diagnosis. The article is written with a marked precision of detail, although the purely clinical aspect is somewhat faulty.

MASSEI.

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PRAMBERGER (Graz).—**Laryngologische Studien. (Laryngological Essays.)** *Deutsches Archiv für klin. Med., Bd.* xxxix., p. 259.

1. *Case of Tuberculosis* with especial implication of the under parts of the cornua laryngis. The author makes the very true remark that large granulations in the posterior part of the interarytænoid region are very often seen in patients whose aspect and whole constitution would lead us to expect tuberculosis.

2. *Syphilitic Affection of the Larynx* with gummata and ulcers.

3. *Epithelioma of the Pharynx.* The patient, thirty-eight years old, had had syphilis fourteen years previously. He complained of hoarseness and dysphagia. In the lungs was found consolidation of the right apex. In the deeper parts of the pharynx on the right side, a large ulceration was seen with the laryngoscope. No enlarged glands. Iodide of potassium and mercury were exhibited without effect. After two months the patient died of consumption. The autopsy revealed carcinoma of the pharynx, and tuberculosis of the left lung.

4. *Primary Epithelioma of the Larynx.* Case without special interest.

5. *Paralysis of the Right Cricoarytænoideus Posticus.* These cases are not seen very often, because unilateral paralysis does not produce any symptoms. This patient came under treatment only for pharyngitis granulosa. The voice was sometimes hoarse, and always rather deep. The etiological factor was enlarged cervical glands.

MICHAEL (Hamburg).

PILTAU.—The Influence of Respiration on Singing, and the Passive Tension of the Vocal Cords. (De l'Influence de la Respiration dans le Chant, et de la Tension Passive des Cordes Vocales.) *Tribune Medicale, October,* 1886.

EXPERIMENTS made in the laboratories of Paul Bert and Marey, lead the author to the following conclusions:—

1. That the absolute velocity of the shock of air in vocal expiration rules the height of the sound.
2. The magnitude of the pressure variations of the subglottic column of air rules the intensity of the sound.
3. The regularity of the expiratory air current determines the clearness of the sound.
4. The "chest voice" is the result of a pressure sufficient to give complete shock to the inferior vocal cords.
5. The "head voice" is obtained by a low intra-tracheal pressure.

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6. The "timbre" of the voice depends upon the lowering of the larynx, and epiglottic, pharyngeal, buccal, and nasal modifications. JOAL.

PARKER, R. W.—Endo-Tracheitis and Endo-Bronchitis. *Transactions Path. Soc. Lond., Vol.* xxxvii., 1886.

THE account of the case was interesting, both from the nature of the lesion and its extent. The change was essentially endo-tracheal, and, probably, also primarily endo-bronchial. In the trachea the pathological process was confined to the interior of the tube, but in the lung there were extensive peri-bronchial changes. The author regarded these as secondary, and set up by retention of the secretions. The calibre of the trachea was reduced to one-third of its normal size, while the left bronchus was almost completely occluded. It was remarkable how little dyspnœa there was until within a few days of death. The patient was a boy of fifteen years.

GREVILLE MACDONALD.

NECK, &c.

HORSLEY, V.—The Pathology of the Thyroid Gland. *The Brown Lectures (delivered at the London University), Lancet, December* 18, 1886.

THE lecturer suggested that, probably, the thyroid gland is "hæmapoietic as the result of some metamorphosing influence it may have on the fluid constituents of the blood." Recognising the accuracy of Wooldridge's recent observations, that the mere action of cold upon corpuscle-free blood-plasma could produce a precipitate of biconcave discs, it might be further suggested that the thyroid gland may possess a cytopoietic function in an indirect fashion, blood discs being precipitated from the fluid blood-plasma, by some method as yet unknown. Such a process might be part of the hæmapoietic function of the gland.

Next, discussing the histology of the gland, Mr. Horsley referred to the lump of embryonic tissue which exists in a large quantity, in some animals, separately and distinctly encapsuled. The lecturer did not accept Virchow's view that this could be the homologue of a single acinus, research having tended to negative the view that this embryonic tissue could ever develop into acini. Of the nature of the large parenchymatous cells described by Weber, we are also in

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