

**Lichtwitz.**—*Acute Osteomyelitis of the Superior Maxilla simulating so-called "Classical" Empyema of the Antrum.* "Arch. Intern. de Lar., Otol., et Rhinol.," July and August, 1897.

THE author maintains that the so-called "classical" external symptoms of empyema of the antrum—that is to say, suborbital pain, swelling and redness of the cheek, and prominence of the antrum—are by no means characteristic of antral suppuration. Indeed, in all such cases which he has met with there has proved to be epithelioma, dental or alveolar cysts, gumma, or osteomyelitis.

The present case is that of a man of twenty-nine, who received a blow on the left side of the face two years previously. Suppuration occurred and perpetually recurred during the two years, accompanied by redness and swelling of the cheek. Pus discharged from the alveolar openings, and finally pus escaped into the nose and post-nasal space. An operation was performed, and the whole of the alveolus was found necrosed. Small openings were found leading into the inferior meatus and the post-nasal space. The deep cavity produced by removal of the sequestrum was roofed merely by the mucous membrane of the antrum, and when opened this cavity was found quite free from pus. References to literature bearing on this point are given. *Ernest Waggett.*

**Thorburn, J. D.**—*Rhinolith.* "Canadian Practitioner," Jan., 1896.

SUPPOSED to have been caused by point of knife blade from some previous operation. Weight, one hundred and twenty-two grains. *Price Brown.*

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## LARYNX.

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**Chiari, O.** (Vienna).—*On Angiomata of the Vocal Cords.* "Archiv für Laryngol. und Rhinol.," Band V.

IF growths with a fibrous, cellular, sarcomatous, or cancerous matrix and a very abundant supply of blood vessels be regarded as angiomas, then these are of common occurrence in the larynx, True angiomas, to which the author confines his attention, are, however, very rare. He briefly refers to the cases that have been reported as such, and shows that a considerable proportion of them were merely very vascular papillomas or fibromas.

He reports two cases of his own. Case 1: a man, aged twenty-eight, complained of discomfort in the throat. Chronic pharyngeal catarrh was present, and by chance a round bluish nodule as large as a hemp seed was found on the edge of the right vocal cord about its middle. The laryngeal mucous membrane was very red. With forceps a small membrane was removed, and this was followed by bleeding quite out of proportion to the insignificance of the wound. In place of the nodule a small depression was now found, and immediately before and below this another small bluish projection was observed and subsequently removed. Unfortunately the two small membranes were lost, so that varices could be diagnosed only from the hæmorrhage and the depression following the operation.

In his second case there is complete histological proof of its nature. The growth was found in a larynx which the author had received for examination from Prof. Kundrat. A hemispherical, bluish nodule, about one millimètre in diameter, was observed near the middle of the right vocal cord, somewhat below its free edge.

A series of vertical sections from before backwards was prepared, and a minute description of their microscopic appearances is given. The nodule proved to be a

vascular coil embedded in loose connective tissue between the ligamentum vocale and the epithelium. At each end of the nodule there was a single vessel, probably the same, which by its winding and dilatation formed the tumour.

The author regarded the nodule as a varix. At a demonstration of the sections, however, Billroth expressed the opinion that it was a cavernous tumour, because the mass, which consisted of coagulated blood, was traversed by trabeculæ; besides, the view that a varix may develop in the larynx was to be accepted with great reserve, cavernous tumours, on the other hand, being frequently observed in this situation. Chiari maintains that the growth was a varix, because at its anterior and posterior end a single vessel took part in its formation; also because of the thinness of the walls, which in many places were separated from one another by loose connective tissue. Finally, he shows that the structure of the nodule closely resembles that of a hæmorrhoid.

