A CASE occurring in an old woman of sixty-three, and which was treated by tapping and injections of perchloride of iron. Some time afterwards stenosis of the larynx occurred (which the author regarded as due to necrosis of the laryngeal cartilages), and the patient died.

R. Norris Wolfenden.

LACAILLE.—Treatment of Exophthalmic Goitre. *Soc. de Med. Pratique, May* 23, 1889.

THE author applies negative electrolysis, placing the positive pole on the arm and using an electrode, covered with moistened buckskin. Into the tumour itself he inserts a needle, which is in connection with the negative pole, and leaves it there from four to twenty seconds, passing through the tumour a current of the strength of six to ten milliampères. Ten to twenty applications are made each sitting, and the sittings are held every two days. Lacaille has obtained very remarkable results in three patients.

Joal.

AUDRY.—The Surgical Treatment of Exophthalmic Goitre. *Bulletin Medical, June* 5, 1889.

CAN one, or ought one to treat Graves' disease surgically? The author replies negatively. As to a question whether a patient with this affection ought to have surgical interference in the presence of accidents of thyroid origin, he replies that it is legitimate to operate upon a patient who is asphyxiating by reason of the goitre.

Joal.

WÖLFLER (Graz).—**On Struma Migrans.** *Wiener Klin. Wochenschr.*, 1889, *No.* 19.

IN a patient who experienced attacks of tracheal stridor and dyspnœa no cause, even with the laryngoscope, could be discovered. There was no substernal goitre. During narcosis a tumour of the size of an egg appeared suddenly at the side of the right sterno-cleido-mastoid muscle. The extirpation of this tumour cured the patient. The tumour was a goitre, which was very mobile, and also varied in size by temporary swelling.

Michael.

ASSOCIATION MEETINGS.

The American Medical Association.

Fortieth Annual Meeting, June 25, 26, 27, *and* 28, 1889.

In the Section on Diseases of Children,

AMONGST others, Dr. GEORGE WHEELER JONES, Danville, O., read a paper on *Heart Failure in Diphtheria.*

Dr. T. E. WAXHAM, of Chicago, sent a paper on *Intubation of the Larynx, with Report of Cases*, which was read by the Chairman (Dr. J. A. LARRABEE).

During the past year the author operated 60 times, with 28 recoveries, or 46·66 per cent., making the total number of operations 210, with 69 recoveries, or 32·85 per cent. He mentioned the increased percentage of recoveries. The author

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believed the increased success due to improved methods in feeding, greater experience, and better judgment in the management of the cases. He believed in the adoption of the inclined position, with the head down in feeding or when drinking.

During the past year the youngest case operated on was six months old. Those that recovered under two years were aged fifteen months, and two aged eighteen months. Every case except one was characterised by membranous formation.

Dr. H. O. BATES, of Chicago, read a paper on *Intubation of the Larynx* v. *Tracheotomy*.

Dr. G. W. GAY, of Boston, opened the discussion. He stated that of 327 tracheotomies at the Boston City Hospital, 95, or 29 per cent., recovered; while of 223 intubations at the same institution, 47, or 21 per cent., recovered. He considered tracheotomy rather more successful than intubation. The new operation of intubation he thought more popular and easier to do. In 32 instances in which tracheotomy was done after intubation, all but three cases died. Personally he does intubations oftener than tracheotomy, because the tube requires less care. He was not positive about the effect of medicines in diphtheria.

The CHAIRMAN had done 16 tracheotomies and saved 4. He believed intubation a better operation in infants below one year of age, but thought that after that period tracheotomy, because of the increase in the strength of the trachea, was preferable.

Discussion was participated in by Drs. DENNISON, BRUSH, and WHITNEY.

Dr. H. D. CHAPIN, of New York, read a paper on *Pseudo-Membranous Rhinitis*.—The author asked the question if there can be a croupous inflammation of the nasal mucous membrane. Hartmann appears to be the first author to make the announcement that this disease is separate from diphtheria. The author reported two cases that he saw in consultation with Dr. Jonathan Wright. The patients were sisters, aged two and three years respectively. The elder child was first attacked; she had been well until two weeks before the time when she was seen. She began with a discharge from the nose. Her general condition was good. An examination of the nose showed it to be packed with fibrinous material. The throat was only congested. There was almost no fever, although at one time the temperature reached 101½° F. The child played about. The baby exhibited about the same course of disease, except that the membrane was much more friable and not so abundant. Neither case presented any evidence of sepsis, and examination of the urine was negative. In view of the cases reported and of the literature of the subject, the author concluded that there is such a disease as pseudo-membranous rhinitis, but that it is extremely rare. He would make a diagnosis on constitutional conditions.

