MALES.

	Age.	Duration of Illness.	Duration of Throat Ailment.	Remarks.
1.	19	9 years.	1 year.	Ulceration of vocal cords. General thickening of epiglottis and arytænoid, especially left.
2.	28	14 years.	Recent hoarseness.	Do. as above. One brother a leper. Father and mother and rest sound.
3.	17	10 years.	?	Do., voice little affected.
4.	24	6 years.	?	Epiglottis thickened. Heredity remarkable. Two brothers affected and one half-sister; four brothers had died of the disease. Almost a vegetarian.

FEMALES.

	Age.	Duration of Malady.	Duration of Throat Ailment.	Remarks.
1.	22	9 years.	3 years.	Uvula destroyed. Epiglottis and arytænoid thickened)
2.	30	9 years.	?	Vegetable diet; no fish.
3.	35	25 years.	Many years	Dyspnœa and cough. Father and one brother lepers; mother and others sound. Great thickening of inter-aryt. fold. Slight thickening of epiglottis.
4.	12	3 years.	?	General leprosy very slight. Voice nasal. Half-sister of No. 4 (males).

The general features in these cases (all examples of tubercular leprosy) are, it will be noticed, almost identical with those observed in the "lazarinos" of Seville. M. M.

(*To be continued.*)

DIPHTHERIA.*

WEBER.—Report of 200 Cases of Diphtheria in the Children's Department of the Charité Hospital in Berlin. *Inaugural dissertation, Berlin.*

CASUISTIC review. MICHAEL.

THOINOT.—Contribution to the Etiology of Diphtheria. *Soc. de Médecine Publique, July* 27, 1887.

A PERSON quitting a diphtheritic circle may, without being ill himself

* As this number contains a full account of the proceedings of the American Laryngological Association, many abstracts are unavoidably held over from this and other sections.

https://doi.org/10.1017/S1755145500159998 Published online by Cambridge University Press

transport the disease to some spot where it may become established. How is this transport effected? Without doubt by the linen clothing which is infected at the epidemic centre, and in which the germ is preserved. The following fact is the proof of it: A patient in Algeria died of diphtheria. The linen and effects were sent to Laval to the patient's brother. The latter fell ill with diphtheria and died in three days. JOAL.

ZIEMSSEN.—On Diphtheritic Paralyses and their Treatment. (*Klinische. Vorträge*, No. 6.) *Leipzig, Vogel*, 1887, 24 *pp.*

A VERY good clinical lecture with illustrative cases. MICHAEL.

KÖHL (Zurich).—**On the Causes which prevent Removal of the Tube in Children Tracheotomised for Diphtheria (Difficult Décanulement).** *Inaugural Dissertation, Berlin* 1887 (*reprinted in Langenbecks Archiv.*, 1887), 149 *pp.*

THIS essay is very commendable, it reviews the literature of this subject completely, and the matter is collected with great diligence, and is further supplemented with some original cases. Instead of the term, "Impossibilité d'enlever la canule" (Trousseau) the author has invented the expression "difficult décanulement," a rather useful expression, and also the name "retracheotomy" for a second tracheotomy in the same patient. The author very truly says that there are various causes leading to difficult "décanulement," and relates the following with illustrative cases occurring in the practice of others, and observed by himself: (1) Diphthérie à forme prolongée (cases of Gassicourt and two original cases); (2) Relapsing diphtheria (2 original cases); (3) Chorditis inferior (case of Michael and one of his own); (4) Granulation stenosis (Bouchut, Calvet, Millard, Hemey, Meyerson, Rouzier-Joly, Gassicourt, Krishaber, Pauli, Passavant, Fiechter-Jung, Wanscher, Flenier, Neukomm, Socin, Sanné, Kuster, Demme, Boeglhold, Hûter, Bergeron, Koch, Körte, Sendler, Trousseau, Thomas, Becker, Boecker, Monti Krönlein, Settegast, Socin, Hagenbach, Voigt, Krabbel, Tillmann, Plenio, Basler, Pruner, Walzberg, Debove, Fournièr, de la Harpe, Kocher, Archambault, Reifer, Stoerk, Passavant, Gegeon, Revillod, Hugonnai, Billroth, and twenty-three original cases). He proposes the following prophylactic rules:—(*a*) The "high operation" of tracheotomy should be performed, (*b*) The opening should be neither larger nor smaller than the canula. (*c*) The "décanulement" should be tried daily, commencing on the third day. (*d*) In removing the canula the wall of the trachea should not be turned up. (*e*) A phonatory canula shall not be applied. (*f*) The granulations must be treated by nitrate of silver.

https://doi.org/10.1017/S1755145500159998 Published online by Cambridge University Press

(5) Curvation of the tracheal wall (cases of Ruprecht, Guyon, Passavant, Flenier, and some original cases). (6) Relapse of the anterior tracheal wall (cases of Michael, Rosenthal, Meusel, Passavant, Paris, Boeckel, Settegast). (7) Compression-stenosis (Boeglhold and one original case). (8) Cicatricial stenosis (cases of Zimmerlin, Dupuis, Passavant, Volker, Stoerk, Genlit, Lefferts, Simon, Körte, Plenio, Flenier, Blauchez, Steiner, Settegast, Boeglhold, and two of his own). (9) Primary and secondary paralyses (Gerhardt, Blake, Rehu, Türk, Müller-Warneck, Barkcher, and one of his own). (10) Paresis from habit. (11) Moral influence. (12) Spasm of the glottis (Meyerson, Mackenzie, Boeckel, Wanscher, Bergeron, Rhyn).

Sometimes more than one of these various causes are combined. A good many examples of these are given. The therapy of the stenosis consists in dilatation by dilators (Trousseau, Schrötter, Bird, Stoerk), by bougies (Schrötter, Trendelenburg, Kappeler), or dilating canulas (Stoerk, Richet, Baun, Dupuis, Passavant, Flenier, Gresswell). The paralysis must be cured by electricity, nourishing food, strychnine, and brucine; the paralysis from habit and fear, by moral influence and frequent attempts at removal of the canula; the spasm by morphia or antirachitic treatment. A table illustrates the different forms and effect of the several dilating instruments. It is to be regretted (but this is not the author's fault) that only in very few cases a laryngoscopical examination was made. Certainly this is not possible in all cases, but without doubt it could be made in the majority of such cases. MICHAEL.

TONSILS, PHARYNX, &c.

KNIGHT, C. H.—The Galvano-Cautery in the Treatment of Hypertrophied Tonsils. *New York Med. Journ., Sept.* 24, 1887.

THOUGH the risk of hæmorrhage after tonsillotomy in children has been over-estimated, it is nevertheless one of the chief objections to the operation. There are two methods of operating by cautery—1. By cautery puncture as practised by Voltolini; 2. By the galvano-caustic snare. In the former a fine point is passed deeply into a crypt, or if the crypts are obliterated, it may be passed into the substance of the gland. Not more than three independent lacunæ should be cauterised at each sitting. The pain is not severe, and the inflammatory reaction is seldom excessive. By the fourth or fifth day all local disturbance will have subsided, the eschar may be partially detached and the operation repeated. The largest tonsils

https://doi.org/10.1017/S1755145500159998 Published online by Cambridge University Press