

o the posterior wall of pharynx, leaving only a small circular opening. Patient says this came on after diphtheria. No history of syphilis. Treatment by galvano-cautery. Improvement.

4. A patient, twelve years old, with laryngeal tuberculosis.
5. A patient, fourteen years old, with laryngeal symptoms of hereditary syphilis.
6. A case of unilateral rhinitis fibrinosa. Loeffler's bacillus was present.
7. A woman with nose deformed by a great mass of polypus.
8. A patient, sixteen years old, with "aproxia nasalis." *Michael.*

Carstens (Leipzig).—*New Knife for opening Retro-Pharyngeal Abscesses.* "Jahresschr. für Kinderheilkunde," Band 38, Heft 2 and 3.

A COVERED knife. (This was introduced and used by Krukenberg fifty years ago). *Michael.*

Kelling (Dresden). — *Diagnosis of deep-seated Œsophageal Diverticula.* "Münchener Med. Woch.," 1894, No. 47.

The author describes minutely some methods to assist the diagnosis of deep diverticula by introducing curved sounds, or by filling the diverticulum with water. The details must be read in the original. *Michael.*

Egloff. — *Removal of Foreign Bodies from the Œsophagus, especially by Œsophagotomia Externa.* "Beitr. zur Klin. Chir.," 1894, No. 1.

THE author records six cases operated upon by Kronlein. Five of them were cured. The sixth case died from hæmorrhage of the arteria thyroidea inf. dextra, which was eroded by the foreign body. The author also mentions ten cases in which the foreign body was removed *per vias naturales*, and six in which it left the body spontaneously by the anus. *Michael.*

L A R Y N X.

Milligan (Manchester).—*Teachers' Nodes.* "Brit. Med. Journ.," Nov. 3, 1894.

THESE occurred in a Board school teacher aged twenty-one, and had been causing loss of voice for two years. Two symmetrically-placed nodules, about the size of millet seeds, were seen at the junction of the anterior with the middle thirds of both vocal cords. They projected towards the middle line and interfered with phonation. *Wm. Robertson.*

Huchard.—*Treatment of Stridulous Laryngitis.* "Journal de Praticiens," Dec. 1, 1894.

THE author believes that spasm is the prominent factor of the grave symptoms of stridulous laryngitis. He prescribes large doses of bromide of potassium (one to four grammes) in children, according to the age. These large doses frequently prevent the necessity of surgical intervention. *A. Cartaz.*

Rethi (Wien).—*Œdematous Fibroma arising from the Anterior Surface of the Posterior Laryngeal Wall.* "Wiener Med. Presse," 1894, No. 18.

A PATIENT, fifty-three years old, never having had any disease in his throat, suddenly suffered for eight days from spasmodic cough and dyspnoea. The larynx sometimes produced a ventriloquial noise. The laryngoscope showed a yellowish,

transparent tumour, the size of a nut, seated on the anterior part of the posterior laryngeal wall. During respiration the tumour was sub-glottic, during phonation it was projected into the supra-glottic space. Operation was performed by the galvano-caustic wire. The microscopical examination showed it to be an œdematous fibroma. *Michael.*

Bremer (Berens).—*Treatment of Inflammatory Swellings of the Glottis.* "Therap. Monats.," 1894, No. 9.

THE author has applied in some cases of diphtheritic laryngeal stenosis collodium cantharidatum to the anterior surface of the neck with good result. *Michael.*

Lunin.—*On Laryngitis Phlegmonosa.* Aerztlicher Verein in St. Petersburg, Meeting, Jan. 10, 1894.

A PATIENT, forty-nine years old, suddenly attacked with dyspnoea, died before tracheotomy could be performed. The *post-mortem* examination showed redness and œdematous swelling of the glottis. On incision there was a discharge of seropurulent fluid. Redness and swelling of the pharyngeal mucous membrane were also present. [It seems to be a case of primary erysipelas.—*Rep.*] *Michael.*

Lohoff (Laer).—*Tracheotomy in Laryngeal Tuberculosis.* Inaugural Dissertation, Würzburg, 1894.

REPORT on five cases.

Heryng (Warsaw).—*Further Contributions to the Surgical Treatment of Laryngeal Phthisis, founded on 270 observations.* "Klin. Zeit.," 1894, Heft 2.