The cause of this varicose condition is doubtful. In the larynx from which the nodule was obtained the left vocal cord had been paralyzed for years in consequence of compression of the recurrent. The right cord presented a general increase and dilatation of the vessels, relaxation of the mucous membrane, and abundant infiltration of round cells. There was consequently chronic hyperæmia; but this occurs so frequently without any varicose formation that it is necessary to look for the cause elsewhere. Other writers have certainly pointed out that with angiomas of the vocal cords the latter were usually hyperæmic, and that chronic catarrh was also present; but whether this hyperæmia was the consequence or cause of the angiomas must remain undetermined.

From what has been written regarding angiomas we gather that they are rarely seen in the larynx; when occurring here the vocal cords are the favourite site, then the false cords. The patients are usually adult males. Nothing certain is known as to the etiology. Most frequently they occur as cavernous tumours, more rarely as simple angiomas, and quite exceptionally as tumour-like varices. They appear to develop slowly, and they are usually associated with hyperæmia and chronic catarrh of the larynx. The cavernous tumours, as a rule, look like bramble berries, and are dark red or almost black. The simple angioma appears as a smooth projection, which on closer inspection is found to be made up of fine vessels. The varix forms a bluish nodule. As long as the angioma is small it causes no trouble, hoarseness setting in only when it attains a considerable size. Very vascular fibromas, papillomas, and myxomas, from their dark bluish red colour, may closely resemble angiomas; even the histological diagnosis is sometimes difficult.

The treatment consists in the removal of the growth; but as an operation by the usual means is often followed by profuse hæmorrhage, it is advisable to employ only galvano-caustic instruments.

*A. B. Kelly.*

**Crouzillac** (Toulouse).—*A Case of Reflex Aphonia of Nasal Origin in Hysteria.*

"Ann. des Mal. de l'Oreille," No. 12, 1897.

HYSTERICAL patient, with aphonia. Larynx very anæmic; otherwise normal. In the right nostril on the posterior end of the inferior turbinate a broad sessile tumour. On pressure with a probe the voice became clearer, and after cocaine quite clear. The tumour was destroyed with the cautery, and lasting return of the voice resulted.

**Donelan, James.**—*The Guaiacol Treatment of Laryngeal Tuberculosis, especially by Submucous Injections.* "Lancet," Dec. 25, 1897.

THE larynx is thoroughly cleansed by antiseptic sprays and by the use of a mixture of guaiacol and paroleine. The larynx is then cocainized, and under the guidance of the laryngeal mirror an injection of one minim of pure guaiacol is made into the

affected part of the larynx. This injection is made with a specially designed laryngeal syringe, which is illustrated in the original article. *StClair Thomson.*

**Etrévant.**—*The Median Osteotomy of Hyoid Bone and Transhyoid Pharyngotomy.* "Gaz. des Hôpit.," Sept. 25, 1897.

IN a critical review the author advocates the proceeding of Vallas as doubtless preferable to other proceedings of opening the pharynx. It has the advantages of rarity of complications after operation—hæmorrhage, phlegmon, and pneumonia. In eight cases Vallas has had eight complete successes. It is indicated (1) in cases of foreign bodies lodged in the inferior part of the pharynx or superior part of the œsophagus; (2) in cases of tumour of the epiglottis; (3) for the cicatricial stenosis of the pharynx (inferior part); (4) for tumours of the tongue and the tonsil.

*A. Cartaz.*

**Lacour, René.**—*Subhyoideal Pharyngotomy.* "Thèse de Paris," 1897.

AFTER an elaborate and critical review of various operative proceedings, Lacour describes with great detail the technique of subhyoid pharyngotomy. That operation must not be attempted before preliminary tracheotomy. It is very convenient in cases of foreign bodies, and in tumours of the larynx and pharynx. According to the author it is preferable to the transhyoideal pharyngotomy advocated by Vallas, except in cases of tumours of the root of the tongue. Forty cases, with ten deaths, are referred to.

