**STROEM, H.** (Christiania).—**Foreign Body in the Œsophagus. External Œsophagotomy. Cure.** *Norsk Magazin for Laeger, December*, 1887.

THE patient, a male lunatic, aged twenty-eight, tried to commit suicide by swallowing a large stone, weighing 50 grammes, and being 5·1 centimètres long, 2·7 broad, and 2·8 thick. By external œsophagotomy, which was performed twenty-three hours after the occurrence, the stone was removed with some difficulty, owing to its large size and deep position, being situated at the level of the second rib on the left side. For the first two days the patient was nourished by clysmata, the third day the patient could take liquid food, and a fortnight later he had recovered. The wound in the œsophagus was united with catgut.

**Holger Mygind.**

**OPITZ** (Chemnitz).—**On Blind Ending of the Œsophagus, and the Nature of Amniotic Fluids.** *Allg. Deutsche. Hebammenzeitung*, 88, *No.* 1.

A CHILD, aged four days, normal to all appearance, vomited all fluids which it retained for a short time after swallowing them. A probe could be introduced into the œsophagus only as far as the cricoid cartilage. The child died some days later, and the post-mortem examination showed the œsophagus ending in a *cul-de-sac*. The intestines were filled with meconium. The case showed that the amniotic fluid has nothing to do with the nutrition of the fœtus. **Michael.**

# LARYNX.

**PALMER, A. L.** (Toronto).—**Intubation of the Larynx.** *Canadian Practitioner*, 1887.

THE author reports a case of intubation of the larynx in a child aged five years, the subject of diphtheria. The patient died twenty-eight hours after the operation from lung complications. The post-mortem examination showed the membrane extending beyond the point reached by the lower end of the tube. Attention is called to the danger attending the prolonged attempt at introduction of the tube, as also to the risk of giving liquid nourishment. **G. W. Major.**

**ATHERTON, A. R.** (Toronto).—**Case of Fracture of the Larynx.** *Canadian Practitioner*, 1887.

A CASE of fracture of the larynx, the result of mechanical injury. Breathing became instantaneously difficult, the face, neck, and chest enormously swollen. The extension downwards of the emphysema was arrested by

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the waist-band of the trousers. The superficial wound was half an inch in extent. Tracheotomy was performed, and a good recovery ensued.

**G. W. Major.**

**SCHWEIG, H.—Some of the Causes of Vocal Disturbance.** *New York Medical Journal, January* 28, 1888.

THE author warns against the too common practice of treating the upper air passages by energetic surgical methods. He has for some years placed reliance on constitutional local treatment in a great many cases of vocal disability. He finds many cases originating in uterine and ovarian disorders, and gastric disturbance, persistent constipation, and other causes of disturbance of the general health. Others owe their origin to the abuse of tobacco and alcohol as specific catarrh, leading to slow changes in the structure of the lining membrane of the throat, malaria, rheumatic tonsillar affections.

The abuse of surgical methods, galvano-cautery, and caustics, sometimes leads to cicatricial contractions exerting a deleterious effect on the voice. Constitutional treatment should always be adopted, and the author warns against the danger of accepting that which is discovered by the laryngoscope as necessarily a primary ailment.

**Norris Wolfenden.**

**MAJOR, GEORGE W.** (Montreal).—*Proceedings of the Montreal Medico-Chirurgical Society*, 1887.

1. A LARGE papillomatous growth removed with Schrötter's forceps, and afterwards curetted.

2. Cyst of vocal cord. The cyst was situated on the free margin of the right vocal cord, very far anteriorly. The voice was not under control. The tumour was removed with Mackenzie's antero-posterior cutting forceps. An immediate restoration of natural voice was the result, a condition absent for seventeen years. Dr. Wyatt Johnston reported the boundaries of the cyst as distinctly formed of fibrous tissue, with a thin layer of epithelium over the inner surface. The cyst probably originated in inflammatory obstruction of one of the mucous glands. The voice has remained permanently good, and is now under perfect control.

**G. W. Major.**

**SREBRNY.—Pharyngeal and Laryngeal Tuberculosis, and New Methods of Treatment.** *Gaz. Lekarska, No.* 9, 1888.

THE author after having reviewed the different methods for the local treatment of infiltrations and tuberculous ulcerations, and after having stated that all these methods are good, and give positive results, and that the cure of tubercular laryngeal ulcerations is already an incontestable fact, arrives at the conclusion that to cure also phthisis of the lungs one ought to try (following Reichert's idea) to reach the lungs with parasiticide fluids, with this modification of the original idea—that before beginning this treatment tracheotomy should be performed on the patient, and the end of the pulverisator should be introduced through the opening of the

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tracheotomy canula, and not through the glottis as was done by Reichert. The author thinks that the first attempts of this kind should be made on phthisical patients tracheotomized on account of stenosis of the larynx.

