of a probe through the natural opening, or by the sharp spoon. By sniffing now a mass of mucus and pus is often removed, with great improvement in the condition of the patient. Chronic inflammations of the sinus are often combined with nasal polypi. The author believes, in opposition to Grünwald (see the review of his book), that in cases of ozæna the ozæna is primary, and the disease of the accessory cavities secondary. In cases of chronic suppuration the subjective symptoms are vertigo, discharge of pus, fœtor, psychical depression, disturbances of vision, and a feeling of oppression. Objective symptoms are, broadness of the nose, erysipelatous redness of the nose, hyperplasia of the nasal mucous membrane, pharyngitis sicca, polypi, hypertrophy of the tonsils. The treatment consists in opening the sinus with the sharp spoon, dilating by the bone forceps, and after-treatment with antiseptic irrigations and insufflation of iodoform powder. *Michael.*

LARYNX.

Tousey, S.—*Frau Gelly; a unique Throat Subject.* "New York Med. Journ.," Oct. 29, 1892.

AN account of this remarkable person, who is employed as a nurse in Prof. Schnitzler's clinic, and hires herself out at eighty cents an hour to medical men as a subject upon which to practise laryngology and rhinology. Last year an American physician, working in Vienna on a modification of O'Dwyer's tubes, is said to have intubated Frau Gelly's larynx one thousand times! *R. Norris Wolfenden.*

Musehold (Berlin).—*Apparatus for Photography of the Larynx.* "Annales des Mal. du Larynx, etc.," Jan., 1893.

THE author gives a historical survey of the question, and enumerates the various trials made and apparatus constructed for photography of the larynx. He then describes his own instruments and methods. But the laryngeal pictures are not better than those produced previously, and appear to be much less clear than those figured by French. *Joal.*

Killian (Freiburg).—*Demonstration of Laryngoscopic Images by Direct Projection.* "Münchener Med. Woch.," 1893, No. 6.

IMPROVED camera obscura apparatus. *Michael.*

Scheier (Berlin). — *Trauma of the Vertebral Column. The Position of the Larynx in relation to the Vertebral Column.* "Berliner Klin. Woch.," 1893, No. 2.

A PATIENT, thirty years old, died from luxation of the fifth vertebra. At the *post-mortem* examination a decubital ulcer was found on the posterior wall of the pharynx exactly at the level of the posterior wall of the cricoid cartilage. This proves that the cricoid cartilage is situated at the level of the fifth vertebra. *Michael.*

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Schmidt, Meihardt (Cuxhaven). — *Congenital Malformation of the Cartilage of the Epiglottis.* "Verhandlungen der 21 Chirurgencongress," page 185.

A CHILD, six months of age, dying from atrophy had during his lifetime dyspnœa and stridor. The *post-mortem* examination showed the cause of the dyspnœa to be a malformation of the epiglottis, which was so compressed at its sides that it entirely stenosed the aditus laryngis.

Michael.

Irsay.—*Cases of Laryngeal and Pharyngeal Syphilis.* Gesellschaft der Aertze in Budapest, Meeting, Nov. 19, 1892.

EXHIBITION of cases cured by intra-muscular injections of sublimate. In two cases of laryngeal stenosis it was possible to avoid tracheotomy by the prompt effect of the drug, but in a third case tracheotomy had to be performed.

BOKAY preferred intubation to tracheotomy in cases of syphilitic stenosis, and reported some cases which presented the best results.

OSTERMAYER and BASCH also recommended intra-muscular injections.

Michael.

Semon.—*A Clinical Lecture on Syphilis of the Larynx.* "The Clinical Journal," Jan. 18, 1893.

As to general frequency, Semon shows three per cent. out of twenty thousand cases of syphilis affecting the larynx, eighty-seven per cent. of such cases showing slighter forms of the affection, thirteen per cent. the graver lesions. The manifestations are of a three-fold nature, viz., secondary, tertiary, and congenital. The usual oral and faucial appearances are not observed in the larynx. The sub-divisions given are not to be taken seriously, rather as classifications of convenience. "Intermediate" is a term that might be used to designate some manifestations of the disease. The forms are as follows:—Secondary, simple catarrh (erythema); papules (condyloma, mucous patches); tertiary, diffuse infiltration, gummata, ulcerations; fibroid manifestations, cicatrices (membranous adhesions, etc.), neoplasms, perichondritis, paralysis.