The paper was discussed by Drs. WHITNEY, COCHRANE, SOLIS-COHEN, and the CHAIRMAN.

In the Section on Dermatology,

DR. CARL SEILER, of Philadelphia, read a paper on *The Relations between Acne and Diseases of the Nasal Cavity*.—The past ten years he had observed a great many cases of acne in connection with diseases of the nose, the acne coming and going with the appearance and disappearance of nasal irritation. Acne punctata was observed to be almost invariably associated with atrophic rhinitis, while acne rosacea was associated with hypertrophic inflammation of the nose. It was known that the blood supply of the turbinated tissue was intimately connected, through the nerve supply, with that of the

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skin of the face. The author believed the function of the erectile tissue of the turbinated bones and elsewhere to be that of taking up the overflow of blood of neighbouring parts observed in mechanical or nervous irritation. Relief of the nasal difficulty, in many of the cases which had come under his care, caused the acne to disappear without other treatment, local or internal. The connection between the skin affection and that of the mucous membrane of the cavity seemed to be both mechanical and nervous, or reflex, the one reacting upon the other.

SECTION ON LARYNGOLOGY AND OTOLOGY.

THE CHAIRMAN (Dr. W. H. DALY) read a short address on *Marking an Epoch in Laryngology*.—He referred to his formerly expressed remarks in regard to the necessity of the otologist possessing skill in dealing with diseases of the larynx and naso-pharynx, and especially the surgical treatment of the latter, thus associating the speciality of otology with that of laryngology, rather than with that of ophthalmology, with which it has been usually associated in the past. This placing otology in its proper relations is what constitutes the epoch in these specialities.

Dr. JOHN MACKENZIE, of Baltimore, reported a case of *Lymphoid Tumour, originating in the Floor of the Right Pyriform Sinus*, and threatening suffocation when the patient was in a recumbent posture.

The patient, a clergyman, aged forty-two, had never had any throat trouble, and was otherwise perfectly healthy. There was no assignable cause for the growth, which, on microscopical examination, was found to consist entirely of the lymphoid tissue of the pharynx, recently described by Waldeyer and his pupils.

The tumour was removed by first exciting gagging, so as to throw it as far as possible up toward the back of the tongue. It was then caught with a pair of laryngeal forceps, and, with these as a guide, the écraseur was passed over the tumour, and it was rapidly cut through.

Dr. MACKENZIE remarked that growths of various kinds are occasionally found on the pillars of the fauces, glosso-epiglottic fossa, and upper pharynx; but tumours originating in the pyriform sinus are exceedingly rare, and that the growth described is unique.

Dr. SOLIS-COHEN said that it was rather curious that this unique growth originated in the position in which so few cases of lipoma had their origin.

Dr. W. FREUDENTHAL, of New York, read a paper on *The Connection between Chronic Disease of the Upper Air Passages and Hernia*.—In continuation of his observations, formerly published, the author found that in accordance with the frequency of nasal disease herniæ are found in the following proportions: In the United States, in 50 out of 1000 conscripts; in France, in 22·87 out of 1000 conscripts; in Italy, in 16·61 out of 1000 conscripts; in Austro-Hungary, in 14·09 out of 1000 conscripts; and in Germany in less than 14 out of 1000 conscripts.

Furthermore, the author proved the correctness of his theory against Dr. Schpinger, who had affirmed the contrary opinion.

In women hernia are rarer than in men, on account of the weaker stress used in the act of coughing, clearing the throat, and the like.

