DR. POKRASOFF relates the following instance of mycosis narium. A girl of fifteen, who had been sleeping out-doors many nights during the field work season (July), commenced to experience pain in her nose, which soon became considerably swollen and red, while there shortly supervened intolerable headache, sleeplessness, and extreme malaise. On anterior rhinoscopy, the author found two white minute bodies, which were situated high up, close to the septum, and, on extraction by means of a pincette, proved to be live larvæ of Wohlfahrt's fly. The extraction was followed by a rather profuse hæmorrhage. A probe, introduced into either of the small openings, passed pretty far backwards, but failed to discover the presence of any more maggots. On re-examination two days later, other two larvæ were found protruding from the same points. After their removal, all the symptoms rapidly abated and did not return.

A fairly exhaustive review of the international literature of mycosis narium may be found in a valuable series of papers published by Professor Hugo Summa, of St. Louis, in the *St. Louis Medical and Surgical Journal*, April, May, and June, 1889, p. 201. It may be supplemented by the following references to Russian works on the Wohlfahrtian fly. 1. I. A. Portchinsky: *A Contribution to the Natural History of Flies and their Larvæ causing Diseases in Man and Animals, with a Review of Symptoms of Mycosis*, 1875.—2. I. A. Portchinsky: *On Wohlfahrt's Fly Living in the State of Larvæ in the Human and Animal Body*, in the *Floræ Societatis Entomologicæ Rossicæ*, 1884, Vol. XVII.—3. Professor Grube's paper, "*On the Wohlfahrtian Fly*," in the *Archiv. der Naturgeschichte, von* A. Wiegmann, 1853.—4. Professor E. K. Brandt, of St. Petersburg: *Larvæ of the Sarcophila Wohlfahrtii-Portschinskii, in the Human Gum*, in the *Vratch*, Nos. 5 and 6, 1888, p. 81.—A short account of the papers just mentioned will appear in the September issue of the *St. Louis Med. and Surg. Journal.—Reporter.* **Valerius Idelson.**

LARYNX.

BOWLES, ROBERT L. (Folkestone).—**On Raising the Epiglottis.** *British Medical Journal, January* 12, 1889.

THE author claims that he "had already done (at various times since "1856) all the work which is now in 1888 presented to the public as new "and original." He further asserts that Dr. Howard claims too much when he affirms that his method is the new and only way of raising the epiglottis. (*See* Abstract of Dr. Howard's paper on the subject in this Journal, Vol. III., p. 293.) **Hunter Mackenzie.**

HEWITT, FREDERIC (London).—**On Raising the Epiglottis.** *British Medical Journal, January* 26, 1889.

THE author discusses the views of Dr. Howard on this subject, and the

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claims for priority by Drs. Bowles, Foulis, and others. He does not think the method of head and neck extension advocated by Howard likely to succeed in all cases of apnœa, especially when, from any cause, there is blocking of the nasal passages. **Hunter Mackenzie.**

RETHI (Wien).—**On Laryngitis Hæmorrhagica.** *Internat. Klin. Rundschau*, 1889, *Nos.* 19, 20, 22, 24.

INCLUDING the description of three cases of this disease, the author gives a careful *résumé* of the literature of this disorder, and concludes that the hæmorrhages in laryngitis are only a symptom produced by the catarrhal affection of the mucous membrane. **Michael.**

FAVITZKY.—On Laryngitis Hæmorrhagica. *Monatsschr. für Ohrenheilk.*, 1889, *No.* 6.

THE case recorded is of great interest, because it is the first in which an autopsy has been performed. The patient, forty-eight years old, had coughed for two years, and had expectorated sanguineous sputum for two weeks. The laryngoscope showed the mucous membrane and vocal cords dry, a little swollen, and of dark red colour. On the edges of the vocal bands were red blood coagula. Ten days later the patient suddenly became worse, and died from hæmorrhage. The histological examination of the larynx showed hyperæmia of the laryngeal and tracheal mucous membrane, and very many blood corpuscles were found in the mucous membrane. Laceration of any blood vessel could not be found. The hæmorrhagic inflammation cannot be regarded a special condition.

