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**RETROSPECT OF LARYNGOLOGY, 1906.**

FOR some years past, although we had continued evidence of interest being taken in the affections of the larynx, the papers published in our journals, and the discussions in many societies upon affections connected with the nose, pharynx, and accessory cavities somewhat overshadowed the interest taken in the larynx. This year there would seem to have been a revival of interest in diseases of this region, and satisfactory work and advances have to be recorded.

The subject of etiology continues to attract a considerable amount of attention, and the question of the relationship between phlegmon and erysipelas is discussed by Dr. Pierce in this year's *Transactions of the American Laryngological Association*. Although Kuttner, Beckaler, and Ónodi have maintained that the causes are etiologically identical and the cases very often secondary to pharyngeal mischief, still, there is sufficient evidence to justify us separating them and considering laryngeal phlegmon as a clinical entity. The streptococci found in the two conditions are identical, according to Fränkel and others, but many bacteriologists are inclined to think that although morphologically alike there are different kinds of streptococci. The question is one of great interest because of the serious nature of the affections. In the same *Transactions* Dr. Mayer records an interesting case of scleroma of the larynx, and after a clinical description reference is made to the general subject. So much is Dr. Mayer influenced

by the infectious aspect that he advises every quarantine officer to look out for cases of long-standing hoarseness and to regard undoubted cases of rhino-scleroma as infectious, so that affected persons should be detained until an expert has pronounced upon the case.

The therapeutic treatment based upon bacteriological investigations is progressing; for not only have we evidence in the general literature of increasing confidence in the diagnostic value of bacteriological research in diphtheria, but many writers, such as Lewis and Wright, are pushing their experimental studies in the region of suppurations. These latter investigations have been carried out in the most careful spirit, and the patients' interests safeguarded by continual tests of their opsonic indices.

There is not much to record in the way of the study of the anatomy of the larynx, although Dr. Crosby Greene, in a paper mostly corroborative, again reviews the subject of the lymphatic drainage of the larynx in the *Transactions of the American Laryngological Association* this year. Nervous affections have received a fair amount of attention, and Dr. Gavello, as will be seen from an abstract in the February number of this Journal, points out the effects of dragging of the laryngeal nerves as distinguished from direct pressure. He quotes certain cases in which the disturbance was due to such conditions. The same writer treats of the laryngeal disturbances in syringomyelia, and quotes a case where "the cord was fixed in the cadaveric position." He says "that while from the researches of Grabower, Exner, and others, one is inclined to admit the absolute independence of the laryngeal motor innervation of the eleventh pair of nerves against the old theory of Claude Bernard, the latter tends to come into vogue again, being supported by the recent observations of van Gehuchten, who, by the study of the degenerations, has demonstrated the existence in the inferior laryngeal nerve of the number of fibres coming from the spinal accessory."

The question of tubercular laryngitis continues to attract a great amount of attention, and while the great anticipations of many writers have not been fully realised, there is evidence in a certain number of cases that surgical interference may give more comfort, and it may be extension of life, to the patient. This subject was discussed in an interesting way by Mr. Barwell at the London Laryngological Society, and a reference to his views will be found in the March number of last year.

Many interesting papers have been contributed on somewhat

less familiar subjects either from the clinical or pathological stand-points. Dr. Bosviel, at the Parisian Society of Laryngology, Otology, and Rhinology in April last, deals with the subject of perichondritis of the larynx; Dr. Renshaw, in the April number of this Journal, records a case of fibro-sarcoma of the thyro-hyoid membrane; and an interesting note by Dr. Jobson Horne will be found in the January number upon excrescences found in the interarytenoid space. Clinically it is always of interest to know whether in a given case of the kind we are dealing with one due to tubercle, syphilis, or merely of a simple nature, and the writer's reference to the difference between *pachydermia verrucosa simplex* and *pachydermia verrucosa tuberculosa* is very valuable.

Tumours of the larynx have received a considerable amount of attention during the past year. Dr. Wyatt Wingrave contributes a very valuable paper to the May number of this Journal upon the subject of innocent laryngeal growth. Fifty cases in all are referred to, and the careful macroscopic and microscopic analysis will prove of great value to all those studying the subject. In connection with papilloma of the larynx Thrasher,<sup>1</sup> in the *Transactions of the American Laryngological Association*, records a curious case in which he attributes the papilloma in the larynx to an injury by the inhalation of flames due to an explosion of gas.

The question of malignant disease has also received a considerable amount of attention during the year. Dr. Clarence C. Rice, in the *Transactions of the American Laryngological Association*, records the results so far obtained by the subcutaneous injections of pancreatic extract in a case of malignant disease of the larynx. He thinks the extract had a direct action upon the growth, and its administration was accompanied by certain well-marked local and constitutional symptoms. The experiment is being continued.

The comparative methods of the operations of thyrotomy and laryngectomy were thoroughly discussed in an able paper<sup>2</sup> by Dr. Chevalier Jackson at the Toronto meeting of the British Medical Association this year. His results have been exceedingly good, and in the discussion which followed he was deservedly complimented by many of the speakers. He regards thyrotomy as the best operation for early intrinsic disease, but he thinks that in serious cases, such as extrinsic malignant disease, or where the larynx is involved by extension, palliative treatment of tracheotomy is best, although in a selected number of cases laryngectomy is to

<sup>1</sup> JOURN. OF LARYNGOL., RHINOL., AND OTOL., vol. xxi, 1906, p. 380.

<sup>2</sup> *Ibid.*, p. 632.

be preferred. He records eight cases of laryngectomy, all of which were successful.