Dr. J. H. BRYAN, of Washington, D.C., read a paper on the *Diagnosis and Treatment of Diseases of the Antrum*.—That author remarked that of the surgical affections suppurative inflammation plays the most important part; until recently it was regarded as a rare condition. It occurs generally after the first dentition. Among its causes are: 1, traumatism; 2, acute infectious diseases; 3, syphilis;

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and 4, extension of inflammation from carious teeth. The condition called hydrops antri generally results from catarrhal affections of the nose, in which the secretion is sero-mucous; but where it is muco-purulent it results from extension from diseased teeth.

There are four conditions, after eliminating wounds and exanthemata, that may give rise to pus in the nasal chambers: 1, foreign bodies; 2, disease of bone; 3, secretion of pus from the antrum of Highmore; and 4, secretion of pus from the frontal sinus and anterior ethmoid cells.

The indication for treatment of abscess of the antrum is to let out the pus, drain, and disinfect; if the abscess point anywhere, it should be opened there. The tendency of practice is to open these abscesses through the nose, returning to the method of Hunter, after a century, during which the practice has been to open through the mouth.

The operation most approved is Cooper's—that through the alveolar process. It has these advantages: 1, It affords the best means for draining and disinfecting; and 2, it can be performed without anæsthetics. On the other hand, it offers facilities for the entrance of food and bacteria, and it sometimes necessitates the extraction of a sound tooth. Mikulicz opens through the lateral wall of the nose where it is thin. This operation gives easy drainage and washing of the cavity, and there is little danger of entrance of foreign particles.

Local treatment is very important, including irrigation by mildly disinfectant fluids. Permanganate of potash best overcomes fœtor. A syringe specially adapted to washing out the antrum from this point was shown by the author, and several cases were reported in illustration of the subject.

Dr. J. B. LIPPINCOTT, of Pittsburg, said that he was under the impression that purulent disease of the antrum was frequently due to morbid conditions of the teeth. Abscess of the orbit frequently arises from the antrum, which has itself its primary cause in carious teeth.

Dr. E. FLETCHER INGALLS, of Chicago, had treated several cases of the kind. One had been cured after about three weeks' treatment, having been washed out repeatedly with peroxide of hydrogen, through the normal opening into the nasal cavity. However, he had three cases under observation where every form of treatment had been inefficient in checking the purulent discharge. They had worn tubes in the alveolar process for periods of five, three, and two years respectively, and in none of them did there appear to be any dead bone, as the discharge was not offensive.

The CHAIRMAN remarked that he had had considerable experience in opening abscesses of the antrum, and that the operation was not without grave danger at times, and in proof referred to a well-known medical man who lost his life by it.

Dr. JOHN O. ROE, of Rochester, N.Y., read a paper on *Glandular Hypertrophy at the Base of the Tongue, and its Treatment.*—Until recently the importance of this condition was not recognized. He referred to it under the usual name of "lingual tonsil." The lingual and the faucial and pharyngeal tonsils are the same in structure and function—their chief function being the secretion of mucus. The lingual tonsil is liable, from its position, to irritation by the passage of food, etc., and the blood-vessels in and about them seem subject to all the variations of the temperature of solids and liquids which pass over them, and very naturally the glands frequently take on an abnormal condition as a consequence. An abnormally distended condition of the blood-vessels is found in these hypertrophies. These vary according to the conditions of local irritability, but also with the plethoric condition of the general system, and may, as Mr. Lennox Browne has

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pointed out, be symptomatic of mitral disease or hepatic engorgement, or even cerebral tumours. Small ruptures over these glands may be the origin of blood-spitting. They are often associated with the same condition of the other tonsils, and the symptoms often resemble those of hypertrophy of the faucial tonsils, causing changes in the voice and inarticulation, and the sensation of a foreign body in the throat, as of hair, etc. Attacks of asthma are not infrequent from this cause, and globus hystericus is often observed in this association in females.

Diagnosis is easily made by inspection on drawing the tongue forward.

Treatment has two objects to accomplish: (1) removal of all hypertrophies; and (2) obliteration of all varicosed blood-vessels. The first is best accomplished by abscissions with a curved knife or scissors, is easily done, and unattended by much hæmorrhage or soreness. The galvano-cautery is also useful. Corrosive substances are also recommended, as chromic and nitric acid, Vienna paste, etc. In cases of moderate enlargement, caustic may prove efficient. In using the galvano-cautery, the hypertrophy may be burned away by a flat cautery, applied from the summit downward, by cutting off at the base with the cautery knife, or by transfixing through the base with a very slender cautery point. For destroying the enlarged vessels the last instrument should be used, applied longitudinally to the trunk of the vessel at the point from which they arise, as near as possible. Before any of these operations cocaine should be applied.

