posterior surface of the uvula. With the probe this prominence was found to be movable, and to have a pedicle about one-third of an inch long. In the second case a growth about the size of a grain of wheat was found clinging to the extreme tip of the uvula. On being moved with the probe it was found to have a pedicle three-quarters of an inch long. All unpleasant symptoms disappeared on the removal of the growth. The author refers to the frequency with which such growths are passed over. This is probably due to the fact that when the mouth is held wide open, as during an examination for diagnostic purposes, retraction of the soft palate, uvula, and palatine arches takes place, owing to which the growth is made to adhere closely to the surface from which its pedicle springs. In such cases the use of the probe clears up any uncertainties. The author recommends that the pedicle be pulled upon with a pair of forceps, and divided with scissors as near its attachment to the mucous membrane as possible. *W. Milligan.*

Heryng (Warsaw).—*A Case of Tuberculosis of the Pharynx terminating in Recovery.* "Gazeta Lekarska," 1892, No. 31.

In a patient with tubercular changes in the lungs and larynx (these latter were previously treated with good result by means of lactic acid, curettement, and galvano-cautery) there appeared on the soft palate three light-red spots, and next day small whitish nodules, which after twenty-four hours changed into ulcers. They were cauterized with eighty per cent. of lactic acid, and then brushed with a one per cent. solution of pyoktanin. In one week complete cicatrization ensued.

John Sendziak.

Mintz (Warsaw). — *Unusual Case of Diverticulum of the Œsophagus.* "Medycyna," 1892, No. 29.

THE author describes a case of œsophageal diverticulum in a patient forty-nine years of age, which lasted eight years. Examination led the author to the conviction that this diverticulum was situated in the inferior part of the œsophagus, and that it belonged to the so-called "diverticula e pulsione"—*i.e.*, resulting from internal pressure—and was caused by congenital defect, as most of these troubles are.

John Sendziak.

LARYNX.

Gutzmann (Berlin). — *Rational Treatment of Stuttering.* "Berliner Klin. Woch.," 1892, Nos. 45 and 46.

SEE the report upon the same subject at the meeting of the Berliner Medicinische Gesellschaft in this Journal. *Michael.*

Oltuszewski (Warsaw).—*On Disturbances of Speech (Stuttering and Stammering).* "Medycyna," 1892, Nos. 31 and 32.

THE author describes first the theory of stuttering according to the Vienna and Berlin schools. The first, with Cocen at the head, makes

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stuttering dependent on disturbance of respiration, namely, on insufficient pressure of air in the lungs and on the irregularity of respiration; the representative of the Berlin school, Gutzmann, regards stuttering as a functional spastic and co-ordinate neurosis. Corresponding to views so different, each of these schools applies different treatment, of which we cannot here state the particulars. Stammering originates from impossibility of pronunciation of one or many, or even all vowels; it is general or partial. If general it may be central (very seldom) and peripheric. Partial is observed in lisping and pharyngeal stammering. Finally the author gives valuable hints as to the hygiene of speech and prophylaxis of stuttering. *John Sendziak.*

Katzenstein (Berlin).—*On Innervation of the Crico-Thyroid Muscle.* "Virchow's Archiv," 1892.

By electric stimulation of the nervus pharyngeus medius e vago no contraction of the crico-thyroid muscle is produced. The stimulation of this nerve only produces a contraction of the pharyngeal muscles of the same side, and the œsophagus in its upper part. The section of the nervus laryngeus superior is only followed by partial, not by complete, atrophy of the crico-thyroid muscle of the same side. The section of the nervus pharyngeus medius e vago is followed by partial atrophy of the pharyngeal musculature of the same side, but the crico-thyroid muscle of this side is not influenced. If the nerves of both sides are resected death soon follows. Extirpation of laryngeal nerves is followed by atrophy of the muscles. The author concludes that no nervus laryngeus medius exists. *Michael.*

Semon (London).—*The Study of Laryngeal Paralysis since the Introduction of the Laryngoscope.* "Brain," Winter, 1892.

The credit of having first recognized a laryngeal paralysis by means of the laryngoscope is attributed to L. Traube. Considerable attention is given to the question of the greater proclivity of the abductors than of the other laryngeal muscles to become paralysed in cases of lesion of the vagus or recurrent laryngeal nerve. Dr. Semon asserts and defends his own well-known views, narrating his experimental and clinical observations. He adduces, among other facts, the early atrophy and destruction of the abductors in cases of organic lesion of the nerves, the relatively early death of the abductors in experimental lesions of these nerves, in favour of the view that there is an actual difference in the biological composition of the said muscles and nerve-endings. The existence of the same peculiarity on the part of the abductor nerve-nuclei in the medulla is indicated by the early tendency of these nuclei to succumb in cases of tabes dorsalis. He quotes and criticizes the arguments and opinions of Krause, Wagner, and the others who have taken part in the controversy.

