LARYNX.

SREBRNY.—Contribution to the Casuistics of Foreign Bodies in the Larynx. *Gazeta Lekarska, No.* 38, 1888.

THIS was the case of a patient, seventeen years of age, who had aspired a grain of seed. Three months after this was seen to be lying transversely above the true vocal cords. All trials at extraction through the mouth having failed, it was finally extracted by tracheotomy, and the patient was rapidly cured. **Constantin Karwowski.**

WAXHAM, F. E. (Chicago).—**Remarks on Intubation of the Larynx.** *British Medical Journal, September* 29, 1888.

A PAPER with illustrations descriptive of the operation, and concluding with a table comparing the results after tracheotomy, and after intubation. "It will thus be seen that intubation holds its own with tracheotomy at "all ages, and with the young and feeble children it offers advantages far "superior to tracheotomy." **Hunter Mackenzie.**

HUTCHINSON, PROCTER S. (London).—**Acute Necrotic Perichondritis of the Larynx in a Pig.** *British Medical Journal, September* 22, 1888.

THE animal was a fat and otherwise healthy boar pig. "The case is very "valuable as conclusive proof that such may take place quite independently "of any specific influence. That the inflammation was catarrhal is "perhaps most probable." **Hunter Mackenzie.**

BASSOLS PRIM.—On the Treatment of Laryngeal Phthisis. *Revista de Laringologia, Otologia y Rinologia, December*, 1888.

THE author, considering the parasitic nature of the disease, claims that oxygen is indicated, either in inhalations or locally as oxygenated water. These operate upon the lesion through the intermedium of the blood; oxygenated water acts directly upon wounds. Inhalations of sulphurous acid have an indubitable action upon the tuberculous process, and upon the concurrent congestion. **Ramon de la Sota.**

SOKOLOWSKI.—The Cure and Local Treatment of Laryngeal Phthisis. (Communication read at the Fifth Congress of Polish Physicians at Lemberg, 1888.) *Gazeta Lekarska, No.* 35, 1888.

THE author recorded observations and conclusions drawn from his private and hospital practice. He has seen many cases of spontaneous cure of phthisical ulceration of the larynx. In fifty cases of phthisical ulceration of the larynx which have been without local treatment, he has observed 16 per cent. of ameliorations, and of fifty cases locally treated, 80 per cent.

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of ameliorations. The treatment consisted of the local application of lactic acid, iodol, cocaine, curetting, ablation of granulations by means of the forceps or galvano-cautery, scarifications, &c.

He has arrived at the following conclusions :—

1. The cure of laryngeal phthisis is possible, but rare ;
2. Cicatrisation, spontaneous, or produced by local treatment, always occurs with ameliorations of the general condition of the patient, and of the lungs ;
3. The best local treatment is a combination of methods, lactic acid, curetting, scarification, and galvano-cautery ;
4. It is absolutely essential that local treatment be accompanied with general treatment.

Constantin Karwowski.

PRZEDBORSKI.—Contribution to the Study of Hernias of the Ventricle of Morgagni. *Gazeta Lekarska, Nos.* 51 *and* 52, 1888.

A DESCRIPTION of two cases observed and cured by the author : one cured by cauterisation with chromic acid, the other in which the hernia was multiple, composed of several separate tumours, and which was cured by removal of these tumours by means of Fauvel's forceps. The first case was that of a lady phthisical, but quite well for three years. The second was that of a strong man who had abused alcoholic liquors, and the author gives a literary *résumé* of the subject, adding remarks upon etiology and treatment.

Constantin Karwowski.

SREBRNY.—Laryngitis Hæmorrhagica. *Gazeta Lekarska, No.* 38, 1888.

THIS is the history of a case of this disorder, in which a woman, aged thirty-eight, and otherwise quite well, complained for a week of pains in the throat, and hoarseness, and who expectorated clots of blood. The author found a catarrhal laryngitis with hæmorrhage from the larynx. Under astringent inhalations the patient was cured at the end of three days. The author finds that his case is analogous to those described by Strübing under the name of hæmorrhagic laryngitis.

Constantin Karwowski.

SOKOLOWSKI.—Idiopathic Phlegmonous Laryngitis or Laryngitis Submucosa. *Gazeta Lekarska, November* 21, 1888.