Dr. SOLIS-COHEN objected to the term "tonsil" applied to collections of lymphoid tissue, other than those existing between the arches of the palate. He approved of the author's method of getting rid of the growths. In case of slight enlargement he found that a solution of creosote, or carbolic acid and iodine in glycerine, sufficient topical treatment.

Dr. E. FLETCHER INGALLS, of Chicago, read a paper on *Electrolytic Treatment of Cystic Goitre.*—The author referred to the various conventional methods of treatment, and especially to that of Sir Morell Mackenzie, first published in 1872, and which is pronounced in Holmes' "System of Surgery" to be the most efficient. This consists of injecting into the cyst a solution of perchloride of iron, and allowing the cannula of the trocar, tightly plugged, to remain in place for three days. If, on removing it, suppuration does not take place, the same procedure is repeated, this being followed by poulticing.

The author claims for electrolysis that it produces more rapid results, is less dangerous, and has other advantages over other methods, and gave the history of two cases in support of his views, which had been treated by him by electrolysis.

In the first case, after several tappings, followed each time by rapid reaccumulation of fluid, electrolysis was used, and after three or four applications, for ten minutes, of from six to ten Leclanché cells, the cysts ceased to refill, and remained cured. The tumour had been found to be about one-third solid tissue. This remained, but did not increase. A needle was passed into the cyst and the other pole of the battery applied over the tumour.

The second case was one which had existed for several years, and had been injected with iodine and other fluid, but continued to remain of about the same size. Electrolysis was first employed on February 23, and after four or five applications, on March 23, it had ceased to refill, and the cyst was completely eradicated. The strength of the current was regulated by the patient's ability to bear it.

Dr. D. BRYSON DELAVAN, of New York, then read a paper on *Adenoid Hypertrophy of the Vault of the Pharynx; its Pathology and Treatment.*—The author stated that there were two principal varieties of the disease. In one the growth was soft, friable, and rich in lymphoid elements; in the other there was an

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excess of fibrous tissue. The first was removable with ease and little pain—the other was exceedingly tough, and removal caused much pain. The methods of operation were alluded to, and it was insisted that in the more severe cases, even in young adults, the use of anæsthetics is of the greatest importance, and that removal should be completed if possible at one operation. The author also insisted upon the great importance of the proper after-care of patients thus operated upon, and recommended that they be put upon a course of tonic treatment, and that the mouth-breathing habit be corrected by special attention thereto; that deformity of the chest, if present, be remedied by proper physical exercise; and finally, that errors of pronunciation be eradicated. The paper was illustrated by numerous instruments and by several fine coloured drawings.

Dr. F. H. POTTER, of Buffalo, N.Y., then read a paper on *The Use of Menthol in the Upper Air-Passages*, with the results of its use by him during the past three years by local application. These results indicate that the drug controls superficial inflammation; that it is an analgesic, and second application can be made in increasing strength without discomfort; that it is destructive of some of the low forms of life, especially the bacillus tuberculosis, and that it is a valuable antiseptic in nasal surgery. It has an important place in the treatment of atrophic conditions. It can be used in strength of from one to fifty per cent. dissolved in oil. The oleum petrolia the author considers the best for the purpose of dissolving the drug. It can be applied directly by cotton application, or by means of the spray, or by vaporisation. The direct method answers best in the pharynx, the spray and vapour for the nose and larynx. Five cases of laryngeal phthisis following upon disease of the lungs were also reported, in which the menthol treatment gave satisfactory results, the local conditions improving rapidly under its use.