The question of the cortical centre for phonatory movements is next considered. Founding on experiments made along with Victor Horsley, he 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 cortex of the opposite side. He was unable to corroborate Masini's experimental result that very weak stimulation of one cortical centre can

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produce movements of the opposite cord, and he rejects Garel's otherwise convincing case of unilateral laryngoplegia on account of the absence of the histological examination of the medulla. In view of the non-occurrence of aphonia in comparison with the regularity of occurrence of aphasia in right hemiplegia, and in view also of the difficulty of excluding a bulbar lesion, he advises a very sceptical consideration of cases in which a cortical lesion is believed to have caused unilateral laryngeal paralysis.

Semon is in favour of the generally received view that the motor supply of the larynx (recurrent, at least) is derived from the spinal accessory. Conflicting opinions are quoted. The central causes of laryngeal paralyses are touched, and some attributed to bulbar disease are believed by Semon to be due to lesions higher up. Burger's recent studies on the occurrence of laryngeal crises and paralyses in locomotor ataxy are abstracted and eulogized.

This exhaustive essay is accompanied by a bibliographical list containing two hundred and thirty-two references. *Dundas Grant.*

McBride, P. (Edinburgh).—*Pachydermia Laryngis.* "Brit. Med. Journ.," Feb. 18, 1893.

SPECIMEN shown. Dr. McBride states that this disease is only found in men, and gives appearances like the thickening of laryngeal phthisis. It is accompanied by slight aphonia. *Wm. Robertson.*

Lubliner (Warsaw).—*Adenoma of the Larynx.* "Medycyna," 1892, No. 28.

THE patient, sixty-eight years of age; healthy in general. On the thickened and reddened left ventricular band some small, soft, slightly red, smooth nodules existed. After unsuccessful trials of antisyphilitic treatment the author extirpated by means of a sharp spoon part of the tumour, which under the microscope proved to be an adenoma. After five months the patient appeared again. The ventricular band was uneven; infiltrated; in its posterior part was a nodule the size of a little pea, which was also extirpated. The microscope proved the above diagnosis, although the nature of the tumour was not so distinct. Some abnormality was observed (*vide* report of Sokolowski's case). *John Sendziak.*

Pflüger (Creglingen).—*Flies as Foreign Bodies in the Trachea.* "Würtemburger Correspbl.," 1892, No. 31.

A PATIENT three years old had a severe attack of diphtheria, and became comatose for some hours. Tracheotomy was performed without any narcosis. The catheter introduced into the trachea to cleanse it was quickly obstructed. When it was extracted a dead fly was found in the eye. When introduced a second time and aspirated two more flies were removed. A canula was now introduced, and the respiration became normal. Two days later death occurred. The author believes that the flies were inspired by the child when in a condition of coma. *Michael.*

Thorburn, Wm. (Manchester).—*Note on a Group of Symptoms commonly attributed to Dislocation of the Neck.* "Brit. Med. Journ.," Feb. 11, 1893.

THESE result from injury to the head amongst miners, and the condition referred to is spoken of in Lancashire as "having the neck knocked out."

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The head is said to be twisted by a blow or fall; the patient "goes black in the face," and appears to be choking; some bystander forcibly straightens the head, or "puts the neck in," and recovery apparently ensues. The above is a description of the train of symptoms in question believed amongst the laity and by some medical men to be due to dislocation of the neck, which is, of course, improbable. Mr. Thorburn attributes the symptoms to a dislocation of the hyoid bone occluding the glottis or a lateral displacement of the entire larynx. He supposes violent and irregular contraction of one or both sterno-mastoids, produced to protect the face, displaces the larynx, which gets fixed under the sterno-mastoid of the opposite side and is unable to return to its normal position. This would lead to asphyxia and cyanosis through pressure on the internal jugular. Forcible extension as referred to above would draw the larynx back to its place, as would also the convulsive efforts of the patient without assistance. *Wm. Robertson.*

THYROID GLAND, &c.

Rosenblatt.—*Tremor of the Limbs as a First Symptom of Basedow's Disease.* "Przeglgd Lekarskie," 1892, No. 36.

THE patient, a woman, aged thirty-nine years, after fright, had rapid, slight, regular tremor in the extremities, increasing by intentional motions without any other symptoms. Afterwards, during one and three-quarter years, certain amendment occurred after cold. Eczema on the face and neck, which both ceased after three weeks, and tremor reappeared, as well as hysteric irritability, palpitation, and inclination to perspiration, likewise emaciation; afterwards the symptom of Gräfe and struma.

John Sendziak.

Westmatt (Manchester).—*Abscess of Thymus Gland.* "Brit. Med. Journ.," Mar. 4, 1893.

A SPECIMEN showing the thymus gland from a girl aged two years, who died from symptoms of respiratory obstruction. The gland was large and firmly turned down to the anterior tracheal wall, and flattened the trachea and right bronchus against the œsophagus and vertebra, and also pressed on the recurrent laryngeal nerves. A large abscess occupied its centre but did not communicate with the trachea. There were several caseous centres. The lungs presented numerous miliary tubercles.

Stricture of Œsophagus.—This was from a girl aged three years, who some time previous to death had swallowed caustic alkali. There were three strictures: one behind the cricoid, one three inches from the stomach, a third one-and-a-half inches from the end of the gullet. Gastrostomy had been performed. *Wm. Robertson.*

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