and two days after the cure was complete. The patient extruded by Wharton's duct a small stone of the size and form of a grain of corn.

Sota y Lastra.

BURKHARDT (Stuttgart).—**On the Opening of Retro-Pharyngeal Abscesses.** *Centralb. für Chirurgie*, 1888, No. 4.

THE author proposes to open such abscesses of the pharynx as are very deep not from the mouth but from the neck. He has performed this operation in three cases with good results. **Michael.**

TESSIER. — Stricture of the Œsophagus and Tuberculosis. *Annales des Mal. de Larynx. November*, 1887.

THE cause of the stricture lies—1. In the œsophagus. 2. In its vicinity. In the first case there are troubles of deglutition as in cancer, dyspnœa, crises of suffocation, and progressive loss of flesh; this tuberculous stricture shows itself in patients from thirty-five to forty-five years old. In the diagnosis too much stress must not be placed on pulmonary signs of tuberculosis, for cancerous stricture sometimes grows out of the first signs of pulmonary tuberculosis. But when vomiting of blood takes place at the commencement of the affection, or at least at an early stage, the appearances point more to phthisis, regurgitations of blood in cancer happening at a more advanced stage. Another proof in favour of tuberculosis is the prior pulmonary lesion, the phthisis of cancerous persons being an affection of the ultimate phase. The anatomical lesions which give rise to this kind of stricture consist of one or two greenish-looking ulcerations with clean edges, little raised, situated on an indurated basis more or less prominent; thus the degree of stricture is generally slight. When the cause of the stricture is situated in the œsophagus, propagation of the tuberculosis results from contiguity or glandular compression; in laryngeal tuberculosis it is when there is perichondritis of the cricoid cartilage that the œsophagus is most liable to lesion.

Joal.

LARYNX.

CASADESÚS, ROQUER.—The Progress of Laryngology constitutes a Positive Advance in Medicine. *Revista de Laryngologia, Otologia, y Rinologia, January and February*, 1888.

IT seems incredible that it is still necessary to maintain such a thesis before a scientific society, but it is nevertheless true. **Sota y Lastra.**

BARON, BARCLAY J. (Bristol).—**Comments on a Case of Extremely Acute Œdematous Laryngitis.** *British Medical Journal, December* 17, 1887.

THE author considers the points of interest in the case as follow:—(1). *The extreme rapidity of onset.* Only three hours elapsed between the first feeling of pain in the ear and the development of a condition of intense laryngeal spasm and dyspnœa. (2). *Its etiology.* "It was a

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case of contiguous œdematous laryngitis, which spread from a merely trifling pharyngeal congestion in a woman debilitated by rapid child-bearing and by 'cold in the head,' with the accompanying feverishness, &c., from which she had suffered for two months previously." The case was successfully treated by poultices and sedative inhalations, and by nutrient enemata. **Hunter Mackenzie.**

KOEBERLE (Strasburg).—**Polypous Tumours of the Larynx; Imminent Asphyxia; Laryngotomy.** *Allg. Wiener. Med. Zeitz.* 1887, No. 48.

THE author operates in Roser's position, with hanging head. He performs laryngotomy without previous tracheotomy, on the ground that the canula has an irritating effect. He takes care that a permanent opening by a closed canula remains in the larynx, in order to be able to treat every recurrence of the tumours without further operation. The papillary tumour, in this particular case, was an epithelioma, and was removed by a forceps, the branches of which were sharp spoons. **Michael.**

MOLLIERE, DANIEL.—Laryngotomy in a Case of Epithelioma of the Larynx. *Bulletin Médical, December* 27, 1887.

A DIAGNOSIS of the affection was made by Dr. Garel, who saw a warty tumour, as large as a walnut, occupying the arytenoid eminence and the left aryteno-epiglottidean fold. The left vocal cord was covered by the neoplasm; the right side was free. Tracheotomy was performed, and Trendelenburg's canula introduced, and the larynx was then immediately incised and the tumour removed with curved scissors. The recovery was rapid. Laryngotomy is then an operation which ought to be included in regular course of surgery at the hospitals. **Joal.**

CACCIOPOLI, Prof. G. — The First Extirpation of the Larynx Performed in Naples. *Il Progresso Medico*, 1888.

A SHORT account of the reasons for which it was decided to perform laryngotomy.