Dr. CHARLES H. KNIGHT, of New York, read a paper on *Menthol in Laryngeal Phthisis.*—Twenty cases, most of them of a severe type, treated with menthol applications, furnished the author ground for believing that this is a valuable agent in tubercular laryngitis. The drug was dissolved in fluid cosmolene in the proportion of a drachm or a drachm and a half to the ounce, and applied by means of a laryngeal syringe, or in the form of spray, by a nebuliser or vaporiser. In nearly all cases the subjective symptoms and the local appearance improved. In no case did complete healing of an ulcer take place. In this respect the author's experience does not bear out the representations of Rosenberg and others. Three propositions are offered: (1) spontaneous cure of a tubercular ulcer of the larynx may occur; (2) a simple erosion or ulceration may be mistaken for a tubercular ulcer; (3) the best results from local treatment of the larynx may be expected in cases of incipient or limited pulmonary disease, and in primary laryngeal tuberculosis.

Dr. H. HOLBROOK CURTIS, of New York, then read a paper on *Anæmia and its Relation to Nasal Stenosis.*—By a tabulation of cases he demonstrated that nearly all patients with stenosis were anæmic, the percentage of oxy-hæmoglobin being only about one-half that of normal blood. In his experiments he had used the hæmatoscope of Hénocque, and had again tested the blood after several weeks had elapsed. The conclusions arrived at were that the increase of oxy-hæmoglobin in the blood after operation on the septum is directly proportional to the relief afforded an impeded nasal respiration. This increase is constant, and averages about two per cent. in the six weeks immediately following operation, in which the stenosis is about fifty per cent., or in which the nose is doing one-half its work.

Cases should not be operated in which the blood shows by spectrum analysis less than six per cent. of oxy-hæmoglobin, as profound hæmorrhage is apt to occur.

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Records had also been kept in regard to body weight, chest measurements, and capacity of the lungs by the spirometer. These factors also exhibit improvement after operation.

Dr. F. S. CROSSFIELD, of Hartford, Connecticut, read a paper on ***Epilepsy caused by Intranasal Disease.***—The author stated that the first case that came under his notice, in 1886, had all the appearance of some grave lesion of the lungs—emaciation, hacking cough, more severe at night, headache, night-sweats, and anorexia. The patent had epileptic convulsions, the first six years, twice a month, or oftener. Associated with this condition was marked nasal hypertrophy of both cavities, with deflected septum to left side, and exostosis, whose sharp angle pressed against the hypertrophied turbinated body; marked adenoid growth of the naso-pharynx; slight changes in the larynx. Epilepsy entirely disappeared when this pathological cause was removed, and the patient is now entirely well.

The second case was much like the first, only with slight enlargement of the pharyngeal tonsil. The epileptic seizures were much more frequent. This case likewise fully recovered on removal of the local cause.

Dr. J. G. CARPENTER, of Stanford, Kentucky, read a paper on *Internal Ear Deafness.*—The author said that many of the cases of internal ear deafness were due to nasal disease, and by curing the latter the former is relieved. Nasal disease should be treated before structural lesions have taken place in the internal ear. Two cases were reported in illustration of his subject by the author.

Dr. D. N. RANKIN, of Pittsburg, Pennsylvania, read a paper on *Effects of Natural Gas upon the Upper Air-Passages.*—Natural gas was introduced to use in Pittsburg in 1883. It at first gave rise to great complaints. It made the air too dry to breathe; it ruined furniture by cracking the joints; it was repudiated by many who had tried it, and the apparatus for its use removed from their dwellings. Explosions also occurred. But it is a very cheap fuel and light, and experience taught how to use it without producing these effects. Chemical analysis shows it noxious to breathe. The pipes were at first made of too porous metal and leaked; now it is used without these defects, and is no longer breathed by the users, and no deleterious effects are produced upon them.

Patients suffering from its inhalation will complain at first of dryness of the throat and nares. This is followed by free discharge of muco-purulent matter from these cavities. After this the dryness recurs, sometimes the symptoms extending to the larynx and producing hoarseness. Mirror examination shows congestion in the nose and pharynx, and great sensibility exists in these parts, promptly relieved by a four per cent. solution of cocaine, followed by vaseline to the nose and throat.

Dr. GEORGE A. RICHARDS, of New York, read a paper on *Empyema of the Frontal Sinuses.*—The author reports a case of empyema of the frontal sinuses due to obliteration of the infundibulum by a polypi which had existed fifteen years. The empyema had produced absorption of the lower wall of the sinus, and a small tumour had appeared at the root of the nose about eight months before the patient presented himself for treatment. An opening was made into the swelling, and a tube passed through into the nose, after about twenty polypi had first been removed. After thorough cleansing thrice daily for about a month, the patient completely recovered. Sight improved at once, and complete relief to a very marked anorexia, and great improvement in the general health, as well as in breathing and smell.