THIS is an excellent monograph based upon ancient and modern works, and on cases observed by the author. The laryngoscopical appearances at the commencement of the disease, sometimes simulate phthisis, especially in phthisical subjects, as the author has had occasion to observe. As to treatment the author recommends purgatives, ice, and local antiphlogistic measures by means of leeches and vesicatories. In cases where great œdema threatens, he employs scarifications of the affected parts. The author records a very detailed case, and gives the *résumé* of seven cases observed by him latterly, each offering some peculiarities.

Constantin Karwowski.

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MALINOWSKI.—Syphilitic Stenosis of the Larynx and Trachea in a Child three years of age. *Gazeta Lekarska, November* 28, 1888.

STENOSIS of the larynx was diagnosed with the mirror in the case of a child born syphilitic, and who for four months suffered from dyspnœa. During a very alarming attack tracheotomy was performed, but the trachea was of so small a diameter by reason of cicatrices, that the smallest cannula could not enter. The child died three hours after, and the autopsy confirmed the diagnosis. **Constantin Karwowski.**

OLTUSZEWSKI.—Contribution to the Diagnosis and Treatment of Syphilitic Affections of the Larynx. *Gazeta Lekarska, Nos.* 46 *and* 47, 1888.

FOUNDING his conclusions upon original observations, the author divides syphilitic affections of the larynx into seven varieties :—(1) Flat condylomata ; (2) Infiltration and inflammation of the mucous and sub-mucous membranes of the larynx, with their results ; (3) Syphilitic ulcers ; (4) Cicatrices ; (5) Inflammation of the joints and cartilages of the larynx ; (6) Perichondritis ; (7) Paralyses.

The author has often seen flat condylomata on the posterior wall of the larynx, the epiglottis, and once on the true vocal cords. Infiltrations with their sequelæ, such as ulceration and cicatrices, he has observed on all parts of the larynx and epiglottis. Ulcers always possess a grey-yellow base, with irregular edges surrounded with a red zone. In doubtful cases anti-specific treatment will aid the diagnosis.

He has observed syphilitic ulcers in phthisical subjects, and has succeeded in obtaining their cicatrisation and sometimes amelioration of the pulmonary condition. The author has seen syphilitic cicatrices on the ary-epiglottic ligaments, the epiglottis, and the true and false vocal cords. He has seen one curious case of anchylosis of the crico-arytenoid articulation, when the corresponding vocal cord was completely immovable. Mixed treatment, mercurial frictions, and iodide of potash cured this condition.

The author then relates a case of cancer of the larynx. The affection appeared in a man fifty-two years of age, who had had a chancre thirty-two years previously. The author and Dr. Heryng thought the case to be syphilitic, and treated it accordingly, without result. The patient who had suffered from his throat for two years, had coughed for six weeks, and expectorated sanguinolent sputum. On examination there was found, paralysis of the left half of the larynx, infiltration of the ary-epiglottic ligament, and the left arytenoid cartilage. On the left false cord was observed a vegetation which hid the entry of the larynx a little. There was inequality of the surface of the posterior wall. There was continuous pain and excessively disagreeable breath. There was also sub-maxillary adenopathy on the left side. After failure of the anti-syphilitic treatment Dr. Heryng removed a piece of the vegetation for microscopic examination, which proved it to be cancer.

According to the author, the treatment of syphilitic affections of the larynx should be general anti-specific treatment with local applications of a solution of corrosive sublimate. **Constantin Karwowski.**

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FRAENKEL, B. (Berlin).—**Laryngeal Cancer, its Diagnosis and Treatment.** *Deutsch Med. Wochenschr.*, 1889, Nos. 1, 2, 3, 4, 5, 6.