A woman, fifty-two years old, was operated upon December 14, 1887, by the same surgeon, for a large tumour (soft sarcoma) of the thyroid gland, which interfered with the breathing, and the weight of which (as stated after the extirpation) was 960 grammes. Three weeks later there was a recurrence, which was treated by Volkmann's spoon and cauterization. A later recurrence necessitated a third very difficult operation, during which the professor was able easily to convince himself that the tumour was adherent to the thyroid and cricoid cartilages and the first rings of the trachea. On February 7. a new tumour was found, involving the right half of the thyroid cartilage. Laryngectomy was decided upon, and performed on February 19. The abstractor, who had the honour of being present, is very happy to congratulate the operator. Up till now everything has progressed satisfactorily. The larynx and the first six rings of the trachea were extirpated, and it is to be hodep that the thirteenth laryngectomy practised by Italian surgeons may be crov red with complete and satisfactory success. **Massei.**

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DEMONS.—Extirpation of the Larynx. *Acad. Médecine, December* 20, 1887.

M. DEMONS, a distinguished professor of the school of Bordeaux, relates his observations on two patients whose larynxes he extirpated, partially in the one case and totally in the other. These two patients had epithelial tumours; they were operated upon, the one in May, the other in June, and are now in a satisfactory condition. Resting on these two facts, Demons considers that extirpation of the larynx ought to be regarded as a good operation, superior in practice as well as in theory to the palliative one of tracheotomy, though recurrences, which are the breakers ahead in all operations performed for cancer, are always to be dreaded. Epitheliomas, the progress of which is slow, and which have not passed the laryngeal cavity and invaded the lymphatic system, constitute, according to the author, the most favourable cases for the operation. **Joal.**

MAYDL (Wien.).—**The Prognosis of Extirpation of the Larynx.** *Internat. Klin. Rundschau*, 1888, No. 425.

THE author related that in one of his cases, which had been free from recurrence for twenty-five months, this afterwards occurred, and he therefore believes that a case cannot be considered to be definitely cured until three years after operation, merely because recurrence has not been observed within this time. Of sixty-five cases operated on, thirty died in a short time after operation, twenty died within nine months after operation from recurrence, eight cases were at this time without recurrence, but in only two cases could it be said that a definite cure was effected (thirty-four months and four years after operation). **Michael.**

RUAULT.—Examination of the Larynx and Nose of a Leper. *Archives de Laryngologie, December*, 1887.

THE face, ears, and limbs of the patient, aged thirty-six, are covered with leprous tubercles and numerous ulcerations. There was found—1. Perforation of the cartilaginous septum, which was almost wholly destroyed; the inferior turbinated bodies were reduced to small size; the middle turbinated bodies were thick and ulcerated: the roof was a dirty yellow colour. 2. In the mouth and pharynx, the teeth were laid bare, the gums ulcerated, the palatine arch had an ulceration in the middle; there were also found two ulcerations on the left side of the tongue. 3. In the larynx, the epiglottis was very large, it had been thickened by more than a centimètre; on its free side there were badly defined or crater-like erosions, the vocal cords had lost their pearly aspect, and were yellowish and rough, and their free edges were serrated; all the larynx was the same reddish colour. The mobility of the larynx appeared diminished but not abolished. **Joal.**

MASSINI, G.—On the Motor Centres of the Larynx. *Archiv Ital. di Laringol*, 1888.

THIS is a monograph of forty-three pages, in which the author founds certain conclusions on the clinical cases published up to the present, and on

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his own experiments undertaken at Florence, in the laboratory of Prof. Luciani, as follow:—

1. There is in the anterior hemispheres of man a zone which presides over the movements of the glottis.

2. This zone probably is situated in the third frontal convolution, near Broca's area and the base of the ascending frontal.

3. Lesions of this zone give rise to lasting paralysis of the glottis, aphonia, raucous voice, and diphthonia.

4. Paralysis of sensibility follows on motor-paralysis.

This latest study of the author sheds a new light on certain pathological problems; and if Massini is not always in accord with Krause, both of them have, nevertheless, the merit of having contributed much to our scientific knowledge of the subject. **Massei.**

FASANO, A.—Contribution to the Study of Laryngeal Chorea. *Bol. delle Mal. dell' Orecchio, etc.*, 1887.

TWO cases are related, but the symptoms are not sufficiently marked in either. The author agrees with *Schrötter* and not with *Massei* in considering the disease as a motor and not as a sensory condition, although he employs remedies suggested by the latter, and the only argument which he claims is the application of the galvanic current. (The abstractor is of opinion that before long the term "chorea laryngis" will cease to be applied to the morbid condition so well described by Schrötter.) **Massei.**

SIMANOWSKI (St. Petersburg).—**On Vibration of the Vocal Cords in Paralyses of the different Muscles of the Larynx.** *Pflüger's Archiv*, Bd. 42, Heft. 324, 1888.

