THE

JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY.

VOL. VII. DECEMBER, 1893. NO. 12.

Original Articles are accepted by the Editors of this Journal on the condition that they have not previously been published elsewhere.

Twenty-five reprints are allowed each author. If more are required it is requested that this be stated when the article is first forwarded to this Journal. Such extra reprints will be charged to the author.

The Editors are not responsible for opinions expressed in original Articles or Abstracts in this Journal.

Editorial Communications are to be addressed to "Editors of JOURNAL OF LARYNGOLOGY, *care of F. J. Rebman, Albion Chambers, 11, Adam Street, Strand, London, W.C."*

CLINICAL CASES.

Reported by GEORGE B. WHITE, M.B. Univ. Dublin, F.R.C.S.

CASE NO. 1.

PSEUDO-DIPHTHERIA, OR "FALSE MEMBRANE OF THE THROAT."

THE affection about to be described occurred in the person of a young lady who was placed under the care of Sir Philip Crampton Smyly, F.R.C.S. Dublin, early in 1892, suffering, as it was believed at the time, from diphtheria.

An examination of the throat revealed patches of a yellowish membrane covering portion of both tonsils, uvula, and half the soft palate, back and front, the area immediately round the exudate looking red, vascular, and slightly œdematous. It was found that the whole membrane could be detached with a forceps (peeling off in one piece) without hæmorrhage or immediate re-formation, the surface underlying becoming quite healthy and normal in two days after removal. There were absolutely no constitutional disturbances, or even functional derangements, which facts enabled Sir Philip Smyly to exclude diphtheria as a diagnosis.

The growth reappeared, and still reappears at intervals of from fourteen days to two months. A perfectly healthy condition of the mucous membrane obtains meantime, a month being an average period between its manifestations. Then in the course of a few hours (say twenty-four) the patches of membrane completely form. Every inquiry was made with a view of determining any peculiarity of life, diet, or hereditary tendency, but with negative results.

On April 12th, 1892, at Sir Philip Smyly's request, I made a micro-

https://doi.org/10.1017/S1755146300151182 Published online by Cambridge University Press

scopical examination of a portion of this membrane, which disclosed the following elements :—(1) Small cells (nucleated) in lymph ; (2) fibrin fibrils ; (3) rod. bacteria ; (4) cocci ; (5) epithelium ; (6) hæmoglobin ; with two forms of fungus spores in addition, viz., one corresponding in character to the sacch. cerivisæ, the other to the "actinomyces" spore.

Although these strongly resemble the spores above named, yet there must be a difference of function with regard to the latter, as, in the first place, the characters of the patches of growth are not in harmony with those known to result therefrom, and, in the second place, the most reliable antiparasitic remedies have had but little effect in stopping the recurrence of the growth, which still exists, having had now nearly a two years' duration.

Latterly the tendency of the affection is to spread forwards towards the tongue, and is not so frequently seen to recur in the pharynx. It also exhibits a slight improvement in other respects.

CASE No. 2.

CASE OF MALIGNANT STRICTURE OF THE ŒSOPHAGUS:

UNUSUAL SITE OF THE CONSTRICTION.

Under the care of Sir PHILIP CRAMPTON SMYLY, F.R.C.S.

THE patient, a female, middle aged, was admitted to the Meath Hospital suffering from ulceration of the upper part of the œsophagus, upon its mucous surface, at a point corresponding to the junction with the pharynx, behind the ring cartilage. The disease was treated with lactic acid, and yielded to it, apparently getting quite well. Some time afterwards symptoms of regurgitation of food, difficulty of swallowing, and the consequences of these appeared, leading to the diagnosis of closure of the œsophagus from some cause. Enlargement of the thyroid gland was noticeable. The patient eventually died. The tongue, pharynx, thyroid and œsophagus were removed, which, having been examined, gave the following result : the tongue and thyroid presented a normal appearance, save that the latter was symmetrically enlarged ; the œsophagus contained a very hard circular growth at a point corresponding to the place of ulceration—*i.e.*, immediately below and behind the cricoid. A microscopic examination of this was made, which revealed it to be a very dense fibrous scirrhus, containing cells like those of the deeper strata of the œsophagus, and a great preponderance of stroma ; the growth was slightly adherent to the sides of the thyroid cartilage, but apparently did not limit its movements during life.

The point of interest about this case is that malignant growths are seldom found so high up, their *locus* being nearer the lower end, while cicatricial stricture is usually found in the position in which this malignant stricture occurred.

https://doi.org/10.1017/S1755146300151182 Published online by Cambridge University Press

A NEW AURAL SPECULUM.

By R. LAKE, F.R.C.S., Pathologist to the Throat Hospital, Golden Square, London.

THE speculum consists of a silvered glass lining, covered (as in Fergusson's vaginal speculum) with hard rubber. The advantages claimed are:—

Greater reflective power.

Ability to use caustics through a bright speculum without injury to the surface.

With a good direct light to be able to do without a reflector.

They are to be had in three sizes, and are of the same shape as Politzer's, and have been made for me by Messrs. WALTERS & CO., 29, Moorgate Street, City.

DIPHTHERIA, &c.

Wingrave (London).—*Anæsthesia for Operations on the Throat and Nose.* "Brit. Med. Journ.," Sept. 23, 1893.

IN this communication Mr. Wingrave strongly recommends the use of gas as an anæsthetic, having in 90 per cent. of 1100 cases used this alone, administered through a modified Clover's gas and ether inhaler. Wingrave's mouth prop is securely placed before applying the face-piece, the patient assuming a sitting posture in a fixed chair. An expert can, it is stated, remove both faucial tonsils and the most luxuriant growth of adenoids under the influence of one gas anæsthesia. Chloroform anæsthesia, it is shown, is responsible for five deaths in these particular operations in less than two years—a mortality which strongly predisposes in favour of the gas. *Wm. Robertson.*

Cozzolino, V.—*Microcidine and Chloride of Sodium for Microbic Impairments, particularly Pyogenic, of the Ear, Nose, and Throat.* "Riforma Medica," No. 50, Aug. 30, 1893.

APART from the second remedy, for a long time very well known and appreciated, we simply quote here that Cozzolino found microcidine (napthol, thirteen per cent., and caustic soda) very serviceable in the above diseases. In purulent otitis, warm solutions of three to four per cent.; in chronic suppurations of the maxillary sinus, one to two per cent., or one-half per cent.; and in simple tonsillitis, two and a half to three per cent. He prefers it to all other antiseptic remedies. *Massei.*

Frazer, R. F. (London). — *Sublimed Sulphur as a Local Application in Diphtheria.* "Brit. Med. Journ.," Nov. 4, 1893.

A REFERENCE to a severe case of diphtheria, which recovered, and in which sublimed sulphur was used, being blown frequently on to the diphtheritic membrane. *Wm. Robertson.*

https://doi.org/10.1017/S1755146300151182 Published online by Cambridge University Press