**Constantin Karwowski.**

**MAJOR, GEORGE W.** (Montreal).—**Arytenoid Disease.** *Proceedings Montreal Medico-Chirurgical Society*, 1887.

THE subject was illustrated by a number of demonstrations. The object of the communication was to point out the comparative frequency of disease of the arytenoid joint, and to call attention to the fact that a percentage of cases described as of the nature of paralysis were, in point of fact, anchylosis of the crico-arytenoid joint, of greater or less degree.

**G. W. Major.**

**MAJOR, GEORGE W.** (Montreal).—*Proceedings Montreal Medico-Chirurgical Society*, 1887.

1. COMPLETE paralysis of right vocal cord, resulting from pressure of a fibroid tumour on the recurrent nerve. 2. Early laryngeal œdema (tuberculous), with an absence of lung signs. 3. Three cases of laryngeal papillomata. 4. A laryngometer: A mirror, engraved on its reflecting surface, for making measurements in the larynx. **G, W. Major.**

**STOERK** (Vienna).—**The Cause of the Shock following Extirpation of the Larynx.** *Wiener Med. Wochenschr.*, 1888, *No.* 12.

AFTER extirpation of the larynx death follows from paralysis of the heart. The author says that this is caused by the destruction of the ramus cardiacus nervi vagi which sometimes is imbedded in the mucous membrane of the posterior laryngeal wall. Whenever possible, therefore, this part of the mucous membrane should be preserved. **Michael.**

**LEWIN, G.** (Berlin).—**Contribution to the Knowledge of Perichondritis Laryngea, with Special Relation to Syphilis.** *Charité Annalen*, 1887.

THE author refers to a case of idiopathic perichondritis with necrosis of the left part of the cricoid cartilage. The case has been diagnosed as syphilitic and treated in this manner. Primary perichondritis differs in some points from the secondary form. The swelling of the parts is characteristic; an abscess often follows. As consecutive affections, œdema of the larynx and ankylosis of the crico-arytenoid articulation are often seen. In cases of stenosis tracheotomy must be performed and abscesses must be opened. In specific perichondritis an anti-syphilitic treatment must be administered. **Michael.**

**BOSLEY, G. H.** (New York).—**A Case of Laryngeal Stenosis due to Compression by Goître. Operation. Recovery.** *New York Med. Journ., January* 28, 1888.

THE author thinks this the first case in which laryngeal stenosis has been reported due to a hypertrophied thyroid gland, several such cases

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having been recorded in which the gland was affected with malignant disease. Sudden asphyxia being imminent, the author with a scalpel made an incision on to the trachea, at the upper border of the tumour, cutting through an inch of the enlarged gland. In consequence of collapse of the tracheal walls lower down preventing the entry of air, the author inserted into the trachea, a Jacques' catheter with its end cut off, which he passed into the obstruction, and which was replaced by a No. 10 English gum catheter, and later on by a Koenig's silver tracheal tube. Subsequently the enlargement was treated by injections of tincture of iodine. She wore the silver tube eight months; on attempting to remove it the trachea again collapsed, and it had to be re-inserted. Seven months after the long tube was removed and the short one inserted, the patient having meanwhile been put on treatment with lacto-phosphate of lime (to harden the tracheal rings), acetate of iron and quinine: five weeks afterwards the short tube was also dispensed with; a week afterwards the tracheal wound was completely closed, the neck of normal size, and "laryngoscopic examination showed the larynx and trachea perfect in every respect." **Norris Wolfenden.**

**POLLAK** (Prague).—**Contribution to the Knowledge of Early Forms of Laryngeal Syphilis.** *Monatschr. für Dermat.*, 1888, *No.* 7.

(1) MACULA syphilitica were seen in eleven cases. They are now seen only in a few cases because they do not generally cause any symptoms, and are only found by systematic laryngoscopical examination of all syphilitic subjects.

(2) Papulæ laryngis were seen in ten cases.