Ulcerations are common to all, while all forms may occur in congenital syphilis, although here the graver forms are rare.

Age.—The acquired form usually occurs between seventeen and forty years; the congenital form shortly, or three or four years after birth—a late form of hereditary syphilis is sometimes observed at puberty. No age, however, is exempt, not even the age of sixty or seventy years. Sex imposes no differences. The date of appearances varies. The secondary forms may appear after six weeks, or it may be after some years, while the tertiary *generally* only occur after the lapse of several years. Some secondary affections repeat themselves for years, while again tertiary forms spring up in the larynx four or five months after the primary affection. The specific erythema differs little from the simple form, but existing signs are present as a guide. Semon holds that the papulous syphilide is a rarely observed manifestation. Both the above tend to recur again and again. Among the so-called tertiary forms the first described is the *diffuse infiltration* due to small-celled proliferation, usually attacking the vocal cords, epiglottis, or posterior wall of the larynx, and disfiguring the normal

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appearance of the parts. The gummata, which histologically are sharply limited, develop in the submucous tissue, and cause a serious form of laryngeal syphilis—perichondritis—often occurring with intact mucosa. In both the last forms there is generally no pain, which sign serves as a diagnosis from other laryngeal affections, *e.g.*, tuberculosis, cancer, etc. Both the latter forms may break down and ulcerate. In some infiltrations fibroid metamorphosis develops, leading to stenosis of the larynx.

Cicatrices result from the repair of ulcerations, and are prone to contract, leading to stenosis, diaphragms, etc. Actual neoplasms arise as a result of ulcers, etc. Perichondritis is the most serious form of syphilis in the larynx, arising from ulcers or gummata invading the cartilage, from infiltration between the perichondrium and cartilage.

Sclerosing perichondritis is referred to. Paralyses both of a local and distant source may occur. Treating of the question of diagnosis, it is urged that, in syphilitic diseases especially, the appearances to the eyes more than the history are to be trusted, for the patient may deny the fact, or he or she may not be aware of the significance of the question on the point, and, again, the patient may not know that he has had it.

As to subjective symptoms, they depend on localization and intensity of infection. As to differential diagnosis, the two affections most apt to be confounded with syphilis are cancer and tuberculosis. In the latter there is pallor, in syphilis inflammatory redness; the tubercular ulcer develops slowly, the syphilitic rapidly; the tubercular ulcers, small at first, develop on both sides of the larynx—the syphilitic, often large from the first, are frequently solitary and unilateral; the former is worm-eaten, the latter deeper and more sharply defined. Both syphilis and tubercle may be found associated in a case. The use of the iodide forms a useful guide in differentiation from cancer. Decided cervical adenitis favours the diagnosis of cancer.

As regards the treatment, no hard and fast rule can be laid down as to when hydrarg. should be used to the exclusion of the iodide, and *vice versa*. Which of the two is most suitable in a given case must be found out by application. Alternating the remedies is of service. Mercury is advised to be exhibited in the form of inunction. Twenty grains of ointment is to be daily rubbed in for a month. This is useful in all cases, from the primary to the tertiary, where the iodide may be given internally. Local application to the larynx, except in obstinate cases, is not urged. Tracheotomy and Schroetter's tubes for stenoses, and intra-laryngeal operations for adhesions, are mentioned.

Wm. Robertson.

Sokolowski (Warsaw).—*Some Remarks on Erysipelas of the Larynx.* "Gaz. Lek.," 1892, No. 32.

THE author reports four cases of this rare disease. The first, which ended satisfactorily, began as "angina lacunaris," in which Sendter found streptococcus pyogenes et streptococcus erysipelatis (Fehleisen). It is therefore possible that the process extended from the tonsil to the larynx by means of the lymphatic vessels, and caused the disease observed (erysipelas laryngis). In the second case, which ended fatally,

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post-mortem examination showed purulent infiltration of the larynx, which probably had caused general infection. In the last two cases, each with favourable course, the process also began in the tonsils in the form of lacunar inflammation, which afterwards was followed by slight œdema of the larynx. The author is of opinion that this swelling was also dependent upon the streptococcus erysipelatis, which naturally can only be proved by bacteriological examinations. *John Sendziak.*

MacCoy, A. W.—*Rare Forms of Laryngeal Growths.* "New York Med. Journ.," Feb. 4, 1893.

