

administered in the form of snuff—in the second dissolved in glycerine, with success. The author does not mention what the above symptoms were due to.

St George Reid.

LARYNX.

Bayeux, Raoul. — *Laryngeal Intubation, Auto-Extubation, Pathogeny, and Prophylaxis.* "Presse Méd.," Jan. 20, 1897.

A VERY interesting clinical and experimental study of the spontaneous expulsion of the tube. Bayeux concludes from an accurate analysis of the principal statistics that it is a frequent complication of intubation, and it is not possible to leave a child without an attendant. From numerous anatomical mensurations he proves that the narrowed part of the larynx is exactly on a level with the cricoid cartilage. Every tube the swollen part of which is not inserted beyond the cricoid will be easily expelled. The vocal bands do not keep the tube *in situ*; it is the stenosed part of the cricoid ring. The tube must be constructed for a convenient adaptation to that narrow part of the larynx.

A. Cartaz.

Benda, C. (Berlin).—*The Anatomical Examination of the Larynx in Laryngeal Stenoses.* "Archiv für Laryngologie und Rhinologie," Band V.

THE present method of slitting up the larynx behind, and pressing the walls apart, while quick and simple, does not allow of our estimating slight changes in the lumen due to swelling of the walls, exudations, or foreign bodies. In such cases the examination of transverse sections would be of great advantage. To obtain these, however, preliminary hardening is necessary.

After numerous experiments, the author is convinced that this is best effected by nitric acid and bichromate of potash. The specimen is placed for twenty-four hours in 10 per cent. nitric acid. Without washing, it is then transferred to Müller's fluid, or 2 per cent. solution of bichromate of potash. After forty-eight hours, being then thoroughly soaked, it is carefully washed. The preparations are best suited for microscopic examination after several days' washing. Freezing, or the ordinary hardening methods, may be employed to obtain microscopic sections. Flemming's mixture of water, glycerine, and alcohol in equal parts is recommended for preserving the specimens.

This method is of special value when we particularly wish to retain the relations of the parts and the form of cavities. Penetration takes place quickly, and fixation is effected in the shortest space of time; there is almost no shrinking; the natural colours are changed, but the various tissues are strongly contrasted.

A. B. Kelly.

Brannsfeld, F.—*Ligno-sulphite in the Treatment of Tuberculosis, specially of Laryngeal Tuberculosis.* "Deutsche Med. Woch.," April 1, 1897.

LIGNO-SULPHITE is a bright yellow, turbid fluid, with acid reaction and a penetrating smell of sulphurous acid and resin, obtained as a by-product in the manufacture of cellulose. Its active constituents are apparently sulphurous acid and benzol derivatives.

F. Hartmann in Hallein at first thought that it had a direct action on the tubercle bacilli. Heindl, working in Chiari's clinic, found that there was no direct action on the bacilli, but that the patients improved, the night sweats and temperature being reduced, and the patient feeling better. Later Hartmann appears to have come to the same conclusions.

The first effect of the inhalation of vapour of ligno-sulphite (which should be inhaled from solutions of ten per cent. to thirty per cent.) is an increase in the quantity and in the fluidity of the expectoration, with consequent increase in the ease with which it is brought away. At the same time it becomes less purulent and more serous in character. Immediate results of this are greater ease in breathing and improved appetite. In laryngeal cases cough becomes slighter and easier, dysphagia diminishes, and ulcers clean up to a certain point. Nevertheless the author found no direct influence on the bacilli, or on the tubercular process. The good effects on the process are all indirect, and due principally to the easier breathing, the better appetite, and the decreased amount of cough and dysphagia.

Arthur J. Hutchison.

Collet.—*Laryngeal Disturbances in "Sclerose en Plaques."* "Lyon Méd.," Jan. 24, 1897.

A MAN, twenty-four years old, with medullar affection diagnosed as *sclerose en plaques*. Besides the special signs of the disease, the patient had some disturbances of the tongue; the speech was interrupted, stuttering. The author found, with the laryngoscope, very pronounced oscillations of vocal cords; when the patient spoke they were agitated by a true tremor.