THE author has studied the musical vibrations of the vocal cords in dogs. In his experiments he made use of dogs which gave musical tones while they were on the operating table.

Experiment I. Destruction of the right crico-thyroid muscle. The right cords and the right ventricle of Morgagni could be better seen than the left. The right cord, during singing, lay deeper than the left. The dog gave three tones of the bass register. The stroboscope showed sometimes alternating, sometimes synchronous vibrations of the vocal cords; on louder phonation only synchronous vibrations.

Experiment II. Resection of a portion of the superior laryngeal nerve (seven centimètres in length). The right vocal cord seemed, during respiration, to be larger than the left. The stroboscope showed synchronous vibrations during higher tones, alternating with deep tones. In higher tones the right vocal cord seemed to be longer than the left. The dog produced seven tones—*si, do, re, mi, fa. fa-dies.*

Experiment III. After destruction of both nerves or both muscles the tone produced was one and a-half octaves deeper than before. The vocal cords were like unfilled sails. The stroboscope showed synchronous vibrations.

In a case of paralysis of the right vocal cord in a man, the stroboscope showed that during deeper tones the non-paralyzed vocal cord executed

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regular vibrations, the paralyzed cord resting immovable. In production of higher tones synchronous vibrations of both vocal cords occurred.

Michael.

WAGNIER.—Nodules of the Vocal Cords. *Rev. Mensuelle, February*, 1888.

IN the course of acute laryngitis, or more often in the chronic form, one sometimes observes an irregularity of the edge of one of the vocal cords, or of both at a time. These irregularities, increasing, form at length on the edge of the vocal cords small nodules which occur in catarrhal inflammation. These nodules are noticed especially in persons who, by profession, speak with effort, or sing during laryngeal inflammation—lyric artistes are most prone to this affection. The site of the nodules varies wonderfully little; they are almost always to be seen towards the middle of the inferior vocal cords and nearer their anterior commisure. They seldom exceed in thickness the head of a pin: they are generally bilateral, and in this case always symmetrical and exactly facing one another; the unilateral are larger and less amenable to treatment. In the case of the small nodules, phonation is little affected in the bass tones; on the contrary, the utterance of high notes becomes an impossibility in the chest register, and can only take place in the falsetto; even this latter is very limited, and the highest notes cannot be produced. The voice is clearer in the "*forte*," and in some cases there is a simultaneous utterance of two different sounds, of which artistes are well aware; these sounds may correspond to a musical interval, *e.g.*, a third, but this is not always the case. Nodules once formed often continue indefinitely without increasing, and sometimes even disappear spontaneously; they sometimes recur after being driven away by the treatment, and can even change into real polypi. They result from an inflammatory condition, and form a hyperplasia which, limited at first to the epithelium, may include all the elements of the mucosa. Treatment—nitrate of silver, chromic acid, galvano-cautery.

Joal.

ESPINA Y CAPO.—Treatment of the Complications of Laryngeal and Pulmonary Tuberculosis. *Revista de Medicina y Cirugia Practicas, January 7 and 22, and February 22*, 1888.

IN the first lecture which the author gave upon this subject in the Central Hospital of Madrid, he claimed, for arrest of hæmoptysis, essential oil of turpentine; of capillary hæmorrhages, carbolic acid; of abundant hæmoptysis, ipecacuanha and bleeding; and in either case, ergot, digitalis, sulphate of quinine, and opium, revulsive and derivative methods.

Sota y Lastra.

OLTUSCHEWSKY (Warschau).—**Contribution to the Effect of Lactic Acid in Laryngeal Tuberculosis.** *Deutsch. Med. Wochenschr.* 88, No. 8.

COMMUNICATION of nine cases, with cure of the ulcers in six cases, improvement of the ulcers in one case, improvement of deglutition in one case, and negative results in one case. In slight cases the author brushes with the acid; in cases where there is infiltration he first applies the sharp spoon and then the acid.

Michael.

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WOLFENDEN (London).—**Intubation of the Larynx.** *Archiv für Kinderheilk*, Bd. 9, Heft. 3.

A GERMAN translation of Dr. Wolfenden's article in the first number of this Journal, by Michael, with an appendix by the translator on additional publications upon this method since the appearance of the article.

Michael.