(3) Catarrhus syphiliticus. From the laryngoscope merely, it is rather difficult to differentiate between common and specific catarrhs. The latter are, in most cases, more circumscribed and more often combined with ulcers and erosions. The diagnosis is confirmed by the prompt effect of anti-syphilitic treatment. Eleven per cent. of all syphilitic patients examined have had an affection of the larynx. **Michael.**

**SOKOLOWSKI.—Contribution to the Casuistics of Laryngeal Polypi.** *Gazeta Lekarska*, *No.* 9, 1888.

A DESCRIPTION of twenty cases of laryngeal polypi operated upon by the author at the Hôpital de Ste. Esprit, at Warsaw, and in his private practice. Amongst these polypi were fibromata, fibro-angiomata, fibro-myxomata, and papillomata. He has operated upon them all by extirpation, with Fauvel's or Mackenzie's forceps. In two cases he practised with Voltolini's sponge method successfully. In one case of multiple papillomata in a child of five years old causing suffocation, he was obliged to have recourse to thyrotomy, and to extirpation of the polypi by this means. **Constantin Karwowski.**

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**McDONAGH, G. R. — Primary Tuberculosis of the Larynx.** *Canadian Practitioner*, 1887.

THE writer considers laryngeal tuberculosis from a diagnostic point of view in its relation to pulmonary phthisis. He quotes two instances of primary laryngeal tuberculosis.

In the first case referred to, extensive alteration of the larynx existed without at any time lung signs. In the second case quoted, death occurred from Bright's disease. At the post-mortem examination the larynx presented signs of tuberculosis, and microscopic investigation proved the presence of tubercle bacilli. The lungs were found free from indications of phthisis. During life slight aphonia had existed.

**G. W. Major.**

**INGALS, E. FLETCHER** (Chicago). — **Rheumatic Laryngitis.** *International Journal of the Medical Sciences, January*, 1888.

THE author describes his complaint as "a painful affection of the vocal organ, attended by more or less hoarseness and fatigue of the parts after talking, and sometimes by grave, or even fatal obstruction of the glottis. It may be either acute or chronic."

The author has been able to find two articles dealing with the acute variety, but the chronic seems to have been hitherto quite unrecognized. This (the chronic) variety "usually occurs in a person of rheumatic diathesis, but often the larynx or the tissues about the hyoid bone present the only evidence of the constitutional affection. The pain is not constant, but may frequently disappear for a few days, especially during fine weather, to return again on slight exposure, or with changes in the temperature. Its course is erratic, but nearly always obstinate." The pain may be vocal or deglutitory, and may be located in any part of he throat. Hoarseness, loss of voice, and vocal fatigue may be present.

The laryngoscopic appearances are not characteristic—intra-laryngeal swelling or congestion may or may not be present.

The complaint is most liable to be confounded with neuralgia or paræsthesia of the organ. The history may help in the diagnosis, as may also the result of treatment.

In regard to treatment, the author has seen considerable benefit ensue from the local application of stimulant and astringent sprays, or pigments, or the galvano-cautery. He has mainly relied, however, upon internal remedies suited to the diathesis.

**Hunter Mackenzie.**

**MAJOR, GEORGE W.** (Montreal).—**Removal of a Nut-shell Impacted in the Larynx.** *Canadian Medical and Surgical Journal*, 1887.

PORTION of an almond shell, impacted between the vocal cords posteriorly, was removed by means of a probe bent at a suitable angle, and introduced beneath the obstruction. The infant was eleven months old.

**G. W. Major.**

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**PIENIONZCK.—The Extraction of a Pin Three Centimètres long from the Right Secondary Bronchus. Cure.** *Przeglond Krakowski*, 1887, *Nos.* 47, 48.

A BOY, fourteen years old, was amusing himself by shooting an arrow by blowing it out of a paper tube. He had made the arrow out of a cartridge, through which he had stuck an ordinary pin three centimètres long. In order to make the inside of the cartridge solid, in which was the head of the pin, he had filled it with paper. It happened that whilst holding the tube in his mouth, instead of blowing out he swallowed the arrow. Feeling it in his throat he tried to withdraw it with his fingers, but the moment he touched it the arrow disappeared. The fourth day after the accident the patient consulted the author complaining of a severe continuous pain in the back located at the level of the fourth cartilage on the right side. The author by auscultation found stenosis of the right bronchus, and guiding himself by the anamnesia diagnosed the foreign body to be located in the bronchus. The larynx and trachea, which could be seen as far as the bifurcation, presented a normal appearance. In this state of things the author proposed to the patient to perform tracheotomy and to extract the arrow from the bronchus through the opening of the wound. The following day, when examining the patient with other doctors it was found that the foreign body had already sunk lower into the secondary bronchus, and that inflammation was beginning to set in, in the inferior lobe of the lung. Tracheotomy was then performed at once. The author introduced a very flexible pair of forceps into the opening of the wound (forceps of his own invention for laryngeal polypi) bent according to the natural shape of the bronchus, and after several trials he had the good fortune to reach the secondary bronchus, and to extract from it the arrow by its sharp end which fell exactly within the range of the forceps, lying in their axis. To catch hold of the arrow the author was obliged to insert the forceps 20 centimètres deep, counting from the opening made by tracheotomy. The patient was only confined to bed for six days, at the end of which time the lung resumed its normal condition, and the wound cicatrized by first intention. The author then reviewed the literature of foreign bodies in the bronchi, and the methods and attempts, more or less successful, to extract them. He himself has often extracted from children who have been tracheotomized, croupous membranes from the secondary bronchi. In order to examine the trachea by the opening made by tracheotomy he employs Zaufal's canulas from 6 to 8 centimètres long.

