LARYNX.

IT is with feelings of gratification that laryngologists will look back upon the work of the year which has just sped. Each year increased knowledge of the etiology and pathology of diseases of the larynx, and new and improved methods of treatment, do much to assuage the sufferings of those affected with diseases of the upper respiratory passages. It is with feelings of pleasure also that all those interested in the welfare and the progress of this department of medicine will view the increasing importance attached to the study of laryngeal disease. The directors of the Glasgow Royal Infirmary, of the Royal Infirmary of Liverpool, and of the Bristol General Infirmary are to be congratulated upon their enlightened policy in creating new departments at their respective institutions for the study of, and for clinical instruction in, diseases of the throat and nose. Such a wise and judicious step is worthy of imitation in many of the other centres of the United Kingdom.

Seibert ("Arch. of Pediatrics," Nov., 1892) has contributed a valuable article upon the occurrence of broncho-stenosis in children. The condition, he remarks, resembles at times asthma and emphysema, at other times acute laryngeal stenosis. He recognizes a form of syphilitic stenosis where cicatrices press upon the bronchial tubes and occlude them, and where the internal administration of iodide of potassium is useless. In other forms, due to syphilis, iodide of potassium and inunctions of mercury produce speedy improvement. An interesting communication was presented to the Laryngological Society of Paris (July, 1892) by MM. Sabrazes and Freche, upon the histological structure of "singers' nodes." They find that they are due to limited hypertrophies of the epithelium and mucous chorion, sometimes one, sometimes the other predominating, generally both taking part in the thickening. The etiology and treatment of pachydermia laryngis has been discussed by several authors. McBride ("Edin. Med. Journ.," April, 1893), in an interesting article, gives the following points as of use in the diagnosis of pachydermia.

1. Swelling arising gradually without any very definite margin so far as shape goes (although the colour is distinctly defined).

2. The colour is distinctly defined, being of a whitish-grey, with just a tinge of pink.

3. The outline is smooth or finely granular, with sometimes a furrow or cleft.

Kuttner ("Virchow's Archiv," Bd. 130, Heft 2) believes that the so-called "dellen" are caused by the pressure of the two processus vocales. Microscopically there is a marked resemblance to carcinoma from the existence of epithelial nests and micro-cellular infiltration.

In the treatment of pachydermia, Moll (Soc. of Laryng., Paris, May, 1893) advocates the employment of electrolysis.

The writer (JOURNAL OF LARYNGOLOGY, Aug. 1893) recorded a case, occurring in a girl aged twenty-one, where the characteristic appearances were seen at the posterior extremities of the vocal cords.

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At a meeting of the Laryngological Society of London (April 12, 1893), Dundas Grant showed a patient suffering from an angiomatous tumour of the vocal cord. The tumour was about the size of a hemp seed, and was attached by a broad base to the edge and upper surface of the vocal cord. The voice was not much affected.

Poyet (Soc. of Laryng., Paris, May, 1893) reported three cases of submucous hæmorrhage of the vocal cords. In these cases also there was very slight affection of the voice.

Chappel ("Med. Rec.," Jan. 7, 1893) reports a case of eversion of both laryngeal ventricles, with a new method of treatment. The accident occurred to a woman aged forty-eight, during a severe fit of coughing. Intubation gave relief to the dyspnœa, but as it could not be kept up the ventricles were removed by means of a laryngeal guillotine of the ring form, with an outward convexity.

Semon ("Lancet," March 11, 1893) strongly advises the internal use of pure creosote in the treatment of laryngeal tuberculosis. He rubs lactic acid into the ulcerated areas with cotton-armed probes, and granulation tissue he scrapes away with Krause's or Heryng's curettes, previous to the application of lactic acid.

Heryng (JOURNAL OF LARYNGOLOGY, Aug., 1893), in an able paper upon the surgical treatment of laryngeal phthisis, remarks that the harmful theory of the incurability of laryhgeal phthisis is now exploded. The main indications in the treatment of laryngeal phthisis are (1) to relieve suffering, (2) to prolong life, (3) in favourable but exceptional cases to bring about perfect healing in the larynx, and a restoration of its functions. Curettement is indicated specially in cases of circumscribed, slowly-developing tubercular infiltrations, even although they show no tendency to break down. The object here is to prevent the further inevitable destruction of a vital organ by destroying the centre of infection.