THE author refers to the rarity with which true myxomata are found in the larynx. All laryngologists (with the exception of Fauvel) who have written on this subject regard the disease as unusually rare. The patient, a woman aged thirty-nine, had suffered from a defective voice for two years. There was frequent cough, a jerky form of respiration, but no pain and no embarrassment of respiration. A tumour was found to exist in the larynx as large as a Lima bean, and resembling it in appearance. The growth appeared to spring from the ventricle of the larynx and overlapped the right vocal band, except for a short distance posteriorly. The growth was smooth in contour, flattened from side to side, and of a pale pinkish-yellow colour. On removal the growth showed the histological structure of a true myxoma.

The second case was that of a fibroma occurring in a male patient, aged forty, who also suffered from pulmonary phthisis. The larynx also presented the typical appearances of laryngeal tuberculosis. A large pear-shaped tumour, smooth in outline, movable, and bright red in colour was found in the laryngeal cavity springing from the anterior and right surface of the thyroid cartilage, and apparently from beneath the anterior commissure. The tumour was removed with a wire snare, and was found to be composed of interlacing bundles of dense fibrous tissue, the outer layers composed of thickened layers of mucous membrane.

W. Milligan.

Goris.—*Communication to the Academy of Medicine of Belgium, June 25, 1892.*

(1) EXTRACTION of a needle, four centimetres long, lying horizontally in the larynx—one end being in the epiglottis, the other in the arytenoid cartilage. Removed with Fauvel's forceps. (2) A new laryngeal forceps for polypus. (3) Reports of two cases of pachydermis laryngis—one of the diffuse, the other of the verrucous variety, in which case five separate tumours were removed. *Hicguet.*

Parker, Francis L. (Charleston).—*Extraction of a Safety Pin from the Larynx with Mackenzie's Forceps.* "Med. Rec.," Aug. 20, 1892.

A CHILD five years old swallowed an open safety pin, which stuck in the larynx, and caused extreme dyspnœa. The child was put under chloroform and gagged, and by means of the finger the pin could be felt in the larynx. At the third trial it was extracted by means of Mackenzie's forceps. *Dundas Grant.*

Moure (Bordeaux).—*A Piece of Glass arrested at the Entrance to the Digestive and Air Passages.* "Rev. de Laryngol.," Feb. 1, 1893.

A PATIENT, aged twenty, was attacked with sharp pain in the throat, after

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eating soup, a month previously. Laryngoscopically the larynx was seen to be normal, but on the posterior part a black line was seen, extending transversely from one hyoid fossa to the other and hiding the arytenoids a little. The probe revealed a certain hardness of the object, and the author thought of the presence of an iron nail. He extracted it with duck's-bill forceps, and found it to be a triangular piece of glass, three centimètres along one side, three and a quarter and three and a half centimètres along the other sides. It had penetrated by one of its angles into the digestive tract. *Joal.*

Seifert, O. (Wurzburg).—*Foreign Bodies in the Larynx.* "Rev. de Laryngol.," Jan. 1, 1893.

THE case of a child, six years of age, who had presented laryngeal symptoms for six months. Between the vocal cords the author discovered the presence of a piece of bone, long and thin, one of the points of which was engaged in the anterior commissure, and the other was fixed in the anterior aspect of the posterior laryngeal wall. The bone was removed by Schroetter's forceps laryngoscopically, and one side was found to be fifteen millimètres long, the two others twelve millimètres. The author reviews the cases recorded of bones fixed in the larynx, and cites the observations of leeches which had penetrated into the vocal organs. *Joal.*

Geley, G. (Lyons).—*Paralysis of one Vocal Cord, Primary Cancer of the Lung, and Tuberculosis.* "Annales des Mal. du Larynx.," Jan., 1893.

THE observation of a case from Dr. Garel's clinic. At the autopsy the left lung was found to be on all sides bound to neighbouring organs and to the posterior thoracic wall by hard and resistant adhesions. The upper part of the lung was transformed into a white lardaceous mass, histologically proved to be a scirrhus. *Joal.*

Bresgen (Frankfort-a-M.).—*Spasm of the Glottis.* "Diagnostisches Lexicon für Practische Aertze Wien," 1892.