**Constantin Karwowski.**

**JURIST, L.—A Case of Round-celled Sarcoma of the Larynx.** *Med. News, October 22*, 1887.

THE patient, aged sixty-five, had suffered for two years from occasional attacks of sore throat, had no pain, but complained of food "going the wrong way" during the latter five or six weeks. He had also lost weight. Family history excellent. No glandular enlargement. There was dyspnœa. A smooth, globular, non-ulcerated growth, of grey tint and dense consist-



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ence, and of the size of a horse-chestnut, was found laryngoscopically to spring from the left ventricular band.

He declined tracheotomy, but the following morning was seized with great difficulty of breathing, and fell unconscious in a suffocative spasm, and, in spite of tracheotomy, could not be resuscitated. Microscopically, the tumour was found to be a round-celled sarcoma. The author thinks that in such cases laryngotomy is clearly indicated.

**Norris Wolfenden.**

**SOLIS COHEN, J.—Treatment of Intralaryngeal Abscess from Necrosing Cartilage.** *Med. News, December* 24, 1887.

ON the principles of good surgery, such abscesses are best treated by splitting the larynx in the mid-line, removing the dead structures, and thoroughly scraping the parts down to healthy tissues. Drainage should then be provided for in case of continuance of suppuration, and asepsis adopted. Precautionary tracheotomy may be indicated, until the process of the disease has subsided, or to secure functional rest to the larynx. Such a plan is more judicious than waiting for discharge of carious particles, or attempts at endolaryngeal procedure, and many cases treated in this manner should be saved, which perish because tracheotomy is deferred until emergency calls for it, and the patient dies from septic poisoning from absorption of pus. **Norris Wolfenden.**

**BARTHOLOW, R.** (Phil.).—**Some Respiratory Neuroses.** *Medical News, December* 10, 1887.

THE case is related of a young man, not yet 30, neurotic, in good general health, but suffering from paroxysms of sudden pain in or about the precordial region shooting through the chest in different directions, but specially the left neck and shoulder, and sometimes into the left arm. Respiration becomes gasping and shallow, cyanosis appears, the eyes protrude, the skin grows cold, and covered with clammy sweat, inhibition of the heart follows, its action then becomes rapid and feeble, and rhythm irregular; a deadly faintness comes on, and lately consciousness is lost for an instant. The paroxysms had commenced four or five years ago, and resemble angina pectoris. Twitchings of the facial muscles have latterly occurred, and the faintness has become complete unconsciousness. Pronounced disorders of digestion have now occurred, and just before each attack there is precordial oppression, eructations and nausea. The case has, with time, assumed more and more the character of epilepsy, such as Trousseau has described under the term "masked epilepsy," in which the first symptoms resemble angina pectoris. The author remarks, that very often we have examples of difficult respiration arising from reflex influences at a distance from the apparent seat of morbid action. Thus asthmatic trouble from renal disease, difficult breathing and hoarseness may be the first symptom of Bright's disease.

**Norris Wolfenden.**

**ROSEN** (Marburg). — **The After-treatment of Tracheotomy.** *Deutsch. Med. Wochenschr.*, 5, 1888.

THE author recommends the surrounding of the canula with iodoform-

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gauze. He calls it iodoform-tampon-canula. In this manner the canula will fill out the trachea and prevent the extension of diphtheria to the deeper parts. Of forty-five tracheotomies 53 per cent. were cured. (The same principle was published five years ago by the reporter as permanent tamponning of the trachea, but is not referred to by the author.) To cleanse the trachea from membrane, the author applies a ring-probe with good results. (The author also recommends tracheotomy for the cure of whooping-cough ! ) **Michael.**