THE author reports eighteen new cases of laryngeal phthisis. He concludes that in many cases tubercular ulcers and infiltrations in all parts of the larynx can be cured by surgical treatment. The prognosis is better in unilateral than bilateral affections. Of his cases two have remained well for five years, six for four years, three for three years, five for two years, and four for one year. He has observed spontaneous cure in fourteen out of three thousand cases. These, however, do not affect the present question, as they were all slight cases in elderly patients. Cases with dysphagia and much tissue-destruction seldom heal spontaneously or by climatic treatment. The result of surgical treatment is influenced by the following conditions: (1) the local condition; (2) the state of general health of patient, including the state of the lungs, the age, constitution, and character of the patient; (3) the ability of the surgeon to remove all affected tissue; (4) the after-treatment. Severe hæmorrhage occurred in only two cases. It can be avoided by using electrolysis or galvano-cautery instead of curetting. Anæsthesia is to be obtained by the use of cocaine. Slight cases may be treated by brushing with lactic acid.

Michael.

Koch (Luxembourg).—*A Case of Sub-glottic Polypus.* "Ann. des Mal. de l'Oreille, etc.," June, 1894.

THE neoplasm was attached beneath the left vocal cord, and during forced expiration passed between the two cords. After several unsuccessful attempts Dr. Koch succeeded in seizing the tumour, which was of considerable size, with the cutting forceps of Scheinmann; the size and hardness of the polypus prevented him from extracting it. However, it had evidently been crushed with the forceps, for a few days afterwards it was expectorated by the patient, who made a good recovery.

Joal.

Tcehudi (Wien).—*Sarcoma of Larynx*. "Wien. Klin. Woch.," 1894, No. 8.

THE author showed a patient with a sarcomatous tumour involving the right ventricular band and arytenoid cartilage.

Michael.

Michael and **Fraenkel**.—Aerztlicher Verein in Hamburg, Oct. 20, 1894.

IVAN MICHAEL showed specimens from a case observed by reporter.

A patient, fifty-five years old, complained of hoarseness and dyspnoea. There were swollen glands in the neck on the left side, dull note over sternum and left side of thorax, displacement of heart to eighth intercostal space in left axillary line. Laryngoscopic examination showed paralysis of left recurrent nerve. The state of the cervical glands made the diagnosis of mediastinal tumour certain, although the pulsation of the tumour gave rise to a suspicion of aneurism. Death from cachexia a year later. The *post-mortem* examination showed the left lung, left bronchus, bronchial glands, right jugular vein and vena anonyma filled with sarcomatous tumour. The jugular vein was changed into a sarcomatous mass, with the lumen obliterated. The primary tumour filled the whole anterior mediastinum. Both recurrents were destroyed by the tumour. During the last weeks of his life it had been impossible to examine the patient laryngoscopically, but the stridor showed that the right recurrent nerve must also be involved.

EUGEN FRAENKEL showed specimens of diphtheria bacillus from cases of diphtheria of the bronchi, œsophagus, and stomach. He recommends Dycke's method of bacteriological examination in diphtheritic cases.

Michael.

Fraenkel.—*Cancer of the Larynx*. Soc. Anat., Paris, Nov. 9, 1894.

A MAN, fifty-three years old, had a large ulcerated tumour of the neck. Emaciation, dysphagia, and repeated vomiting were present, and death occurred with asphyctic symptoms. At the necropsy a large mass of cervical cancerous glands were found, and cancer of the larynx limited to a small part of the mucous membrane.

A. Cartaz.

Dansac.—*Primary Epithelioma of the Glottis*. "Ann. des. Mal. de l'Oreille," etc., Aug., 1894.

A HISTOLOGICAL study in which the author distinguishes (1) a dermoid pavement epithelioma of the glottic mucous membrane; (2) an epithelioma of a superficial glandular form, sprouting carcinoma, and local; (3) a deep glandular epithelioma or carcinoma *en nappe*.

Joal.

Leseigneur, Maximilien.—*Studies on Laryngotomy*. Thèse de Paris, 1894.

CRITICAL review on the indications of laryngotomy in various cases of partial or total occlusion of the respiratory tract (foreign bodies, benign or malignant tumours, cicatricial stenoses, hypertrophic laryngitis, etc.), and on the preference in such cases of that operation to endo-laryngeal methods. The author reviews the principal operatory proceedings (Malgaigne, Föllin, Billroth), and he concludes that, except in special indications, the best procedure is vertical, partial or total, laryngotomy. Of three hundred and sixty-two operations the percentage of mortality was 4.69 per cent.

A. Cartaz.

Kassowitz (Wien).—*Glottic Spasm and Tetany in Children*. "Wiener Med. Woch.," 1894, No. 23.

REPORT on one hundred and seventy-two cases to prove that tetany and glottic spasm in children always depends on acute rachitis. The treatment must in the first place be of the rachitic diathesis, *i.e.*, it must consist in giving phosphorus.

Michael.

Milligan (Manchester).—*A Case of Complete Abductor Paralysis of the Left Vocal Cord.* "Brit. Med. Journ.," Nov. 3, 1894.