EXCELLENT short review of this subject. *Michael.*

Onodi.—*Clinical Contribution to the Etiology of Laryngeal Paralysis.* Gesellschaft der Aerzte in Budapest, Meeting, Jan. 14, 1893.

A PATIENT, sixty-two years old, had an aneurisma aortæ and paralysis of the right posticus and total paralysis of the left vocal band. The microscopic examination showed on the left side total degeneration of the nervus laryngeus inferior, in the nerve of the right side both degenerated and normal fibres. As in experiment here the nerve of the posticus muscle was the first to degenerate, then the nerve supply of the thyro-arytænoideus, and lastly the nerve of the lateral muscle. *Michael.*

Burger, Hendrik (Amsterdam). — *The Question of Posticus Paralysis* "Volkmann's Klinische Vorträge," neue folge, No. 57. Leipzig: Breitkopf und Hartel. 1892.

A REVIEW of the papers written upon this question, with critical remarks. The author concludes that Krause's hypothesis cannot be supported, and that Semon's conclusions agree with clinical experiences, and that his

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views rest upon a physiological basis by late experimental work. [The divergence between these two views, supported respectively by Krause and Semon, will never disappear so long as the authors will not allow that both views may be right. In most cases without doubt a paralysis of the postici is the cause of the characteristic position of the cords. In a few cases the complex of symptoms is produced by contraction of the adductors. Such cases I have called "dyspnœa spastica," and first described in 1885. Similar observations have been published by Krause, Heryng, and Eisenlohr. The cessation of the dyspnœa during chloroform narcosis, and the combination of the dyspnœa with aphonia spastica, are characteristic of contraction. My own case has been under my observation for nine years, and even now it is impossible to remove the canula. The aphonia is up to now also unchanged.—*Rep.*] *Michael.*

Gersuny (Wien).—*Laryngotomia Transversa.* "Billroth's Festschrift," 1892.

THE author recommends as a preliminary operation in extirpations of laryngeal tumours thyrotomia transversa. The operation consists in making a horizontal incision through the whole thyroid cartilage over the vocal cords. The mucous membrane of the Morgagni ventricles is also divided. The upper part of the thyroid cartilage is now divided into two halves. It is thus possible to remove tumours of the larynx and epiglottis without division of the anterior part of the vocal cords. *Michael.*

Toti (Florence).—*Tachycardia following Extirpation of the Larynx.* "Deutsche Med. Woch.," 1892, No. 4.

POLEMICAL article. *Michael.*

Grossman (Wien).—*On "Heart Death" following Extirpation of the Larynx.* "Billroth's Festschrift,"1892.

THE author's experiments gave the following results: Death from disturbed circulation following extirpation of the larynx is caused through a continuous state of irritation of the nervi laryngei superiores, and eventually by continuation of this irritation to the nervi vagi.

Michael.

Abbe, R. (New York.)—*Partial Laryngectomy for Extensive Carcinoma.* "Med. Rec.," Nov. 26, 1892.

A MAN, aged forty-five, had been treated for more than a year for papillomatous vocal cord, and subsequently was found to have extensive carcinoma involving more than half the larynx. Obstructive œdema came on and Dr. Abbe performed tracheotomy and partial laryngectomy, removing the entire thyroid cartilage except the posterior third of the right ala, together with all the larynx except a strip of the posterior wall, half an inch wide, continuous with the bronchial (*sic*) mucous membrane. Part of the cricoid cartilage was invaded and also removed. The wound was packed with iodoform gauze, and the patient was fed for ten days by soft catheter. The recovery was uninterrupted, and a useful though hoarse and guttural voice remained. [The date of the operation is not stated.] *Dundas Grant.*

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Wolf, Julius (Berlin).—*Improvements in the Artificial Larynx, and Demonstration of a Patient having undergone Total Extirpation of the Larynx.* "Verhandlungen der 21 Chirurgencongress," page 482.

THE author showed a patient whose larynx was extirpated for cancroid, and who wore an improved artificial larynx, by which it was possible to speak for a long time without disturbance, and to sing. The details of the instrument cannot well be understood without illustration, and must therefore be read in the original. *Michael.*

Wolf, Julius (Berlin).—*Improvements in the Artificial Larynx, and Demonstration of a Case of Total Extirpation of the Larynx.* "Langenbech's Archiv," Band 45, Heft 2.