Of forty-eight cases collected by the author from literature, only fourteen were the result of injury, and but seven the result of obstruction. Some cases occur many years after injury. The majority occur without known cause. The symptoms are more or less those of an ordinary coryza, together with a feeling of distention,

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exophthalmus, diplopia, failure of eyesight, and the appearance of a tumour over the superciliary ridge or at the root of the nose; hard at first, this soon becomes soft and fluctuating.

The only treatment is to make an extensive opening into the nose through which a perforated rubber tube should be passed. Cleanliness and free drainage are most important. Of twenty-five cases so treated cure resulted in twenty-three; in two result was not stated; while when drainage into the nose was neglected the results were not nearly so good. Death occurred in six cases; in four from secondary cerebral abscess; in one from meningitis, and in one from albuminuria.

Dr. C. W. RICHARDSON, of Washington, D.C., read a paper on *Possible Danger of Injury to the Middle Ear by the Use of Nasal Atomization.*—The author anticipated criticism as to the reality of such dangers being very great. He wished especially to call attention to the danger to the middle ear from the use of such spray instruments as Davidson's and Snowdon's atomizing tubes because of the direct pressure exerted. The first case was that of a lady. The author was spraying the nose to remove crusts with Dobell's solution. An acute pain was experienced in the ear; spray was cut off at once. This was followed in a few hours with typical acute middle-ear inflammation. The other two cases were similar ones.

The author thought it a common experience with rhinologists in spraying the nose to have the patient remark that he felt the spray go into his ear. He did not wish to decry the spray, a very useful means of treatment, but simply to point to the possible danger it involved, and to caution against the indiscriminate prescribing hand-sprays to be used by the patient upon himself.

Dr. JOSEPH A. WHITE, of Richmond, Va., read a paper on *The So-Called Third Tonsil.*—The author believed that glandular hypertrophy in the post-nasal space, even when slight, is an active agent in keeping up a catarrhal condition of these and neighbouring parts, and causing extension to the ear. To get rid of the catarrhal condition these growths must first be destroyed—the same treatment must be applied also to removal of the faucial tonsils for the same reason. We do not know the exact function of these tonsillar tissues, but we do know that their removal does no harm. Perhaps the third tonsil plays a greater part in the production of secondary disease than the faucial, and this is easily understood when their relation to obstructed respiration and ventilation of the Eustachian cavity is considered. Marked impairment is present in these cases.

Besides the mulberry-like growths there may be round projections or conical ones, or several knob-like swellings, or flat, cushion-like masses, etc. These growths are sometimes soft, and easily removed, at others compact and tough, and hard to get rid of. The Eustachian tubes are apt to be especially infringed upon by the latter, from pressure. Statistics are unreliable, because careful examination and noting as to deafness is not often made by rhinologists. There is always more or less deafness where these growths exist. Out of 565 cases of private practice in eighteen months of naso-pharyngeal affections, the author had found 197 had disease of the middle ear. Of these 134 had hypertrophy of the third tonsil—twenty per cent. of the whole number treated.

An interesting point is the large number of voice defects in these cases. This is scarcely understood, knowing as we do, in our experience with professional singers and others who habitually use the voice, the necessity of perfectly clear arching of the naso-pharynx to secure perfect resonance and timbre.

The presence of these growths causes an increase of catarrhal secretion, which can only be removed by eradication of the hypertrophies—the only local means which proves effective in treating the catarrh. Neglect of this may lead to more serious troubles; for example, anterior turbinated hypertrophy; another is the occasional paralysis of the alæ of the nose, causing serious impediment to breathing.

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The method of removal is unimportant, provided it is thorough. Large masses are best removed with the galvano-cautery snare or cutting forceps; the latter is painful, even with cocaine anæsthesia. Galvano-cautery points are best, perhaps, for soft, smooth masses.

The author had found his palate-retractor of great help in these operations. The paper was illustrated by reports of cases.

