

LARYNX, &c.

Bisson, A. O.—*Tracheotomy in Slight Respiratory Obstruction Associated with Febrile Toxæmia.* "Lancet," January 26, 1907.

In fever practice there is a type of case occasionally encountered in which toxæmia is accompanied by very slight, apparently inconsiderable obstruction of respiration. Such cases are commonest in septic scarlatina, and now and then are seen in smallpox. There is also a septic type of diphtheria, defined by Monti, in which the larynx is but little affected; there is slight obstruction, but is not progressive, and the patient apparently dies as a result of the toxæmia.

The indications for tracheotomy in this type of case are:

(1) *Difficult breathing.*—In addition to the usual cause of obstruction, there is not uncommonly marked lymphadenitis on both sides of the neck. This is often accompanied by œdema, and even in some cases by an acute inflammation of the subcutaneous tissue of the neck, possibly causing pressure on the trachea. Stress is laid on the fact that the obstruction is usually extremely light. It is its duration which tells on the general condition, and especially on the strain of the heart.

(2) *Restlessness.*—With this there may be return of fluid through the nose, cyanosis, and extreme exhaustion.

(3) *Recession* is usually very slight or even absent; it is only extreme in cases of laryngeal diphtheria.

(4) *Condition of the heart.*

(5) *Condition of the pulse.*—There may be a typical *pulsus paradoxus*, a sign of extreme gravity.

(6) *Colour of the face.*—Slight lividity about the mouth and nose.

(7) *Septic laryngitis.*

Tracheotomy has been done during the last one or two years for hæmorrhage from the naso-pharynx, in which the plugging of the posterior nares did not arrest the flow.

After tracheotomy the improvement within a few hours is remarkable. It is better to operate under a local anæsthesia. A high and rapid tracheotomy with a small incision is recommended.

In children under three the prognosis is not so favourable.

StClair Thomson.

Wylie, A. (London).—*Treatment of Innocent Laryngeal Growths by the Galvano-cautery.* "Lancet," November 23, 1907.

The advantages of the galvano-cautery are: (1) That very minute growths can be obliterated, and that, as far as experience shows, they do not return; (2) that small vascular growths can be removed without the risk of hæmorrhage; (3) that it is far superior to chemical caustics; the dangers of local reaction arising from chromic and lactic acid are always considerable; (4) that the technique is more reliable, more precise, and involves less risk of damage to adjacent structures; (5) that the whole operation is in view of the surgeon, which is not the case with forceps; (6) that by it small sessile growths on the mesial surface of the vocal cords are more thoroughly treated than by the forceps; (7) that the stumps of growths already removed by other instruments can be obliterated by the cautery; (8) the galvano-cautery cuts off the blood supply and thus kills the growth, while the forceps often only removes the superficial parts; and (9) that it diminishes the liability of local infectivity of papillomata.

StClair Thomson.

Biaggi and Gavello.—*On Cancer of the Larynx.* "Proceedings of the Eleventh Congress of the Italian Society of Laryngology, etc."

