with mutism, and it was impossible for him to answer any questions although he understood what was said, but in spite of his efforts his lips remained immovable, and no kind of sound was produced. Some days after fresh epistaxis occurred, and notable amelioration of speech followed. Examination of the larynx and nose was not performed, and the diagnosis of hysterical mutism appears to us to be doubtful. **Joal.**

McBRIDE, P. (Edinburgh).—**Empyema of the Superior Maxilliary Antrum, with only Nasal Symptoms.** *Edin. Med. Journ., April*, 1888.

TWO cases occurring in the author's practice form the basis for an interesting discussion of the views of Fräenkel and Ziem. He draws attention to a marked redness of the gum corresponding to the affected antrum, which he believes has not been observed by previous writers.

Maxwell Ross.

McBRIDE, P. (Edinburgh).—**Methods of Treating Nasal and Naso-Pharyngeal Polypi.** *Edin. Med. Journ, August*, 1888.

A PAPER advocating the use of the cold snare in preference to the galvano-caustic loop. The galvano-cautery or chromic acid may be applied to the base or any polypoid tissue left behind. **Maxwell Ross.**

LE DENTU.—Elephantiasis of the Nose. *Soc. de Chirurgie, October* 24, 1888.

THE author presented to the Society a patient in whom he had operated by a simple abrasion without autoplasty. The result was excellent, and there was no hæmorrhage. **Joal.**

SYMINGTON (Edinburgh). — **Position of Eustachian Orifice,** *Edin. Med. Journ., May*, 1888.

A HORIZONTAL section of the skull showed that the edge of the vomer is not always a safe guide in the passage of the Eustachian catheter, as it was at least a quarter of an inch in front of the orifice. Dr. Symington had seen the same in other specimens. **Maxwell Ross.**

LARYNX.

EXNER (Vienna).—**Remarks on the Innervation of the Crico-Thyroid Muscle.** *Archiv. für Physiologie*, Bd. 43, Heft 1.

ACCORDING to this author this muscle is innervated by the superior laryngeal nerve as well as by the median laryngeal nerve. **Michael.**

JELENFFY (Buda Pesth).—**On the Anatomy, Physiology, and Pathology of the Muscles of the Larynx.** *Berlin klin. Woch.*, Nos. 35 and 36, 1888.

THIS is a paper treating of the question of paralysis or spasm of the

https://doi.org/10.1017/S1755145500161603 Published online by Cambridge University Press

adductors and abductors of the larynx. We can only here give the conclusions arrived at, but the paper should be read in the original. 1. The antagonists of the cricothyroids are the crico-arytenoidei laterales, the crico-arytenoidei interni, and the crico-arytenoidei postici. 2. The transversus has no antagonist, and cannot, therefore, have antagonistic contractions. When it is contracted it must be taken as a symptom of irritation. **Michael.**

CHARCOT.—Tabetic Laryngeal Crises. *Journal Lucas-Championniere, October,* 1888.

THESE crises may be slight, and consist in attacks of cough resembling whooping cough with whistling, but with a deeper tone and accompanied with little roaring. In a second form there is a veritable apnœa with danger of death, epileptiform convulsions, and these phenomena may be reproduced seven or eight times a day. The third form is the gravest, and sudden death may occur. One ought, therefore, to perform tracheotomy. Tabes also gives origin to laryngeal accidents, which Charcot formerly described under the name of laryngeal vertigo. Belonging to a second category are those cases in which one finds a permanent condition of dyspnœa. The laryngoscope demonstrates a more or less complete paralysis of the posterior crico-arytenoid muscles. **Joal.**

AUFRECHT (Magdeburg).—**Casuistic Communications.** *Archiv. fur Klin. Med.* Bd. 43, Heft. 3.

1. PARALYSIS of the posterior crico-arytenoid muscles from cancerous degeneration of these muscles. A patient forty-one years of age had dyspnœa eight days. With the laryngoscope it was shown that the vocal cords were immobile in the phonatory position, and did not separate during inspiration. The patient died the same night suddenly from asphyxia before tracheotomy could be performed. The autopsy proved the larynx itself to be normal, but the crico-arytenoid muscles to be lost in a cancerous mass. 2. A case of cicatricial stenosis of the trachea. The patient, who had suffered for a year from hoarseness and dyspnœa died suddenly. At the autopsy it was found that the trachea was compressed by cicatrices and degenerated lymphatic glands. **Michael.**

FORT.—Ablation of the Larynx. *Bullétin Médical, July* 13, 1888.

ABLATION of a larynx affected with cancer may have fascinations for an operator who reduces surgery to a manual intervention. It cannot be accepted, however, by a surgeon who looks fairly at the indications, the dangers, and the ultimate results of the operation, and at the utility of such an operation for the patient. This article is an extract from a work in preparation entitled "Médecine operatoire." **Joal.**

SCHMID.—On Total Extirpation of the Larynx. *Greifswalder Medicinischer Verein, August* 4, 1888.