It is very desirable that laryngeal carcinoma should be diagnosed at an early period. The author, therefore, describes first the early form of this disease :—

(1.) *Carcinoma polypoides.*—Cancers of the vocal cords only have one subjective symptom such as other tumours, that is, hoarseness. Benign neoplasms are situated on the vocal cord, malignant growths perforate its tissue. The mobility of the vocal cord is not at first diminished. The circumference of the tumour is not inflamed. Sometimes the colour of the tumour is an opaque white. This colour is characteristic of cancer. Sometimes it is possible therefore to determine the cancer *prima vista*, but there are other cases in which it is absolutely impossible to differentiate them from other tumours, especially the papillomata and fibromata. There are also certainly intermediate forms between malignant and benign tumours. The microscopic examination may also lead to false conclusions, as well in their positive as in their negative relation, but in most cases it may give a determinate decision, so that it must be said that microscopical examination is of very great importance. Usually the cancer in these cases is carcinoma keratoides.

(2.) *Carcinoma diffusum.*—Sometimes the cancer does not manifest itself in the form of tumour, but in a diffused manner. These conditions are not easy to discriminate from other hypertrophies of the vocal cords. Microscopically the growth is usually carcinoma simplex. It is often very difficult to differentiate these forms from benign growths, such as pachydermia, tuberculosis, and syphilis. Important symptoms are the diminished mobility of the vocal band, and the unilateral localization of the process. The diminished mobility and the median position of the cord may be produced by disease of the crico-arytenoid joint, as well as by pressure on the recurrent nerve. But the author has sometimes seen this symptom in benign tumours. In some cases the diagnosis may be made by microscopical examination.

(3.) *Carcinoma, polypoides and diffusum, in other portions of the larynx.*—The cancer may originate in the ary-epiglottic folds, in the ventricles, or in the posterior laryngeal wall. Special mention must be made of the tumours arising from the inner surfaces of the arytenoid cartilages, and the processus vocalis. These forms may easily be thought to be pachydermia laryngis.

(4.) *Carcinoma ventriculare.*—Sometimes the laryngoscope demonstrates only a protrusion of the ary-epiglottic folds. The tumour is covered by normal mucous membrane, and it is a carcinoma submucosum. Microscopically, this is usually a carcinoma fibrosum adenoides. It is rather easy to differentiate these forms from essential perichondritis, but it may be impossible to differentiate them by laryngoscopical examination from syphilitic gummata. An anti-syphilitic treatment and microscopical examination can only determine the diagnosis in these cases.

(5.) *Progressive forms of laryngeal carcinoma.*—Cancer has an inclination to progress along the pavement epithelium, and so arise the

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circular forms. Larger tumours, producing stenosis and asphyxia, also occur, and the cancer often resembles the so-called cauliflower tumours. Sometimes the progress of the cancer is at intervals, which are in some cases regular. In a great many cases there is never any swelling of the glands of the neck ; in other cases this swelling is the most remarkable symptom. When the tumours have been present a certain time, the second period of the disease begins, which is marked by ulceration. Neither this symptom, nor the pain irradiating into the ear, nor dysphagia, nor difficulties of swallowing, are characteristic of the disease. Other ulcerations may produce the same symptoms. But it must be remarked that there is a certain factor by which the diagnosis can be made by the nose of the observer. The differential diagnosis in such cases can often be determined by microscopical examination of particles of the growth, or of the sputum, and also by tentative use of potash iodide. In rare cases we find cicatrisation of carcinomatous ulcers. The cartilages may at a later period be destroyed by the progress of the neoplasm or by perichondritis. From this inflammation an acute stenosis may be produced. A thickening of the cartilages may be produced, which can be felt in the neck. The whole tumour may perforate the cartilages, and so be felt through the skin. The death of the patient may be caused by asphyxia, by infection of the lungs, by collapse, or by accidental causes, such as hæmorrhage, pyæmia etc.