Michael.

PITT, G. N. (London).—**Compression Lesions.** *British Medical Journal, January* 12, 1889. (Specimens shown to the Hunterian Society of London, December 12, 1888.)

THE first was an ulcer of the mucous membrane of the posterior surface of the cricoid cartilage, caused by pressure against the vertebræ in a case of chronic pyæmia. The patient was slung up in a warm bath, with persistent retraction of the head ; the pharynx necrosed as a result of the steady pressure. The same result occurred in a case of cerebro-spinal meningitis with retraction of the neck.

The second specimen was one of ulcers on the adjacent surface of the anterior parts of the mucous membrane over the arytenoid cartilage, in a case of enteric fever, stated by the author to be due, not to specific causes, but to pressure. These ulcers occur in about 10 per cent. of the fatal cases. **Hunter Mackenzie.**

BATEMAN, FREDERIC (Norwich).—**On an Obscure Case of Laryngeal Stenosis—Tracheotomy.** *British Medical Journal, January* 5, 1889. (A paper read before the East Anglian Branch of the British Medical Association.)

THE nature of this case was obscure. Syphilis and tubercle seemed excluded. The stenosis was principally owing to "swelling of the arytenoepiglottidean folds, encroaching, as it were, on the epiglottis, which is "thus drawn downwards." The patient recovered from the operation,

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but was unable to dispense with the tube. [From the history of the mother of the patient—with three children born dead and three miscarriages out of ten pregnancies—the laryngoscopic appearances, and the absence of pain as a marked feature, we think the case is one of inherited syphilis, and likely to yield to iodide of potassium in fifteen grain doses *before food*.—H. McK.] **Hunter Mackenzie.**

PITT, G. N. (London).—**Laryngeal Syphilis.** *British Medical Journal, January* 12, 1889. (Specimen shown to the Hunterian Society of London, December 12, 1888.)

IN this case there had also existed extensive destruction of the soft palate and fauces. During life, nothing more than destruction of the epiglottis, and swelling of the ary-epiglottic folds, could be made out with the laryngoscope. The ventricular bands and vocal cords, and the mucous membrane of the trachea were very severely ulcerated.

Hunter Mackenzie.

KIDD, PERCY (London).—**On a Peculiar Obstructive Form of Laryngeal Tuberculosis, which Simulates Bilateral Abductor Paralysis.** *British Medical Journal, January* 26, 1889.

A PAPER read before the Royal Medical and Chirurgical Society, 22nd January, 1889.

This paper was based upon six cases in which symptoms of laryngeal obstruction were found to be due to persistent fixation of the vocal cords in the position of phonation. All the patients were the subjects of phthisis. The following were the author's conclusions as to the probable causes of stenosis of the larynx in such cases :—

1. Dense tubercular infiltration around the arytenoid cartilages, secondarily involving the perichondrium, and leading to false ankylosis of the crico-arytenoid joints.
2. Ulceration and morbid adhesion of the altered vocal cord.
3. Suppurative crico-arytenoid arthritis.

A discussion followed. **Hunter Mackenzie.**

HANDFORD, HENRY (Nottingham).—**Laryngeal Tuberculosis with Temporary Bilateral Abductor Paralysis.** *British Medical Journal, January* 26, 1889.

NARRATION of a case, the nature of which is indicated by the title.

Hunter Mackenzie.

RINGK (Berlin).—**On Laryngeal Phthisis and the Present State of its Treatment.** *Monatsschr. für Ohrenheilk., June*, 1889.

NOTHING new. **Michael.**

ANTONOFF, VLADIMÏR, E. (St. Petersburg).—**Laryngeal Ulcers in Typhoid Fever.** *Ejenedelnaia Klinitcheskaia Gazéta*, 1889, *Nos.* 16, 17, 18 *and* 19, *p.* 285.