CARDONE.—Statistical Review of the Laryngological Clinic of Prof. Massei. *Progresso Medico (Randiconti dell' ano Scolastico*, 1886—87*). (Anno VI.)*

PATIENTS observed and treated, 1870 :—604 with inflammatory affections ; 89, syphilitic ; 61, tubercular ; 37, nervous ; 47, neoplasms : with 32 diverse cases. Amongst others occurred a case of acute hæmorrhagic laryngitis, one of primitive tuberculosis of the larynx, another of tuberculosis of the tongue. Among syphilitic affections occurred a case of condyloma of the larynx, several of gummata and pharyngo-laryngeal stenoses. Amongst nervous affections (pareses, paralyses, spasm of the glottis, spastic cough, etc.) deserving of special notice was one case of hysterical aphonia, cured by hypnotism ; one of laryngeal paralysis in tabes dorsalis ; one of laryngeal paralysis, due to central cortical lesion ; many cases of undeveloped voice cured by vocal gymnastics. The neoplasms included three remarkable cases : one a papillary myxoma of the mouth in a small child ; one a sarcoma of the pharynx ; and an enormous naso-pharyngeal fibroma. Some cases of hæmatoma of the nasal septum, of œsophageal stenosis, and a case of foreign body in the air-passages, expelled after tracheotomy, are also recorded. **Massei.**

LUCAS, ROBERT (Dalkeith, N.B.).—**Case of Syphilitic Gumma situated in the Trachea successfully treated by Large Doses of Iodide of Potassium.** *British Medical Journal, December* 24, 1887.

RECORD of a case, with an undoubted history of syphilis, in which a large tumour occupied almost the entire lumen of the trachea below the vocal cords, and was apparently attached to its anterior wall. Soon afterwards cheesy degeneration commenced in the centre of the growth. *Mirabile dictu !* this tumour, which had been diagnosed to be of a tertiary syphilitic nature, yielded to the iodide of potassium in large doses !

Hunter Mackenzie.

LUC.—Notes on a case of Fœtid Tracheitis, in connection with Ozæna. *Soc. Méd. Pratique, December* 8, 1887.

A PATIENT was attacked with ozæna ; in spite of the irrigations of the nose the fœtidity of the breath remained, which did not coincide with the views of the author relative to the pathogeny of the unpleasant odour which characterises ozæna. Having observed that the breath was as fœtid in buccal as in nasal respiration, Dr. Luc thought of examining the larynx, which appeared normal, but having requested the patient to take deep inspirations he was enabled to see, in the interval between the vocal cords, the trachea literally covered with crusts of greenish yellow

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mucus, showing the most complete analogy with the indications constantly found in the nasal fossæ of patients with ozæna. In the sputum of the patient were discovered, after colouring with aniline, besides isolated cocci and bacterii of different sizes, diplococci, corresponding to the description given by Lœwenberg of micro-organisms. which are, he believes, the active agents of the fermentation peculiar to ozæna. Luc has made bibliographical researches, and has found an analogous case of B. Fraenkel. **Joal.**

NECK, &c.

MUNK.—Researches on the Thyroid Gland. *Sitzungsberichte der Königlisch Preussichen, Akademie der Wissensch. zu Berlin*, 1887.

EXPERIMENTS on animals (dogs and monkeys) prove that neither the extirpation of the gland, nor the destruction of its tissues by ligature of all nerves and vessels, causes disturbance of any function, and it must therefore be admitted that the existence of the gland is not at all necessary for life or health, and that cachexia strumipriva is only to be looked upon as an unfortunate occurrence, and is not to be considered as a necessary consequence of extirpation. **Michael.**

HAHN (Berlin).—**A Method of Removing large portions of Goître without Tamponning, and without loss of Blood.** *Langenbeck's Archiv*, Bd. 36, Heft. 3.

ALL the arteries of the thyroid gland must be ligated. After incision of the capsule it is then possible to remove portions of the adenoid tissue as large as desired. It is not necessary to apply the spoon. Cutting-instruments can be used, and in this manner it is possible to avoid destruction of the remaining tissue. One case illustrates the method. **Michael.**

ZESAS (Berlin).—**Fifty Excisions of the Thyroid Gland. A Contribution to the Surgical Treatment of Goitres.** *Langenbeck's Archiv*, Bd. 36, Heft. 3.

REPORT of fifty cases, with remarks on cachexia strumipriva, and the methods of operation. The author recommends the method of Socin. **Michael.**

ZIEM.—Abscess of the Orbit and Fistula of the Lachrymal Sac from Suppuration of the Antrum of Highmore. *Allg. Med. Cent.*, 1887. *No.* 37.

THE combination of these three affections arose by continuity from the suppuration of the antrum. **Michael.**

OSBORN, S.—Staining of Skin from Nitrate of Silver.

REFERRING to recently published cases of this affection from painting the throat with nitrate of silver, the writer asks, How long is the period

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