(6.) ***Treatment.***—The neoplasm must be removed so long as it is a local disease. Some authors do not recommend this method, believing that all cases will be followed by recurrence, but it is to be hoped that the number of recurrences will be diminished by making early diagnosis. The author has attempted intra-laryngeal operation, and has had in one case a very excellent result. The tumour was diagnosed by Virchow to be carcinoma. The patient is now seventy-seven years of age, and has had no recurrence for four years (see the report in this Journal, 1887). The author has adopted the same method in five other cases :—(*a*) Removing a tumour as large as a bean in a patient fifty-seven years of age (carcinoma keratoides). He has not again seen the case. (*b*) Extirpation of a carcinoma of the left vocal cord in a patient sixty-seven years of age. One-and-a-half years later the tumour had not recurred. Two years after there was recurrence. A second intra-laryngeal extirpation was then performed. (*c*) Extirpation of a carcinoma from the right vocal cord. A year afterwards there was no recurrence. (*d*) Extirpation of a cancroidally degenerated left vocal cord. Six months after the operation there was no recurrence. (*e*) Carcinoma keratoides of the right vocal cord. The author tried intra-laryngeal extirpation, but without complete success. Therefore, laryngo-fissure was performed, with extirpation of the diseased vocal cord. Two months after there was no recurrence. Two cures in six cases are results sufficient to recommend the adoption of the endo-laryngeal operation in such cases as it has any chance of success. There can be no doubt that it is the less dangerous, and gives the best chances for preservation of the functions of the larynx. It is possible that benign tumours may degenerate and become malignant, but it is not at all to be believed that such metamorphoses are favoured by intra-laryngeal opera-

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tions. In the cases in question this is of no importance, since cancers already exist. As to instruments, the cutting wire and the forceps are the best. If a recurrence follows the intra-laryngeal operation, a more extensive operation can at any time be performed. Laryngo-fissure is not a dangerous operation, and will give better results if it is performed early. It may also be performed in doubtful cases. If it is not possible to remove the cancer by this method, partial or total extirpation of the larynx must be performed. If great operations are not possible, it may sometimes be well to remove ***per vias naturales***, or by thyrectomy, as much as possible of the growth for the relief of the patient. As a palliative measure in cases of dyspnœa, tracheotomy must be performed to avoid asphyxia. Deep tracheotomy is preferable, because the cancer often advances downwards, and a longer time occurs before it reaches the cannula. In the last stage of the disease only narcotics can give any relief. **Michael.**

STREITER (Würzburg). — **Ten Cases of Thyrotomy. Thyrotomy compared with other Methods of Treatment of the Larynx.** *Würzburg, Boegler*, 125 pages with 2 tables.

AFTER giving a very good historical review of the subject, the author details ten cases operated upon by Professor Schonborn :—

1. Tuberculosis of the larynx. The case appeared to be carcinoma. Deep tracheotomy was performed. Trendelenburg's tampon cannula was used, and thyrotomy was performed, and the ulcers cauterised with Paquelin's cautery. Death occurred three weeks later from tuberculosis.

2. A patient, seventy years of age, had thyrotomy performed, after previous tracheotomy and application of Trendelenburg's cannula. Two months later, senile gangrene of the hand appeared, and death followed a year after.

3. A patient, forty-five years of age, had worn a cannula for two months, Hoarseness and increasing dyspnœa existed, dating from four years previously. Thyrotomy was performed, and a broad based tumour removed from the left vocal cord with scissors. Paquelin's cautery was also applied. A month afterwards the patient was cured, and now breathes with the mouth.

4. A patient, forty-three years of age, had papillomata with aphonia. Thyrotomy was performed. (Why?) Cure resulted.

5. A patient, forty-one years of age, had carcinoma of the larynx. Dyspnœa necessitated tracheotomy. Thyrotomy with cauterisation of the parts were afterwards performed. Six weeks later, the patient left the hospital in rather a bad state.

6. A patient, sixty-five years of age, had carcinoma of the larynx. Thyrotomy was performed, but the patient died from collapse.

7. A patient, forty-three years of age, presented concretions of the vocal cords. Tracheotomy was performed, and was followed by thyrotomy and removal of the granulations. Death occurred eight months later from pneumonia.

8. A case of tubercular laryngitis. Thyrotomy was performed, and the tubercular masses destroyed.

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9. A case of tubercular laryngitis. Thyrotomy was performed, and the tubercular tumours cauterised, but death occurred eight days after.

10. A case of tubercular laryngitis. Tracheotomy was performed, which was followed by emphysema of the skin. Four weeks afterwards thyrotomy was performed, and the tubercular masses destroyed. Death occurred four weeks later.