IN a patient referred to, the larynx was extirpated two years previously on account of a tumour. It could not be said certainly that this was carcinoma, because microscopical examination was not made, and the

https://doi.org/10.1017/S1755145500161603 Published online by Cambridge University Press

cicatrix resembled luetic cicatrices. There was also an ulcer on the skin. The patient was quite cured, but the upper opening of the trachea is closed, and there is no communication between the trachea and mouth. This is also proved by laryngoscopical examination. For all this the patient has a loud voice, he can enunciate all letters, can speak during laughing and breathing, but it is essential that his mouth must be free, for if there is only a little food in the mouth he cannot speak at all. He is able to smoke. The voice is so clear that it would be difficult to tell from hearing it that there was any abnormality at all. The author thinks that if it could only be possible to obtain such a good result in all cases it would not be necessary to apply an artificial larynx after extirpation. Schmid was of opinion that the soft palate and tonsils form the voice. Landois thought that it was formed in the naso-pharynx. **Michael.**

THOM, ALEXANDER.—(Crieff).—**Tracheotomy in Children; Why Unsuccessful.** *Edin. Med. Journ., September*, 1888.

A RECORD of seven cases in which death occurred after the performance of tracheotomy. The author adheres to the old view that diphtheria and croup are distinct. Six of the cases suffered from laryngeal obstruction due to either of these, and the seventh developed symptoms when suffering from whooping-cough and bronchitis. When the trachea was opened a large piece of membrane was coughed out. All the cases may, therefore, be considered diphtheritic. Dr. Thom discusses the want of success, as he calls it, under four heads:—(1) Unskilful performance of the operation, which, however, cannot be charged against him; (2) too long delay; (3) imperfect after treatment; (4) unsuitability of cases for operation.

In the *Journal* for November, R. W. Parker has an interesting paper in reply. He points out the true *rôle* of tracheotomy, and thinks the operation should not be considered unsuccessful simply because the patient dies. He joins issue with Dr. Thom in regarding croup and diphtheria as clinically distinct diseases. He thinks that in many cases the operation is too long delayed and the after-treatment imperfect, but would regard no case as unsuitable for operation where laryngeal obstruction is a prominent symptom.

[One of Mr. Parker's recommendations in regard to the performance of the operation must be received with some caution. He says that to avoid the dangers of dissecting down to the trachea, he plunges the knife almost directly into the trachea. This may, we believe, be done with some degree of safety by an experienced operator, but we have seen a young surgeon after doing it fail to pass the tube into the trachea, and cause a cellulitis, which ended fatally.] **Maxwell Ross.**

BRAUN.—Fibroma of the Under Surface of the Left Vocal Cord. *Wiener Med. Blatter*, No. 26, 1888.

THE tumour could only be operated upon by perforating the left vocal band with a laryngeal knife and cutting it off this way through an arcuate incision. Five per cent. cocaine could not be used, because it caused suffocation. **Michael.**

https://doi.org/10.1017/S1755145500161603 Published online by Cambridge University Press

MACKENZIE, G. HUNTER (Edinburgh).—**Cases of Endo-Laryngeal Removal of Growths from the Vocal Cords.** *Edin. Med. Journ., July*, 1888.

NOTES of four cases, one of them of considerable interest from the fact that the microscope revealed the presence of malignancy (epithelioma) in what appeared to be a benign growth on the left vocal cord. In considering what ought to be the treatment in such cases, Dr. Mackenzie quotes with approval Fränkel's rule, that when possible the growths ought to be removed by endo-laryngeal means. Should, in the case under notice, the disease become unmanageable by this mode of treatment, the operation he would be inclined to recommend would be thyrotomy, and after a careful examination of the neoplasm and its attachments, resection of the vocal cord, and as much of the thyroid cartilage as might be necessary to thoroughly eradicate the disease.

Maxwell Ross.

BESCHORNER.—**On Ventriloquy.** *Jahrsbericht der Gesellschaft für Natur und Heilk. in Dresden*, 1887, 1888.

THE author examined a ventriloquist with the following result. During simple respiration and chest speaking there was nothing special. During the ventriloquial performance there was, however, great tension of the soft palate and erection of the epiglottis, preventing a good view of the whole larynx. The vocal cords were pressed against one another, and presented the aspect of the falsetto register, excepting that the larynx was not elevated as in falsetto singing. The combination of these actions produces the special ventricular voice.

CASTEX.—**Diagnosis of Cancer of the Larynx.** *Société Anatomique, July* 13, 1888.

THIS was the relation of the case of a patient in whom the diagnosis of cancer had been made by a distinguished specialist. The tracheotomy which had been done produced great amelioration, but towards the end of his life the patient began to present signs of softening of the lung. At the autopsy there proved to be a tubercular necrosis located in the cricoid cartilage.

Joal.

DARIER.—**Syphilis of the Larynx and Pachydermia Verrucosa.** *Société Anatomique, July* 6, 1888.