**LORD and KINTZING** (Phil.)—**A Case of Spasmodic Asthma due to Aneurism.** *New York Med. Journ., February* 4, 1888.

THE obscure symptoms prevented the detection of the primary affection during life. The patient, who had suffered from irregular asthmatic attacks for three years, and was admitted into hospital with marked dyspnœa, died from asphyxia eight days after admission. At the autopsy the heart was found to be enlarged with ventricle hypertrophy, the heart bent upon its axis at the origin of the aorta, its long axis being in an exact right angle to the sternum, and the aortic valve at the same level as the apex ; the aortic and pulmonary valves fenestrated, the aorta dilated and atheromatous, the pulmonary artery constricted, and a large intra-pericardial aneurism involving the transverse and descending portions of the artery completely surrounding the trachea and œsophagus, and displacing them, nearly occluding the trachea. The sac was attached to the second, third, fourth, and fifth thoracic vertebræ, which it had eroded, and the pneumogastric nerve was pressed between the pericardium and the sac. The lungs were emphysematous. During life the pulmonary appears to have masked the cardiac condition. **Norris Wolfenden.**

**BELL, JAMES** (Montreal).—**Wound of the Internal Jugular Vein.** *Canada Medical and Surgical Journal*, 1887.

AN interesting account of a wound produced by a carpenter's inch-and-a-half chisel on which the patient had fallen, as the result of a ladder slipping. The common carotid artery was tied below the omohyoid muscle on the supposition that the bleeding was arterial. Pressure subsequently arrested the flow and recovery followed. On the following day a moderate amount of ptosis of the right eyelid was observed, as also contraction of the right pupil, and remained unchanged when the patient was last seen, some two or three months after the accident. After convalescence the reviewer made a laryngoscopic examination, and found complete paralysis of the right vocal cord. The sensation of the larynx was at the same time normal. **G. W. Major.**

**KURZ, EDGAR** (Florence).—**On Reflex Cough.** *Deutsch. Med. Wochenschr.*, 1888, *No.* 13.

COMMUNICATION of a case of spasmodic cough produced by a mucous polypus of the uterus. After removal of the neoplasm the cough was cured. **Michael.**

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**HAJIK** (Wien).—**Diagnosis of Tubercular and Carcinomatous Perichondritis of the Larynx.** *Internat. Klin. Rundschau*, 1888. *No.* 9.

A CASE of infiltration of the epiglottis and the larynx, combined with, pulmonary affection and suppuration of the glands of the neck. The post-mortem examination showed that there was a carcinoma, but the history of the case very minutely related proves that it was impossible to say with certainty whether there was tuberculosis or cancer present. The reading of the original article will be of great interest. **Michael.**

## NECK, &c.

**TAYLOR, J. M.** (Phil.).—**On the Early Recognition of Exophthalmic Goître.** *Polyclinic*, *April*, 1888.

THE author observes that the first symptoms are due to loss of nervous equilibrium. He speaks of a sallow, dark appearance of the skin, and greasy aspect as present in most of the cases he has seen. He has rarely seen muscular tremor, but has noticed tremulousness of the voice. The author refers to the cardiac symptoms, stating that the heart is rarely hypertrophied, but more commonly dilated; systolic bruits are often heard. The author regards the eye prominence as a late manifestation. He finds Von Graefe's sign commonly occurring before exophthalmos. The author relates notes of eight cases. One of these was sudden in onset. and there was bronzing of the skin. In three of these cases there was albuminuria, and in two, œdema of the lower extremities. The author's paper is well worth perusal. **Norris Wolfenden.**

**LLOYD, J. H.** (Phil.).—**Report of a Case of Rapidly Fatal Exophthalmic Goître.** *Polyclinic*, *April*, 1888.

THE author was summoned to a case (described as "cholera morbus"), a single woman aged 39, suffering for some hours with diarrhœa and obstinate vomiting. The whole abdominal aorta was throbbing intensely, and the heart's action was rapid. There was exophthalmos and an enlarged and soft thyroid gland. The patient's symptoms had first commenced six months before, with irritability of the stomach and prostration. The pulse increased in rapidity from 100 to 210 per minute, prostration was great, cyanosis of the hands and feet was observed and collapse was imminent. Several fainting spells occurred. The patient died at the end of the third day of her illness. This patient had had urticaria. A very imperfect autopsy was permitted. The left ventricle of the heart was a little dilated and hypertrophied. The case is interesting from its very acute character and rapidly fatal termination, for though the disease had been creeping on insidiously for some months, it had not attracted the attention of the patient or her friends till the fatal crisis occurred.

**Norris Wolfenden.**

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