Castex (Soc. of Laryn., Paris, May, 1893) considers surgical intervention in laryngeal phthisis justifiable in the following conditions :—

1. Where medical treatment is inefficient.
2. Where indicated by local conditions.
3. When not contra-indicated by the general condition.

Piniaczek ("Deutsche Zeitschrift für Chirurg.," Bd. 36, Heft 3 and 4) contributes an important paper upon laryngo-fissure. He advises the performance of a preliminary tracheotomy some days before the laryngo-fissure. The operation should only be performed if endo-laryngeal operation is impossible, as in broad and deeply-seated benign neoplasms of the larynx; malignant neoplasms, as long as it is possible to remove them without extirpation of the larynx; stenosis which cannot be cured by systematic endo-laryngeal dilatation; chondritis in prior hypertrophica, where the extirpation of the hypertrophied mucous membrane is indicated; perichondritis and fracture of the larynx for reposition of the fragments; impacted foreign bodies, and very rarely in tuberculosis.

Pitts (JOURNAL OF LARYNGOLOGY, Oct., 1893), in discussing the treatment of compound laryngeal papillomata in children, discredits the spontaneous disappearance of the growths after tracheotomy, and advises

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the performance of a tracheotomy and the wearing of a permanent canula until the larynx becomes further developed. Intubation is never advisable, bleeding and irritation being inevitable.

McBride ("Brit. Med. Journ.," May 14, 1892) and Hunter Mackenzie ("Brit. Med. Journ.," Dec. 2, 1892) describe cases of laryngeal cysts.

Sokolowski ("Gaz. Lek.," 1892, No. 32) reports four cases of erysipelas of the larynx, of which three ended in recovery.

Semon ("Brain," Winter, 1892), defends the statement that there is a greater proclivity for the abductors than for the other laryngeal muscles to become paralysed in cases of lesions of the vagus or recurrent laryngeal nerve. The early atrophy and destruction of the abductors in cases of organic lesions of the nerves, and the relatively early death of the abductors in experimental lesions of these nerves, favours the view that there is an actual difference in the biological composition of the said muscles and nerve endings. He favours the view that the motor supply of the larynx (recurrent at least) is derived from the spinal accessory. He also insists that the cortical centre of either side controls both vocal cords, and that therefore a paralysis of one cord cannot result from a lesion of the opposite side.

Masini ("Boll. delle Malat. dell' Orecchio," July, 1893), after having made some new experiments, comes to the following conclusions :—

1. Upon the cortex of the brain of the dog there are two bilateral centres which regulate the movements of the opposite side of the larynx.

2. These centres are connected with other motor centres, and particularly with those presiding over the glottic function.

3. When one of these centres is impaired or destroyed (whatever may be the manner) there does not follow paralysis, but a glottic paresis, on account of the presence of crossed and direct fibres.

4. Bilateral impairments produce a more evident and persistent paresis, without reaching the degree of a true paralysis.

Kanthack and Huderson ("Journal of Physiology," Vol. xiv., Nos. 2 and 3, p. 154) have found that in man and in certain of the lower animals, *e.g.*, dogs, cats, etc., during deglutition under natural conditions, the epiglottis descends and covers the entrance to the larynx after the manner of a lid. In some animals they found that the base of the tongue may replace the epiglottis, the aditus laryngis being pulled up and pressed against the tongue.

Max Thorner ("Med. News," Jan. 28, 1893) advises the use of a modified tuberculin in the treatment of laryngeal phthisis. The preparation he uses is Hunter's modification B of tuberculin. The injections are made between the shoulder blades with carefully sterilized syringes and needles.

At a meeting of the British Laryngological Association (June 30, 1893) several members present testified to the great value of Dundas Grant's safety endo-laryngeal forceps. *W. Milligan.*

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