FOLLOWING the suggestions by Professor N. J. Sokoloff, Dr. Antonoff has undertaken a series of interesting researches concerning ulcerations

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arising in the course of enteric fever. The work is based mainly on twenty fatal cases examined in Professor N. V. Üskoff's laboratory. The principal results may be condensed as follows :—

1. Laryngeal ulcerations complicate the course of typhoid by no means rarely. In fact, to judge from registers of the Alexandrovsky Town Pavilion Hospital, ulcerative laryngitis occurs in about 30 per cent. of all fatal cases of the primary disease. Meanwhile the percentage given by Zuelzer is about 20 ; by Heinze, 11·5 ; by Griesinger, 26 ; Hoffmann, 11·2 ; A. Geissler, 37·5.

2. Typhoid cases, complicated by ulceration, end in death mostly during the third and fourth week (in 31 out of 59 cases).

3. The order of the frequency in which various portions of the larynx are attacked by the process, is this : the apex of the epiglottis (in 14 out of 59 cases) and the posterior commissure of the true vocal cords (14); the margin of the epiglottis (10), and the vocal cords (10) ; the posterior surface of the epiglottis (6) ; the posterior wall of the larynx (2), and the pyriform fossa (2) ; the anterior commissure (1).

4. When situated on the margins of the epiglottis, or along the true vocal cords, the ulcers are mostly linear ; but those on the posterior commissure or posterior surface of the epiglottis have circular outlines.

5. The initial changes consist in hyaline degeneration of the membrana propria, the epithelium itself remaining yet normal.

6. Later on, the epithelial lining undergoes "coagulative neurosis."

7. Subsequently, hyaline degeneration spreads to the capillaries, and arterioles, and attacks individual portions of the connective tissue of the mucous membrane itself.

8. The degeneration ultimately leads to the formation of a well developed hyaline net-work at the site of the ulcer.

9. Another characteristic feature is constituted by a total absence of any inflammatory infiltration in the immediate neighbourhood of the ulcer.

10. The infiltration is always found along the boundary between the affected and normal parts, forming a kind of "demarcation line."

11. Other changes in the ulcerated tissues consist in "coagulative necrosis."

12. Suppurative perichondritis, with consecutive phlegmon in the neighbourhood, occurs only as a secondary phenomenon, arising in consequence of irritation, caused either by degenerated region, or by invasion of microbes.

13. In the deeper layers there may be frequently met a fine net-work surrounding the blood vessels, and consisting of pure fibrine, with leucocytes embedded therein. The reticle is especially developed in cases of typhoid fever complicated with croupous pneumonia. It is a true inflammatory effusion from the blood abounding in fibrine.

In none of the author's cases could Eberth's typhoid rods be detected in the ulcerated tissues, though there were invariably present great numbers of micrococci, which formed large colonies amidst hyal ne masses, while deeper strata contained but individual cocci ; now and then the tissues showed the presence of sporadic rod-shaped bacteria. The

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latter, however, were quite different from the specific microbe of typhoid fever. **Valerius Idelson.**

FAVITZKY, ALEXANDER P. (St. Petersburg).—**On Functional Disturbances of the Vocal Apparatus in Puberty.** *Meditsinskoïe Obozreniïe, No.* 5, 1889, *p.* 475.

THE author draws attention to fairly common functional disturbances of the larynx, developing in an intimate connection with general biological changes of puberty. As a rule, the cases refer to adolescents or very youthful subjects, who either suffer from aphonia, depending upon paresis or paralysis of the constrictors of the glottis, or who speak with a curious, high and thin, squeaking falsetto (Fournier's *Voix eunukoïde*) determined by arrested development of the vocal apparatus as well as by inco-ordination of the phonatory muscles. In falsetto cases, the diagnosis is fairly easy. But in cases of aphonia, especially when the latter is accompanied by laryngeal congestion and catarrh, it proves sometimes pretty difficult to make out whether one has to deal with an instance of catarrhal laryngitis complicated by muscular paresis, or with a case of a functional character. The prognosis—provided a rational treatment is adopted—is usually favourable, and that even in inveterate cases. The only rational treatment, first introduced by Professor Fournier, consists in "laryngeal gymnastics." For the first three or four days, the patient is taught to make deep and slow inspirations and expirations, and, on the latter, to utter a sound as low as possible. The procedure is repeated for five minutes, several times daily. Subsequently, when the patient has attained certain routine and skill, he is made to pronounce words in the same lowest tone, making them longer and longer, and, later on, to read aloud, etc. In from ten to fourteen days the patient is cured, that is, he becomes able to speak with his new permanent voice (usually, baritone or bass) with perfect ease and freedom.