*A. Cartaz.*

**Lichtwitz and Sabrazes.**—*Orthoform.* "Le Bull. Méd.," Nov. 21, 1897.

THE authors have experimented with *orthoform* in cases which had dysphagia as a prominent symptom, notably laryngeal tuberculosis and laryngeal cancer, and likewise after removal of the tonsils by means of the galvano-cautery snare. This drug is a light, dirty yellow powder, slightly soluble in water, is easily dissolved in glycerine or water acidulated with hydrochloric, nitric, or acetic acid. It is feebly antiseptic, and perfectly harmless. And what is of the greatest importance, it gives immunity from pain for from twenty-four to forty-eight hours, the latter time being obtained more easily at subsequent as contrasted with primary applications. The reason of the long duration of anæsthesia appears to be its insolubility in the juices of the body. From this one learns that where there is any constant movement of or passage over the part frequent applications are usually required.

*R. Lake.*

**Maljutin, E. N.** (Moscow).—*The Cultivation of the Voice by Means of Tuning-Forks, and the Application of this Method to the Cure of Paresis of the Vocal Cords.* "Archiv für Laryngol. und Rhinol.," Band VI., Heft 2.

IF a sounding tuning-fork is held in the hand the vibrations may be communicated not only to the fingers, but to the muscles of the upper arm and the shoulder, and in a less degree to the throat, head, and chest. A note will, therefore, be more easily sung if at the same time we hold a tuning-fork of corresponding pitch. The vibrations of the vocal cords by the exercise of the will coincide with the vibrations of the tuning-fork, and the tone will be more distinct and less effort will be required in its production. By means of tuning-forks the author succeeded in producing notes which previously he had lacked.

He also experimented on others, especially on those who had never learned to sing. After a little practice with the tuning-fork they were able to produce unaided the same note. In like manner, trained singers learned to produce notes with greater ease and resonance.

The author then tried his method in the following case of hysterical aphonia. A girl, aged fifteen, had been perfectly voiceless for two and a-half years. Massage, hypnotism, and a number of drugs had been tried, and she had been in

a hospital for three months, where she was treated with baths and electricity, but without success. All other treatment being suspended, vibrating tuning-forks were placed upon the thyroid cartilage while the patient tried to sing the corresponding notes. One sitting took place daily, lasting twenty minutes, during which a series of tuning-forks, from E to E<sup>2</sup>, were used. On the third day sounds were produced for the first time; henceforward only one tuning-fork was employed. On the eighth day the tones were more distinct, and the patient could say some words. On the following morning she was again aphonic, but under the action of the tuning-fork the voice soon returned and was stronger. She was able to read next day, and since then there has been no aphonia. While the above treatment was being carried out a daily laryngoscopic examination was made. During the first few days the right vocal cord gradually began to move and to approach the middle line. After the fifth sitting the left cord also moved. In a moment the cords met. The girl is still unable to raise or lower her voice, and speaks in the tone of the tuning-fork with which she last practised.

The author attributes these results to the mechanical action of the tuning-forks on the vocal cords. A possible psychical effect cannot, of course, be denied.

A. B. Kelly.

**Vacher.**—*A very Simple and Practical Method of Preventing Dimming of Laryngeal Mirrors.* "Ann. des Mal. de l'Oreille," etc., Sept., 1897.

THE author objects to the soap method on the score of sepsis, and finds that an equally good result is obtained by using merely a wet mirror. The essential point is to remove all traces of grease from the glass with a one per cent. solution of bicarbonate of soda. When this has been done by simply rinsing or rubbing with wool soaked in the solution, a thin uniform film of fluid will adhere to the surface. A mirror so treated remains bright during a continuous examination of the larynx lasting five minutes. Although he keeps his instruments standing in one or two per thousand cyanide of mercury solution, he finds that mirrors treated in this way last very much longer than when heat is employed.

Ernest Waggett.

**Walker, Ernest** (New York).—*The Use of Iodoform in Suppurative Cervical Adenitis, Sinuses, etc., with a Report of Six Cases.* "Medical News," August 14, 1897.