The interesting question of laryngeal and tracheal congenital stridor also formed one of the subjects of discussion<sup>1</sup> at the Toronto meeting this year, and Drs. Logan Turner and Henry Ashby contributed excellent papers upon the subject. Much important information will be derived from a reading of the discussion, although the result of it shows that the question of congenital malformation or acquired, as a result of a neurosis, is still an open one.

Much useful information is also to be found in the literature this year bearing upon the question of instrumentation. Dr. Heryng's work on inhalations is referred to in an interesting note in the *British Medical Journal* for November 24. Dr. Morton has described some means of great value in the instrument used for the actual extraction of foreign bodies when using Killian's apparatus. His descriptions of the instruments, which have received Professor Killian's approval, will be found in the January number of this journal. All students interested in Killian's work will find much valuable information in the work of Dr. Hugh Starck, also referred to in the *British Medical Journal* of November 24 last.

#### X RAYS.

The study of the X rays has long passed the experimental stage, and although as a rule they are more used by the surgeon than the physician, there can be no doubt they are being more carefully used in medicine than at any previous time.

It should be further stated that as far as the larynx is concerned no great evidence has been adduced to show that the therapeutic action has so far proved of great value in diseases of this organ. On the other hand, in lupus of the face involving the nostrils and in the same disease in the fauces or the tongue much more has been done. Rodent ulcer has yielded frequently in cases where the sides of the nostrils ran a risk of being destroyed. It may be here pointed out that in the same way radium has been successfully and conveniently applied within glass tubes at least to the anterior part of the nasal passages.

When we come to the question of diagnosis, however, there can be no doubt of the value of the X rays. It was demonstrated by Dr. Macintyre to the British Medical Association at Manchester in 1902,<sup>2</sup> that the epoch-making researches in the physical sciences

<sup>1</sup> JOURN. OF LARYNGOL., RHINOL., AND OTOL., vol. xxi, 1906, p. 441.

<sup>2</sup> *Ibid.*, vol. xvii, 1902, p. 469.

have proved of the greatest value in the diagnosis and extraction of foreign bodies in the nose, throat, and chest. When the methods referred to are combined with the many advantages which have to be recorded in direct illumination by Killian and others, we, from a study of recent literature, realise what a great advance has taken place of late in the detection and removal of foreign bodies in the upper respiratory tract and œsophagus by means of instruments of precision. We have also evidence that in diverticulum of the œsophagus and obstruction the effects got by introducing fluids dense to the rays or metallic probes have proved of great service in photographing the parts. In addition, we find a considerable number of writers referring to the advantages of radiographs taken of probes in the frontal sinus.

#### OPSONINS.

There can be no doubt that this recent and interesting question is becoming one of great importance to all members of the medical profession. The work of Wright and Douglass is not only becoming more appreciated, but gradually we see the introduction of the test of the opsonic index being made a clinical one. In the June number<sup>1</sup> of our own Journal this year Sir A. E. Wright gives his experience in the treatment of malignant disease with preparations made from the *Micrococcus neoformans*, and the interest to students of our own speciality lies greatly in the instructive and educative charts published in the report. By this means we see the effect of the agent, step by step with the opsonic index of the patient, and no surgeon can over-estimate the consequence of such an attempt to give scientific accuracy, even though he be a sceptic of Doyen's treatment.

The followers of Metchnikoff attributed the phagocytic power of the leucocytes to their influence only. The recent investigations of Wright and Douglass showed that the question might be approached with advantage from a totally different standpoint. The theory which they have evolved, of requiring a something to be produced within the body which will act upon the microbe and make the work of the leucocytes possible, is one which has only been arrived at after a long series of experiments of the most delicate nature, and the scientific world has not been slow to evince its satisfaction nor to reward to the original workers much deserved praise. The therapeutic value of the opsonic index is at

<sup>1</sup> JOURN. OF LARYNGOL., RHINOL., AND OTOL., vol. xxi, 1906, p. 266.

present on trial, and notwithstanding the fact that we have no easy clinical test, and that the technique is distinctly difficult at present, still, future improvements will no doubt render it simpler, as in all other branches of medicine. An interesting experiment by Bulloch and Western showing that opsonins have a certain specificity is of the greatest value, because, if this be thoroughly established, it will prove that a patient may be normal in the quantity of opsonins, capable of fighting the invasion of the organisms of suppuration, and yet may not have the necessary resistance to tubercular invasion.

The fact that inoculation of a particular vaccine may at first reduce the opsonic power is a very important one because of this negative phase as Wright calls it. It is to be regretted that we have not a simple clinical means of detecting this negative phase because, naturally, if agents be introduced during this period, mischief may result, and this, to some extent, may explain some of the unfortunate phenomena which followed the early treatment of tuberculous cases of Koch's first attempts with tuberculin. After resting a sufficient time until the opsonic power has reached the higher level, treatment may begin again, and although other negative phases may occur, evidently there is a tendency for each successive one to become less severe than the former. It may be, therefore, that Wright's belief that inoculation with tuberculin T.R. may yield better results in the future provided care is taken to protect the patients by repeated, though troublesome, calculations of the tuberculo-opsonic index. It is becoming evident from a study of our literature that in cases of lupus, tubercle, and other affections in different organs those in charge of the cases deem it advisable to safeguard the patients in this way, and it is to be hoped that more records will be found in the year to come of the use of this new index in the treatment of these affections as well as malignant disease of the larynx and upper respiratory tract.

#### **RETROSPECT OF RHINOLOGY, 1906.**

THE enthusiasm which marked the introduction of the subcutaneous injection of paraffin for the correction of certain nasal deformities has somewhat abated. The results, cosmetic and otherwise, have not always come up to anticipation, hence the recoil of the pendulum. In saying this it must not be considered that the method is one to be wholly condemned. On the contrary, that it