Dr. Favitzky adduces two interesting and instructive cases which came under his observation in Professor N. P. Simanovsky's clinic, and were cured by the method in ten days. One of them referred to a youth of seventeen, with falsetto of two years' standing; the other to a lad of sixteen, suffering from extreme hoarseness, amounting to almost complete aphonia of a twelvemonth's duration. His larynx was found to be red, tumefied and dry; there was present paresis of all the glottic constrictors. At first, a complicated laryngitis was diagnosed, and the case was treated as such by extra-laryngeal and endo-laryngeal galvanisation and faradisation, steam alkaline pulverisation, painting with nitrate of silver, etc. Not the slightest benefit was obtained from any of these means, successively applied for about ten weeks. In view of that failure, the diagnosis was ultimately changed to that of *asynergia laryngis transitoria*, and laryngeal gymnastics resorted to. On the 9th day, the lad could easily speak and read aloud with a baritone voice. On the 10th, his larynx was found normal.

The international literature of the subject is yet rather scanty. The first contribution (with thirteen cases, all cured) belongs to Professor

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Fournier (*Voix eunukoïde, sa pathogenie*, etc., 1882). In 1883, Professor D. J. Koshlakoff, of St. Petersburg, tried laryngeal training in a case, and met with brilliant success. In 1885, Professor N. P. Simanovsky, of St. Petersburg, published his monograph "*On Functional Disturbances of the Vocal Apparatus during Puberty.*" In 1886, Dr. Gorell reported (*La Province Médicale*, No. 25) seven cases of "eunukoide voice," cured by Fournier's method. The affections are also mentioned, though but briefly, by Mandl and Gottstein, in their handbooks on laryngology.

Valerius Idelson.

BARON, B. J. (Bristol).—**The Treatment of Laryngeal Growths.** *Bristol Med. Chir. Journal, June*, 1889.

THE records of some cases of this nature, with remarks. In one case, ten months of chronic congestion of the larynx was sufficient to give rise to a growth. In two others, the growth shrank in size, and the hoarseness disappeared by painting the neoplasm with astringents (zinc, perchloride of iron, and lactic acid). In a third case, rubbing the growth and applying chloride of zinc removed it. The author regards removal of the outgrowths in laryngeal phthisis as contra-indicated, and all worrying of the larynx by local treatment, especially in the pre-ulceration stage, is deprecated. Incidentally the author speaks well of scraping tubercular ulcers and application of lactic acid. Outgrowths in syphilis cannot usually be interfered with, as the resulting cicatrisation will quite or more than compensate for the space opened up by operation. After tracheotomy, attempts may be made by cutting and dilatation to open up a passage, and large doses of iodides are beneficial. Tracheotomy, by giving rest to the glottis, may succeed in causing widening of the glottic chink, and the operation is on all grounds justifiable long before there is much stenosis. The author does not think that tracheotomy is done early enough in cases of malignant disease of the larynx, since the rest obtained will defer the period of ulceration and secondary infiltration.

R. Norris Wolfenden.

BROWNE, LENNOX (London).—**Congenital Growth of Larynx.** *British Medical Journal, January* 19, 1889.

EXHIBITION of specimen before the Pathological Society of London, January 15, 1889.

Hunter Mackenzie.

CREW, W. T. (Nottingham).—**Tumour of Larynx.** *British Medical Journal, February* 2, 1889. (Exhibition of case before the Nottingham Medico-Chirurgical Society, January 18, 1889).

THE patient, aged twenty, had had tracheotomy performed about eight months previously on account of a slowly growing sessile tumour of the right vocal cord. (No information is given regarding the nature of this tumour).

Hunter Mackenzie.