Dr. W. K. SIMPSON, of New York, reported a case of *Acute Rheumatic Laryngitis of Gonorrhœal Origin.* The author remarked upon the extreme rarity of the case, not having been able to find reference to a similar one. Seen first on February 23rd, 1888. The patient gave the history of previous attacks of gonorrhœa, the present attack being of five weeks' duration. The rheumatic pains and stiffness had existed three weeks in both knees and hips, for three days in left thumb and wrist, presenting at this time typical swelling of acute rheumatism. Laryngeal symptoms began three days ago, with painful deglutition. On the following day there was a painful swelling of the lower external portion of the larynx. In the evening the patient became very hoarse, and talking was very painful. February 23rd, examination of the throat revealed painful deglutition, pain on pressure over right side of larynx, and absence of cough. Internally, both arytenoids swollen and red, right much in excess, and somewhat œdematous; the right vocal cord immobile on phonation, all of interior of the larynx more or less hyperæmic, the right vocal cord being of a deep purple colour and considerably swollen. The treatment consisted of the use of salicylic acid, which did not prove entirely effective. Laryngeal swelling increased embarrassing respiration. On February 29th a blister was applied to external larynx, and iodide of potash administered. On March 6th he had greatly improved, but there still remained little motion of the right arytenoid and cord, and they were both still very red.

Dr. A. B. THRASHER, of Cincinnati, O., read a paper on *Morbid Perforations of the Nasal Septum.* The author reported sixteen cases of morbid perforation of the septum narium, having special reference to the syphilitic theory of the origin of the disease. Three of the cases occurred in syphilitics, eleven where syphilis had not been present, and two cases were doubtful. In syphilitic cases the vomer, or, at least, one of the turbinates, was invariably attacked, and pain was always felt when this was the case. In the non-syphilitic cases the perforation, as a rule, gave rise to no symptoms; at times it seemed to have been caused by picking the nose with the finger-nail. There was localized anæsthesia in the ulcerated area. The application of the galvano-cautery produced no pain. The treatment consisted locally in detergents, caustics to the ulcerated area, and mild ointments; and internal remedies addressed to the underlying dyscrasia.

Dr. J. E. SCHADLE, of St. Paul, Minn., read a paper on *Cough in its Relations to Morbid States of the Nasal Passages.* The symptomatology of morbid processes seldom furnish a more perplexing subject for analysis as to its primary cause than that of cough. A chronic cough which does not yield to ordinary treatment, and the origin of which is obscure, is apt to excite extreme anxiety in the sufferer. The subject is interesting from its practical relations.

Three cases were reported, in which chronic cough of long standing was cured by directing proper measures of treatment to removal of existing nasal disease, consisting in one of posterior hypertrophies of the inferior turbinated bodies; another of nasal stenosis caused by deformity of the nasal septum; and a third, of chronic nasal catarrh.

The author maintained that when cough is thus pathologically connected with morbid states of the nasal passages it is usually produced by reflex nervous influences or paresis of the vaso-motor blood-vessels of the intranasal mucous membrane.

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Dr. CHARLES DENISON, of Denver, Col., read a paper *A New Mouth-Gag, together with the consideration of other possible and better results from Intubation of the Larynx.* The author presented a table of his 25 cases of intubation, with seven recoveries. They were shown to be a severe class of cases. He had experimented to construct a better gag than those in use, and exhibited four of the new varieties made. One of these especially mentioned is so constructed as not to get out of place during the operation. A new feature of these gags is to have the teeth trough made somewhat swivel, so that they will fit any angle of the jaw—a child of any age.

The author thinks that he has discovered an indication for early operation. In two successful cases he was led to operate early, from noticing that the tension of the pulse was less during inspiration than during expiration, showing that there was suction of blood back into the pharynx during inspiration, because of the laryngeal constriction. This the author believes to be the first warning of danger and indication for intubation. In nine of his eighteen fatal cases death occurred at an average of 26 hours after intubation, and was attributable to the so-called aspiration pneumonia.

Dr. E. L. SHURLEY, of Detroit, Mich., presented a paper on *The Hot Air Treatment of Phthisis.* The paper was intended to simply report progress in the use of the Weigart apparatus. The author had used the apparatus in about 20 cases, but in only 8 with that constancy and exclusiveness that would serve as a test.