After the relation of these cases, the author gives a monograph upon the operation and its indications. We may agree with him that prophylactic tracheotomy should always be performed, and that tamponning the trachea is necessary. Trendelenburg's tampon cannula is certainly the safest, if the material is good and is examined before using. The sponge cannula of Hahn is merely a filter, and in no sense a tampon. The sponge should only be used with a gutta-percha cover, as recommended by the reporter, and it is then absolutely safe. We may also agree with the method of operation, and with the use of Pacquelin's cautery. But we cannot at all agree with the opinions expressed by the author as to the indications for the operation of thyrotomy, and the absence of danger in every case. This view on the part of the author is the more curious, since he himself relates two cases in which death was hastened by the operation (cases 1 and 6), and it is certain that in two other cases (9 and 10) the result was same. The mortality from operation is 40 per cent. Of what use can thyrotomy be in cases of progressive tuberculosis? Temporary relief is afforded by tracheotomy, but not in the least by thyrotomy. As regards benign neoplasms, in all cases in which their removal could be effected *per vias naturales*, thyrotomy should not be attempted. If a physician is not able himself to perform these endo-laryngeal operations, he must send his patient to someone who can, and should not, as the author proposes to do, punish his patient with a sanguinary operation in consequence of his own disability. It is absolutely certain that damage to the voice results if the thyroid cartilage be divided. That has already been proved long ago by Krishaber and Jelenffy, both practically and theoretically. In most cases also, polypi do not cause complete aphonia, but merely hoarseness, and the latter is also the result of thyrotomy. According to the author's opinion, thyrotomy has scarcely any contra-indication in cases of ulceration or neoplasms of the larynx, but in modern laryngology this opinion can have no weight of authority. On the contrary, it must be admitted that thyrotomy is an operation dangerous to the voice, and sometimes to life. It is indicated in malignant neoplasms, if they can be totally eradicated in this manner, in benign neoplasms, if there is any real danger in their presence, sometimes in children, and if operation *per vias naturales* is impossible it is sometimes indicated in stenosis and perichondritis. As to the results recorded by the author, they prove that tuberculosis is a strong contra-indication to the operation.

Michael.

ARGUMOSA.—Foreign Body in the Trachea. *Archivos de Medicina y Cirugia de los Niños, February*, 1889.

IN the hospital of *Niño Jesus*. Argumosa performed tracheotomy in the case of a child in imminent danger of asphyxia, and was astonished to find

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that suffocation occurred when the cannula was introduced, and disappeared when it was withdrawn. In one of these attempts a foreign body coming out of the trachea, during a vigorous expiration, was ejected to a great distance. It was the seed of a water-melon, which had been in the air passages for six months. **Ramon de la Sota.**

NECK, THYROID, &c.

CHRÉTIEN.—Thyroidectomy. *Thèse, Paris,* 1888.

IT is only since 1880 that French surgeons, following the practice of the Germans, have adopted thyroidectomy. In 1882 J. Reverdin discovered myxœdema, as a result of total extirpation, and surgeons adopted then partial extirpations.

In 1886 Socin devised, under the name of enucleation, or intra-glandular extirpation, a method already described by Porta, which consists in removing the tumour and leaving intact the thyroid parenchyma surrounding it. Whilst total extirpation should be reserved almost exclusively for malignant tumours, partial hypertrophies, cysts, circumscribed adenomatous goitres are best treated with partial extirpation, and especially with intra-glandular enucleation.

Besides the accidents common to all wounds, thyroidectomy is sometimes followed by modification of the voice, more or less permanent. It is complicated also in women, with tetany, hysteria, and cerebral affections. **Joal.**

DROBINCK.—Experimental Researches upon the Consequences of Extirpation of the Thyroid Gland. *Archiv für Experimentelle Pathologie und Pharmakologie, Band* 25, *Heft* 2.

FROM experiments made upon eight dogs, the author has arrived at the result that symptoms are produced by irritation of the nerves during healing, especially during purulation. With Münk he believes that the presence of the gland is not of vital importance. **Michael.**

MÜNK.—Further Researches upon the Thyroid Gland. *Sitzungsberichte der Königlich preussischen Academie der Wissenschaften, Berlin,* 1888.

THE author believes that the symptoms occurring after extirpation of the thyroid gland are caused by irritation of the nerves, and that they have no relation to the absence of the gland. In his experiments upon animals, symptoms always occurred during the treatment of the wound, but disappeared after its cure. The same symptoms could also be produced by

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