A PATIENT with a malignant form of syphilis had had a hoarse voice for four years. The diagnosis of the laryngeal lesion was difficult, since he had besides pulmonary tuberculosis. At the autopsy it was found that all the vestibular region was swollen, mamillated, and verrucous. Many cicatrices were found on the epiglottis, and these were, without doubt, cured syphilitic lesions. On histological examination there was œdema without great embryonic infiltration. This was probably only a contiguous œdema, and not a diffuse syphiloma. In certain ways it resembles the pachydermia diffusa described by Virchow.

Joal.

https://doi.org/10.1017/S1755145500161603 Published online by Cambridge University Press

GAREL.—Specific Perichondritis Simulating an Acute Œdema, and Combined with a Laryngeal Polypus. *Annales des Mal. de Larynx, &c., June*, 1888.

THE title indicates the nature of the case. **Joal.**

GOUGENHEIM.—Syphilis and Tuberculosis of the Larynx The Diagnosis of the Associated Forms. *Rev. Clin. et Therap., July* 26, 1888.

THIS is a chapter extracted from the new book of this author and Tissier upon laryngeal phthisis. **Joal.**

LARRANZA.—Contribution to the Study of the Laryngeal Manifestations of Rheumatism. *Rev. Clinique et Thérapeutique, June* 21, 1888.

THE case of a man of twenty-seven years of age, who was attacked suddenly with aphonia; the laryngeal mucous membrane was red, the vocal cords were coloured, glazed and defective in tension. The author attributed these symptoms to rheumatism, and thinks this is the first example of aphonia due to this cause. **Joal.**

MOURA-BOUROUILHOU.—New Theory of the Human Voice. *Journal de Ruault, September* 19, 1888.

THE larynx is not a simple musical instrument, but a singing instrument which is played (1) by two lips, like a horn; (2) by two reeds, like a bassoon or oboe: (3) by two cords, resembling a violin or harp. In another memoir, Moura supports the theory that at some moments the larynx resembles a Pandean pipe or whistle, emitting notes in a manner quite similar to these instruments. **Joal.**

GAREL.—Spasmodic Cough resembling Whooping Cough. Cured by Chloride of Methyl. *Annales des Mal. du Larynx, &c., August*, 1888.

THE case of a little girl thirteen years of age, affected with spasmodic cough. The voice was hoarse, the vocal cords rosy red, the glottic functions appeared normal. Different medicaments, especially antispasmodics, had been employed without effect. A strong spray of chloride of methyl, applied to the neck and the upper part of the back, and anterior surface of the neck, cured the condition. **Joal.**

NALTIER.—On Hysterical Mutism. *Rev. Mens. de Laryngol., August and September*, 1888.

THIS is a complete study of the question, of which the author has observed five cases. The author has in his work collected sixty-six cases, making a total of seventy-one. From a conscientious study of all these cases the author draws the following conclusions:—Hysterical mutism, considered up to the present a rare affection, is, on the contrary, tolerably common.

The difference of sex does not seem to be marked, males are as fre-

https://doi.org/10.1017/S1755145500161603 Published online by Cambridge University Press

quently affected as females. It is most commonly the adductor muscles of the larynx and the tensors of the vocal cords which are affected.

Joal.

PLAYFAIR, JOHN (Edinburgh).—**Pin Impacted in Left Bronchus.** *Edin. Med. Journal, May*, 1888.

SPECIMEN shown to the Medico-Chirurgical Society. The pin had entered on May 4th, 1886, and the specimen was obtained in December, 1887, at an examination after death from cancrum oris. **Maxwell Ross.**

NECK, &c.

STORCH (Hamburg).—**Operative Treatment of Cystic Lymphangioma Colli.** *Deutsch. Med. Woch.*, 1888, No. 42.

A CHILD twenty-one days old had a tumour the size of an adult's hand seated on the left side of the neck. It was extirpated, and the child left the hospital nearly cured four days after. **Michael.**

SPRENGEL (Dresden).—**The Extirpation of Cystic Goître.** *Jahrsberichte der Gesellsch. für Natur. und Heilk. in Dresden*, 1887-1888.

THIS was a demonstration of extirpated specimens. The author is of opinion that the operation can be easily performed. **Michael.**

JACCOUD.—Exophthalmic Goître. *Journal Lucas-Championniere, September*, 1888.

THIS was a clinical lecture delivered at the Hôpital de la Pitié, in which the professor insisted on a symptom of great importance implicating a large number of patients with this disorder, namely marasmus, existing to a considerable degree, and presenting the peculiarity of supervening in the course of an affection considered to be entirely neurotic. The existence of this symptom had led to the proposition of the term exophthalmic cachexia. **Joal.**

HUNTER, GEORGE (Linlithgow).—**The Place of Specialism in General Practice.** *Edin. Med. Journ., May*, 1888.

A VALUABLE paper in which the author strongly advocates the more extended use of the laryngoscope and rhinoscope in general practice. A number of illustrative cases are given. **Maxwell Ross.**

https://doi.org/10.1017/S1755145500161603 Published online by Cambridge University Press