SEMON, FELIX (London). — **Laryngeal Cancer, in which Hæmorrhages, Perichondritis, and Exfoliation of the Greater part of the Laryngeal Cartilages occurred—Subsequent Pleuritis—Gangrenous Pneumonia—Death.** *British Medical Journal, January* 19, 1889.

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CASE reported to the Clinical Society of London, January 11, 1889. Its nature is indicated by its title. **Hunter Mackenzie.**

BUTLIN, HENRY T. (London).—**Sequel of a Case of Epithelioma of the Vocal Cords, for which Partial Excision of the Larynx was Performed.** *British Medical Journal, January* 19, 1889. (Case read before the Clinical Society of London, January 11, 1889.)

RECURRENCE took place about nine months after operation: tracheotomy. Death fourteen months after tracheotomy. **Hunter Mackenzie.**

BUTLIN, HENRY T. (London).—**Two Cases of Thyrotomy for the Removal of Malignant Disease of the Larynx.** *British Medical Journal, January* 19, 1889. (Paper read before the Clinical Society of London, January 11, 1889.)

NOTES of two cases showing that simple thyrotomy, if performed sufficiently early in the course of the disease, may suffice for the removal of laryngeal cancers. **Hunter Mackenzie.**

NEWMAN, DAVID (Glasgow).—**One Case of Anto-Inoculation in Laryngeal Carcinoma, and Two Cases Illustrating the Danger of Intra-Laryngeal Interference in Cancer of the Larynx.** *British Medical Journal, January* 19, 1889.

IN the first case an ulcerating carcinoma developed on the left ventricular band of a patient aged forty-nine, and spread to the opposite side of the larynx by direct contact. The second case was an example of epithelioma of the larynx, in which carcinomatous disease of a lymphatic gland developed ten days after an intra-laryngeal operation. (The nature of this operation is not stated.) In the third case, endo-laryngeal removal of a fragment of an epitheliomatous growth was followed by diffuse swelling of the neck and glandular enlargement.

The author expresses his conviction that "Intra-laryngeal excision, "for microscopic purposes, cleared up the diagnosis in laryngeal car- "cinoma, but it also exposed the patient to very serious dangers. In "diagnosing cancer within the larynx, the surgeon practically could bring "only one sense, that of sight, to bear on the diagnosis, and for this "reason he had been driven to employ a method of investigation which "he would not consider justifiable when the cancerous growth had "originated in external parts. . . . . Intra-laryngeal interference "with malignant growths had shortened the lives of many unfortunate "sufferers."

A careful perusal of his two cases has not convinced us that the author has succeeded in demonstrating the danger of intra-laryngeal interference in cancer of the larynx, and in the form of rapid extension of the disease.

It is not the general opinion that the method of investigation, to which reference is made, is not considered justifiable in the case of doubtful growths originating outside. We have seen eminent surgeons, including Sir Joseph Lister, have recourse to the microscopical examination of a fragment of a dubious tumour of the breast, before deciding

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upon the diagnosis. The result of Dr. Felix Semon's elaborate investigations into the subject of cancer of the larynx has shown that malignant degeneration of a benign growth, after intra-laryngeal operative interference is so rare, as to be practically outside the range of probabilities. Nor is it the rule that endo-laryngeal interference, such as is involved in the careful removal of a fragment or even the whole of a growth, for microscopical examination, usually accelerates the spread of a malignant neoplasm. The writer of this abstract had under his care the case of a doubtful-looking growth of the right vocal cord, which he removed by endo-laryngeal means, in August, 1887. Recurrence took place in about three months, and again removal was accomplished, and microscopical examination of the growths last removed (Wolfenden) showed epithelioma. The patient's temporary recovery was so satisfactory, after the latter operation, that he declined to accept the diagnosis, and sought other advice. Over one year after the first endo-laryngeal operation, he he was seen, amongst others, by Dr. Newman, who, even at that late period, gave a favourable prognosis. About one and a half years afterwards, the disease broke out afresh, and complete removal of the larynx was performed by Professor Chiene. The endo-laryngeal removal of the growths in this case caused no local discomfort, and afforded a year and a half's respite to the patient. (*See Edin. Med. Jour., July*, 1888, where the first part of the history, with illustrations, is given; in it a more complete account of the case will shortly appear.) **Hunter Mackenzie.**

WILLIAMS, WATSON (Bristol).—**Tracheotomy-tube, worn for Thirty-six Years.** *British Medical Journal, December* 12, 1888.