Case 1: Obliged to discontinue treatment from pain caused to throat and lungs by the inhalations of hot air.

Case 2: Administered three and four times a day for 15 minutes at 120° to 200° F., the latter only three times; 130° and 190° F. on several occasions. Immediate improvement followed.

Case 3: Caused nausea and vomiting, but hectic fever decreased and strength and flesh increased.

Case 4: Febrile movement caused by treatment, also pain in the chest, with breathlessness and nausea; discontinued after ten days.

Case 5: Pulmonary and laryngeal phthisis. Administered for a week. Could not bear it longer.

Case 6: Advanced stage of pulmonary phthisis. Given three times a day; could not bear it; discontinued.

Case 7: Good effects.

Case 8: After 14 days had to be stopped; apparently causing loss of appetite.

The author had found it impossible to apply the method for such a length of time as is reported to have been done in Germany.

Dr. CARL SEILER, of Philadelphia, read a paper on *Clinical Observations on some Cases of a Peculiar Character*, in which he described the symptoms of a disease not yet well known, and which has as yet received no name. The author had not seen the paper which he had recently learned that Dr. W. C. Glasgow read before the American Laryngological Association in Washington, at its late meeting, he therefore confined the paper to his own personal observations.

The run of symptoms of the cases observed by the author were summed up as follows:—

1. Neuralgic muscular pains, usually in the back and chest, and often in the head, ears, and limbs.

2. Extreme debility.

3. Mucoid infiltration of the submucous tissues, and the formation of thin, white, pseudo-membranous patches on the surface of the mucous membrane.

4. Absence of febrile symptoms at first, and later, high temperature and low rate of pulse relatively.

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5. Absence of albumen in the urine, and liability of heart failure

6. Gradual melting away of the pseudo-membrane, and the absence of any odour from it.

7. The wide geographical distribution in this country, and the infectious, but not contagious, nature of the disorder.

8. Finally, the specific action of benzoate of soda in relieving the symptoms promptly.

Dr. E. CUTTER, of New York, reported the following two cases: *A Case of Thyrotomy for the Removal of a Sarcoma*, operated on in 1886, was presented. The patient on whom the operation was performed could phonate. Reference was made to Dr. Hoffa's late paper, giving the statistics of thyrotomy since 1879, which were so successful as to justify the more frequent resort to this too-much-dreaded operation. The case presented here was done without tracheotomy. The youngest case the reader had operated on was a child of 22 months. The voice was restored.

A Case of Fibroid of the Right Arytenoid, operated on in 1868, by scarification, by a simple knife of the writer. Present state—permanent cure after 21 years.

A second like case of enlarged arytenoid, in an Irishman, was not successful. A tracheotomy tube was inserted with relief. Patient visited Ohio, and while there a physician removed the tube as useless, and the man died soon after.

Dr. Cutter proposed to change the name of the ventricular bands to "breath bands," on the ground that the false vocal cords are as true in their function as the true vocal cords, the said function being the control of the breath in expiration, as seen in the laryngeal demonstrations by the author. The writer has waited five years for the systemic writers to rename these bands, with no response, hence this name is suggested. **The Medical Record.**

NOTES.

NEW COLLABORATOR.—We have the pleasure to announce that Dr. BARCLAY J. BARON, of Bristol, has undertaken to become one of our regular collaborators.

AMERICAN PUBLIC HEALTH ASSOCIATION.—We are requested to notify that the 17th Annual Meeting of this Association will be held in Brooklyn on October 22nd, 23rd, 24th, and 25th, 1889. The following have been selected as topics for consideration :—

1. The causes and prevention of Infant Mortality.
2. Railway Sanitation.
3. Steamship Sanitation.
4. Methods of Scientific Cooking.
5. Yellow Fever.
6. The Prevention and Restriction of Tuberculosis in Man.
7. Methods of Prevention of Diphtheria, with results of such Methods.
8. How far should Health Authorities be permitted to apply known Preventive Measures for the control of Diphtheria?
9. Compulsory Vaccination.
10. Sanitation of Asylums, Prisons, Jails, etc.

A local Health Exhibition will also be held.

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