THIS occurred in a man, aged forty-three, who suffered from an attack of syphilis thirteen years previously. The paralysis was of tabetic origin, and the author drew attention to the fact that paralysis of abductor movements of one vocal cord was at times one of the earliest symptoms of tabes dorsalis. Dr. Milligan also refers to a case of a man, aged seventy-seven, suffering from malignant disease of the œsophagus, with laryngeal complications. *Wm. Robertson.*

Boulay and Mendel.—*Laryngeal Paralysis in Diphtheria.* "Arch. Gén. de Med.," Dec., 1894.

THIS complication is rare (the authors have collected only seventeen cases, one being original), and appears specially during the first days of the disease, but more rarely during convalescence. The forms of the paralysis are (1) paralysis of the dilators (six cases—in five tracheotomy was necessary); (2) paralysis of the constrictors (four cases); (3) paralysis of one recurrent nerve (five cases); (4) paralysis of both recurrent nerves (two cases). *A. Cartaz.*

Klemperer.—*Bilateral Posticus Paralysis.* Unterelsässischer Aerzteverein in Strassburg, Meeting, Oct. 27, 1894.

A PATIENT, fifty-three years old, suddenly had an attack of suffocation, lasting two hours. Four days later he had a second attack. The laryngoscope showed the glottis to be nearly closed during inspiration. Bromides and cocaine were given without effect. Tracheotomy was performed. Eight days later the patient could leave the hospital, wearing a canula. Now the left vocal cord is absolutely immobile, and the right vocal cord makes little excursions. No cause can be found for the paralysis. The author remarks that unilateral paralysis of one vagus may paralyze both postici; unilateral paralysis of one recurrent can only paralyze one posticus. Spasmodic affection can be excluded in this case. Prognosis and treatment is impossible in a case the origin of which is absolutely obscure. *Michael.*

Koschier (Wien).—*Lordosis of the Vertebrae Colli, and Decubital Ulcers on Posterior Part of Cricoid Cartilage; Laryngeal Stenosis.* "Wiener Med. Woch.," 1894, Nos. 35 and 36.

THESE communications are of special interest, as laryngeal stenosis due to pressure of the vertebrae (in lordosis) on the larynx has not been described before.

1. A patient, sixty-five years old, had suffered for five years from difficulty in swallowing and breathing. There was well-marked lordosis of the cervical and kyphosis of lower parts of vertebral column. Both arytenoids were swollen, and moved very little. No tumour could be seen. Tracheotomy. Some days later, owing to difficulty of swallowing, patient had to be fed through a soft rubber tube. Death from pneumonia. The *post-mortem* showed loss of substance in posterior wall of pharynx, and in a corresponding position a loss of substance in posterior wall of larynx, covered with pus and necrotic tissue.

2. A patient, fifty-eight years old, died of phthisis pulmonalis. At the *post-mortem* examination were found lordosis of cervical vertebrae, loss of substance in the posterior wall of pharynx, and ulcers on posterior wall of larynx.

3. A patient, sixty years old, with dyspnoea for some weeks. In the pharynx was seen a semi-globular swelling, due to lordosis of the vertebral column, concealing nearly the whole of the larynx from view. Tracheotomy. Death a few days later from bronchitis. *Post-mortem* showed œdema of larynx, compression of sinuses pyriformis. The mucous membrane was replaced by an irregularly folded cicatricial

mass: glottis stenosed. A sagittal section of the larynx shows that the posterior part of the cricoid cartilage is gone—only small sequestra being found—and has been replaced by connective tissue.

4. In a patient, twenty-nine years old, with lordosis caused by a large lipoma of the neck, attacks of dyspnoea arose. These could always be relieved by traction of the head.

These cases are to be regarded as decubitus. With the destruction of the cartilage the cause of the decubitus disappears. The wound heals by cicatrization, with resulting stenosis of the larynx.

Michael.

Glisson (Salop).—*Tracheotomy for Foreign Body in the Larynx.* “Brit. Med. Journ.” July 14, 1894.

A BOY, aged nine years, had an ordinary sewing needle in his mouth, and while trying to raise a younger child the needle disappeared down his throat. The child was seen the following day, but the symptoms were not urgent, complaining only of pricking in the trachea. A minute elevation could be detected (externally?) between the second and third rings, which disappeared on being placed on his back. The following day tracheotomy was performed, and the needle, found firmly imbedded above the tube, eye downwards, was extracted. Recovery.

Wm. Robertson.

Hauwerk.—Verein für Wissenschaftliche Heilk. in Königsberg, Meeting of 30th April, 1894.

THE author showed the larynx of a child that had died of asphyxia due to a lumbricus getting into the glottis during vomiting.