SEE the report in this Journal of the Berliner Med. Gesellschaft. *Michael.*

Szowrski (Posen).—*On Fractures of the Larynx.* Inaugural Dissertation, Würzburg, 1892.

A REPORT upon the literature of the subject. The author adds a new case of his own observation. The patient probably had had a traumatic fissure of the thyroid cartilage. Four weeks after the occurrence the laryngoscope showed swelling of the ventricular bands, and inflammation of the vocal cords. In the anterior commissure a body, five millimetres long, was seen, which, when removed, proved to be dissolved mucous membrane. Cure resulted. *Michael.*

Moskowitz (Pesth).—*Laryngeal Wounds.* "Pesther Med. Chir. Presse," 1892, No. 4.

A REVIEW of the subject. *Michael.*

Scheier (Berlin).—*O'Dwyer's Intubation of the Larynx.* "Therap. Monats.," 1893, No. 1.

A REPORT upon the application of the method to twenty cases of diphtheria. The author does not believe that the results are better than those of tracheotomy. In two cases the dyspnœa was increased by the introduction of the tube, and tracheotomy had to be performed. In cases of paralysis of the glottis following tracheotomy, and of granulation stenoses, the method was followed by very good results. The author has also tried the method in some cases of chronic stenoses caused by syphilis and fractures of the larynx, and has obtained satisfactory results. *Michael.*

Galatti (Wien). — *O'Dwyer's Intubation as a substitute for Tracheotomy in Diphtheritic Laryngeal Stenoses.* "Allg. Wiener Med. Zeitung," 1892, No. 46.

A RECOMMENDATION of the method. *Michael.*

Maydl (Wien). — *Intubation a means of Obviating the Entrance of Blood into the Respiratory Organs during Operations.* "Wiener Med. Woch.," 1893, No. 23.

THE author applies an O'Dwyer tube with an inductor similar to Pean's forceps. The tube is connected with a drain to which is attached a

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funnel. The pharynx is tamponed with iodoform gauze. Through the funnel the patient respires and can be narcotized. In this manner it is possible in operations upon the mouth and pharynx to prevent aspiration of blood and wound secretions and glottic spasm without performing tracheotomy. The author has tried his method in several cases with good results. He has also found that his apparatus may remain twenty hours in the trachea without damage. *Michael.*

Morris, Henry (London).—*On the Value of Sutures in Cut-Throat.* "Lancet," Dec. 24, 1892.

THE author describes cases in support of his views as to the advantages of the free use of buried sutures uniting accurately end to end the cut edges of each structure which has been divided—cartilage with cartilage, membrane (*e.g.*, thyro-hyoid) with membrane, muscle with muscle, fascia with fascia, and skin with skin—and the insertion of a few pieces of drainage tube at selected points. He impresses the necessity of securely fixing the head and steadying the neck during the healing of the wounds after closure by sutures. The advantages are that union by first intention is secured with such rapidity that, during the whole of the process, the patient can be supported by rectal feeding entirely, thus avoiding the distress and mischief arising from attempts at swallowing, and the discomforts attending feeding by an œsophageal tube. There is less risk of fistula or of contraction, and freedom from the alleged (unfounded) risk of suffocation from the detached portion of the epiglottis falling over the upper aperture of the larynx. *Dundas Grant.*

Pollard, Bilton (London).—*On the Value of Sutures in Cut-Throat.* "Lancet," Dec. 31, 1892.

THE author quotes cases of his own in support of the views expressed by Mr. Henry Morris. *Dundas Grant.*

THYROID GLAND, &c.

Hoffmeister.—*Physiology of the Thyroid Gland.* "Fortschritt der Medicin," 1892, Nos. 3 and 4.

THE author has extirpated the thyroid gland in a great many rabbits. In all cases he found vicarious enlargements of the thymus and spleen, enlargement of the hypophysis, diminished developments of the bones and the epiphyses, enlargement of the ovaries through increased development of follicles, and pathological changes in the kidneys. *Michael.*

Gibson (Brisbane).—*The Function of the Thyroid Gland.* "Brit. Med. Journ.," Jan. 4, 1893.

A PAPER recording the case of a child, where the thyroid appeared to be absent, and into whose body the author twice grafted the thyroid of a lamb. *Inter alia*, the author is averse to believing, from observations on dogs

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