Although this question has been treated frequently at various general and special congresses, the two authors have given to their work a most interesting form. In regard to cancer of the larynx, Biaggi states that we ought to consider in it one efficient cause and several occasional ones. In regard to the former, excluding the parasitic theory on account of insufficient proof, and also the theory of Beard for the same reason, the latest studies in refined cellular histology and in the nature of cancer lead us to admit the existence of an epithelial cell formed beforehand with special congenital conditions, which cell, under the action of accidental agents, assumes specific characters and action. The frequency of cancer of the larynx in the male as compared with the female is due to the exceptional causes which render the organ of speech more vulnerable in regard to the preformed cell. Gavello collates and criticises the various opinions and the results obtained by different methods for the treatment of cancer of the larynx, and arrives mainly at the following conclusions: Palliative treatment ought only to be carried out in cases in which the patient refuses more energetic treatment, or in which the extension of the disease justifies simple palliative methods. The different palliative methods are more or less of equal value, the only surgical one being tracheotomy, which, under favourable circumstances, can be of considerable value on account of its moral and general effect on the patient. The true and only treatment is surgical operation, which will be all the more simple and efficacious the earlier the diagnosis is made, it being confirmed by the clinical examination and the histological report of a fragment removed by the natural passages. The author considers that exploratory laryngotomy is only necessary in very exceptional cases. The nature of the operation ought to vary according to the special case. In early and limited lesions it should be partial, and for more diffuse lesions it should be extensive, under the guidance of general surgical principles. Endo-laryngeal intervention is indicated when the tumour is initial, pedunculated, and clearly limited to the free margin of one vocal cord, in order that it may be possible to remove along with the entire growth a part of the healthy active tissue on which it is planted. An essential condition is that the patient should be kept under the observation of the operator, so that he may be able to detect the least indication of recurrence and carry out further and more active intervention. The two extra-laryngeal methods of operation, laryngotomy and laryngectomy, ought not to be considered as antagonistic to each other, but as being subsidiary; when the limitation and extent of the tumour give reasonable hope that it may be removed *in toto* without great danger to the patient, one ought by preference to perform thyrotomy as being less dangerous and giving good results. On the other hand we should resort to partial or total laryngotomy, preferring the former on account of the lesser danger, and for the better functional results which it affords. Thyrotomy can also be made as the first stage in a radical intervention on the larynx. Thyrotomy is indicated in cases in which the neoplasm is not extensive either in width or in depth, and where the cartilages have not been attacked and there is no glandular infiltration. It is necessary that prolonged observation after the operation should be continued with a view to any eventual indication for more extensive interference. Recurrence is not more likely to take place in this than in laryngectomy, while the dangers attending operation on post-operative complications are less.

Laryngectomy ought not to be confined alone to very grave and desperate cases, or to be looked upon as the *ultima ratio*; if it is carried out in cases which are already grave, but in which the general conditions are good, there is every reason for carrying it out in a hopeful spirit.

V. Grazzi.

Bruce, H. W.—*A Case of Vincent's Angina in which the Larynx and Trachea were Involved.* "Lancet," October 12, 1907.

The author describes a case in a man, aged forty-seven, in which Vincent's angina not only involved the fauces, but attacked the mucous membrane of the larynx and trachea. The characteristic bacilli were present in large numbers in smears taken from the slough, but no spirilla were discovered. Laryngeal obstruction necessitated laryngotomy. At the end of five days, although respiration was relieved, the tissues of the neck around the wound were attacked by a sloughing process. The skin and subcutaneous tissues were converted into a grey fetid material; the gangrenous process spread outwards and downwards as far as the clavicle, the lungs became involved, and the patient died eleven days after admission. *Post-mortem* examination showed sloughing of the uvula, and a thin green slough covered the ary-epiglottic folds, the mucous membrane below the false cords and the trachea almost down to the bifurcation. The author remarks on the unusual features of the case, and compares it with the mild form of phagedæna or hospital gangrene.

StClair Thomson.

Bazett, Henry.—*A Fatal Case of Angeio-neurotic Œdema.* "Lancet," October 12, 1907.

The author was called to see a man, aged twenty-three, seized with choking, but found on arrival he was dead. The eyelids of both sides were so swollen that it was difficult to get any view of the pupils; the cheeks and lips were swollen, and the neck appeared to be nearly twice its natural size. The remainder of the body was unaltered and ill-nourished.

Post-mortem examination revealed marked œdema of the ary-epiglottic folds. The urine was normal.

Previous history of the case showed that, since the age of six, the patient had been subject to attacks of abdominal colic, with sudden swellings of various parts of the body, usually in the hands, thighs, or scrotum, and subsiding in twenty-four hours.

StClair Thomson.

Nowoiny, F. (Crakow).—*Bronchoscopy and Bronchoscopic Treatment in Bronchial Asthma.* "Monats. für Ohrenheilk.," December, 1907.

The author finds reason to support the view held by Pienazek that the dyspnoea is due to a swelling of the mucous membrane of the smaller bronchial tubes analogous to "angio-neurotic œdema." He treats obstinate cases by the application of cocaine and adrenalin through the bronchoscope.

Dundas Grant.

E.A.R.

Krotoschiner (Breslau).—*The Demonstration of Disturbances of Equilibrium in One-sided Disease of the Labyrinth.* "Arch. of Otol.," August, 1907.

In the absence of unmistakable typical "labyrinth" symptoms, the labyrinth may be sufficiently involved to be a route for infection of the