Michael.

Wiesmann (Herisau).—*Shoe-Nail extracted from the Larynx of a ten months old Girl.* “Correspl. für Schweitzer Aertze,” 1894, No. 19.

IN a child, which had been dyspnoic for thirteen weeks, the author could feel a hard body in the pharynx. Tracheotomy had to be performed to relieve asphyxia. Thereupon the author removed a large shoe-nail from the child's larynx. The father was a shoemaker. Pneumonia; death.

Michael.

Bollinger.—*Suffocation by a Cherry-Stone.* Aerztlicher Verein München, Mar. 23, 1894.

A GIRL, five years old, got a cherry-stone in her throat. The child became dyspnoic. An emetic was given with prompt effect. The dyspnoea ceased, and the foreign body seemed to have been expelled. Thirty-six hours later sudden death occurred. The *post-mortem* examination showed the stone to be over the bifurcation of the trachea.

Michael.

Baildon (Southport).—*Case of Foreign Body in the Trachea; Tracheotomy and Successful Removal.* “Brit. Med. Journ.,” June 30, 1894.

THE accident occurred in a girl, aged six, with a history of having had a piece of lead-pencil in her mouth, which had disappeared, and the child had nearly suffocated. On admission the patient was cyanosed, breathing difficult and stertorous, cough, etc. On inspecting the chest, the right intercostal spaces were drawn, which side was also dull to percussion, and breath sounds absent. Diagnosis, foreign body in right bronchus. After tracheotomy, and during a spasm of the glottis, a black body was forcibly shot up into the wound. This was seized and found to be the pencil referred to, and one-eighth inch long, ragged at one end, with the sharpened end upwards. After an attack of pneumonia in the left lung, patient recovered.

Wm. Robertson.

Sennycy (Budapest).—*Foreign Body Seventy-two Days in Trachea; Recovery.*
 “Archiv für Kinderheilk.,” Band 17, Heft 5, 6.

A CHILD, six years old, drew a piece of wood into the respiratory passages. This caused at first a suffocative attack, lasting only a few minutes, and afterwards difficulty in breathing, specially at night. When brought into the hospital, the child was suffering from marked dyspnoea, and had a rough cough. The lungs were found normal on percussion and auscultation. The dyspnoea increased so as to produce cyanosis. Tracheotomy rapidly performed gave great relief, showing that the foreign body must be situated in the upper parts of the trachea. It could not be seen on laryngoscopical examination. Fourteen days later bronchitis, with fever and discharge of pus, came on. This was recovered from in a month. The tracheal canula was then withdrawn, and the wound healed in a few days. Some days later—*i.e.*, seventy-two days after onset of illness—the child had a severe attack of coughing, lasting fifteen minutes, and ending with the discharge of much pus. In the pus was found a cylindrical piece of wood, eleven millimètres long by eight millimètres broad, of the colour of mucous membrane, and quite smooth.

Michael.

Rokitansky (Innsbruck).—*Asthma Bronchiale: a Clinical Lecture.* “Allg. Wiener Med. Zeitung,” 1894, Nos. 47 and 48.

REVIEW of the pathology and therapy of this disease for students. *Michael.*

Koch, Paul (Luxembourg).—*Bronchitis Fibrinosa Chronica.* “Internat. Klinische Rundschau,” 1894, No. 42.

1. A PATIENT, aged thirty, ill for two years. Every third day he has an attack of oppression and dyspnoea, ending in the discharge of fibrinous casts of the bronchi, the larger being hollow, but the smaller solid. At first iodide of potassium gave some relief, but now no treatment has any effect.

2. A patient, sixty-three years old, has suffered for thirty years from the same disease. The sputum is reddish.

In both cases the disease is unilateral, no cause is known, and no treatment has any effect. *Michael.*

THYROID, NECK, & C.

Hurthle.—*Contribution to the Knowledge of the Secretion of the Thyroid Gland.*
 “Pflüger's Archiv für die gesammte Physiologie,” Band 56.

THE colloid substance in the follicles is produced by the protoplasm of the epithelial cells. The secretion of the gland consists in the formation of colloid matter. The production can be increased artificially by removal of the greater part of the gland, and also by icterus. *Michael.*

Eulenberg (Berlin).—*Graves' Disease and Goitre.* “Deutsche Med. Woch.,” 1894, No. 40.

THE author concludes that (1) changes are produced in the chemical constitution of the blood by the secretion of a specific watery matter by the follicles of the goitrous gland. This secretion is due not to nervous influence, but is stimulated directly by the blood. (2) In Graves' disease the amount of secretion of the gland is increased, and has a definite toxic effect; further, as this secretion is absorbed