EXHIBITION of patient before the British Medico-Chirurgical Society, 12th December, 1888. The nature of the laryngeal disease is not stated. **Hunter Mackenzie.**

MONEY, ANGEL (London). — **Functional (? Rickety) Infantile Palsy, with a note on "Lingual Irritability."**—*British Medical Journal, January* 12, 1889.

IN some of these cases the muscles of the larynx appear to be affected, and laryngismus stridulus results. Tetany precedes the palsy.
Hunter Mackenzie.

LOOMIS, H. P. (New York).—**Sudden Asphyxia from Occlusion of the Glottis.** *Med. Record, April* 20, 1889.

THE larynx of this case was shown at a meeting of the New York Pathological Society, February 13, 1889. The man intoxicated, choked during eating, and at the autopsy three large pieces of meat were found in the throat, one completely occluding the glottis. **R. Norris Wolfenden.**

HEYMANN (Erlangen). — **Case of Formation of true Bone in the Mucous Membrane of the Trachea and the large Bronchi.** *Virchow's Archiv.*, 1889, *Heft* 2.

THE clinical diagnosis was: Hypertrophy of the subglottic mucous membrane. For this tracheotomy and thyrotomy were performed, and

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death followed. The post-mortem examination showed perichondritis of the cricoid cartilage, and necrosis of this cartilage, perforation of th œsophagus, ossification of the larynx and trachea. The ossified portions of the larynx and trachea showed under the microscope true osseous tissue. **Michael.**

THELEN (Elberfeld).—**Foreign Bodies in the Air-Passages.** *Deutsche Med. Wochenschr.*, 1889, *No.* 28.

A CHILD, four years old, had swallowed a coffee bean. The foreign body was loose in the trachea, and caused attacks of suffocation. Tracheotomy was performed, and the bean extracted by forceps. Cure resulted.

In a second case the author performed tracheotomy in a child who had inspired portions of an egg shell. Death followed from bronchitis.
Michael.

MAY, BENNETT (Birmingham).—**Duck Bone in Larynx.** *British Medical Journal, January* 5, 1889.

REMOVAL by laryngotomy, without impairment of voice resulting.
Hunter Mackenzie.

NECK, &c.

NEAL, J. B. (London).—**Enlarged Thyroid Associated with Epilepsy.** *British Medical Journal, January* 12, 1889.

EXHIBITION of case before the Metropolitan Counties Branch of the British Medical Association, December 19, 1888. **Hunter Mackenzie.**

GRIFFITH, WARDROP (Leeds).—**Case of Myxœdema.** *British Medical Journal, January* 12, 1889. (Case exhibited to the Leeds, &c., Medico-Chirurgical Society, December 7, 1888.)

THE patient was twenty-five years of age, and the affection had supervened on her confinement. **Hunter Mackenzie.**

FLYNN.—Myxœdema. *British Medical Journal, January* 26, 1889.

A MAN, aged fifty-five, the subject of this disease, was exhibited before the Northumberland and Durham Medical Society on January 10, 1889. It was affirmed that iron, with phosphoric acid and quinine, and in other instances arsenic, answered well in this disease. **Hunter Mackenzie.**

KOCHER. — Report on Two hundred and fifty Extirpations of the Strumous Gland. *Corresp. Bl. für Schweizer Aerzte*, 1889, *Nos.* 1 *and* 2.

THE author, who had formerly a mortality of fourteen per cent., now only has 2·4 per cent., and after operation for malignant forms 0·8 per cent. He gives the following rules for operation :—(1) Extirpation is indicated in malignant goitres, in inflamed goitres, and in diffuse hypertrophy of the strumous gland. The contra-indication is the failure of the existence

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