THE author has found an ointment composed of vaseline, with ten per cent. iodoform, of great value in the after treatment of suppurating glands of the neck, even in quite young children, no evil effects having been experienced from the drug, and the healing process being much more rapid than by other methods of treatment. He has had equal success with it in the treatment of abscesses and sinuses in various other parts of the body.

StGeorge Reid.

**Wullstein.**—*On Foreign Bodies in the Air Passages.* "Münch. Med. Woch.," Medical Society of Halle, July, 1897.

AFTER describing three clinical histories with two *post-mortem* reports, recommends tracheotomy in all cases in which the foreign body has passed beneath the larynx. Special indications for tracheotomy should not be waited for, as the prognosis becomes worse the longer the foreign body remains in the air passage.

Herr Meins referred to the clinical history of a patient who had aspirated a bone. Empyema of the pleura and lung abscess resulted. After two years the foreign body was coughed up, and patient recovered.

**Yonge, E. S.**—*The Local Treatment of Painful Ulcerations by Orthoform, with Special Reference to the Upper Air Passages.* "Brit. Med. Journ.," Feb. 5, 1898.

A SHORT description of the chemical composition of orthoform is first given,

and a list of the most suitable preparations appended. (1) The crude powder; (2) pastilles; (3) a saturated solution of orthoform in collodion; (4) a spirituous spray; (5) a ten per cent. ointment; (6) a ten per cent. aqueous solution of the hydrochloride.

In the author's opinion neither the free orthoform (basis powder) nor the hydrochloride anesthetise sufficiently to allow of surgical action upon an unbroken surface. When, however, it is applied to painful ulcerating surfaces it appears to exercise an analgesic and anesthetic influence. It also appears to be non-toxic.

A short report of cases treated with this drug is appended. *W. Milligan.*

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## ŒSOPHAGUS.

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**Bingham, G. A.**—*Removal of Foreign Body from the Œsophagus.* "Canadian Med. Review," Dec., 1897.

FIVE days before examination a child had swallowed a button three-quarters of an inch across. Finding it impossible to remove it *per vias naturales*, an incision was made on the left side from the thyroid cartilage down to the sterno-clavicular joint. In dissecting, the inferior thyroid artery gave the most difficulty. The button was removed through the lower end of the wound. No sutures were inserted, but the wound lightly packed with iodoform gauze. Stomach tube passed now and then to prevent stricture. Good recovery. *Price Brown.*

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## E A R.

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**Anderson, H. B.**—*Cerebral Abscess.* "Canadian Med. Review," Dec., 1897.

THE author had seen within a short time on the *post-mortem* table five cases of abscess of the brain, four of which resulted from ear disease. In some of these the only diagnosis was made at the *post-mortem*. The sequelæ observed were general septicæmia from streptococcus infection, abscess of the cerebellum, abscess of the temporo-sphenoidal lobe, thrombosis of the cavernous sinus, and extension into both orbits, with suppuration. *Price Brown.*

**Colman, W. S.**—*Further Remarks on "Colour-Hearing."* "Lancet," Jan. 1, 1898.

ATTENTION has been called by Mr. Francis Galton to the great variations in the exact manner in which mental processes are carried out in different individuals. In his fascinating book, "Enquiries into Human Faculty," he has given many illustrations of this individuality. One of the most remarkable of these is the faculty possessed by a considerable percentage of persons of experiencing a sensation of colour in association with certain sounds, the colour seen being definite and invariable for the same sound. This faculty had been observed by many earlier writers, and had been ascribed to morbid brain conditions. The writer's attention was called independently to these curious conditions, and he had the opportunity of investigating a number of cases, the result of which appeared in the article of March 31st and April 7th, 1894. It was found that the cases fall into two groups. In the first there is a crude colour sensation, often very beautiful, associated with certain sounds such as each of the vowel sounds, musical notes, or particular