A. Cartaz.

Fink, E. (Hamburg).—*The Effects of Syphilis in the Upper Air Passages, and their Local Manifestations.* "Bresgen's Sammlung Abhandlungen a.d. Gebiete d. Nasen-, Ohren-, Mund-, und Hals-Krankheiten," Band II., Heft 2 and 3.

IN some of the old writings, descriptions are found of throat affections which might be regarded as syphilitic, but even the physicians of the middle ages had no idea that an etiological relation could exist between disease in the throat and that of a distant organ. The first case in which an affection of the upper air tract was recognized as a manifestation of general syphilis was that of a bishop in Posen, who died in 1382. It is related that he led a very dissolute life, and that in consequence he suffered from ulcerations of the tongue and throat, which rendered him almost unable to speak or swallow before his death.

At the end of the fifteenth century, when malignant syphilis raged throughout Europe, the connection between the exceedingly rapid destruction in the throat and corresponding changes in the genitals was so apparent as to force itself on the general attention. We find, consequently, after each outbreak of the *morbus gallicus* very correct estimates—both medical and lay—of syphilitic affections of the nose and throat.

Of laryngeal syphilis, on the other hand, all the writings from the fifteenth to the eighteenth century consulted by the author give only a very hazy conception. Morgagni was the first (1778) to describe syphilis of the larynx; his reports were based entirely on *post-mortem* examinations.

An accurate knowledge of syphilis of the upper air passages has been obtainable only since the introduction of laryngoscopy and rhinoscopy.

From the historical introduction the author passes to the consideration of the three stages of syphilis as manifested in the nose, pharynx, and larynx. The descriptions are full and interesting, but contain nothing especially new. There is a useful section on pareses of the vocal cords of syphilitic origin. Some rare cases observed by himself, including one of chancre of the tonsil, are reported. The author considers that a perforation of the palate does not always point positively to a syphilitic affection, and relates the case of a young woman who had suffered for many years from "a multiple caries of the nasal skeleton," and in whose

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palate a perforation formed while under his observation. Syphilis could be excluded with certainty, and specific treatment failed.

In differentiating chancre in the nose from a tubercular ulcer the author states that the latter occurs only in those with pulmonary tuberculosis, and that the presence of tubercle bacilli prevents confusion. This is not the case; tuberculosis is frequently present in the nose without any discoverable sign of it elsewhere, and the finding of the bacilli is often a matter of extreme difficulty. *A. B. Kelly.*

Grand, Jean.—*Sarcomata of the Larynx.* “Thèse de Toulouse,” 1896.

SARCOMATOUS tumours of the larynx are rare. Grand has collected only sixty cases. Epithelioma is, comparatively speaking, the more frequent malignant disease. Among these sixty cases he has noted three varieties—sarcoma with embryonic cells, sarcoma with fusiform cells, and myeloid sarcoma. From a clinical aspect they must be divided into infiltrating or fungating sarcomata. The symptoms and diagnosis are carefully studied, and the author advises for treatment endo-laryngeal extirpation if the tumour is well defined; thyrotomy if it is possible to make a radical and complete ablation. *A. Carter.*

Grossmann, M.—*Experimental Contribution to the Theory of the Motorial Innervation of the Larynx.* K. K. Gesellsch. der Aerzte in Wien, April, 1897.

THE author wanted to examine the position of the vocal cords after having dissected the recurrent nerves, and, further, the influence of the musculus cricothyroid. Exner constructed a special apparatus (laryngometer) to measure out the different positions of the vocal cords. The result of sixty experiments was as follows:—After section of one recurrent the glottis contracts itself; after the second nerve has been cut through there is another contraction of the glottis; but after destruction of both nervi laryng. super. the glottis opened again. So the author says that one cannot exclude from the adduction of the glottis paralysis of the positives. He mentions, further, the theories of Semon, Krause, etc., with the remark that a real cadaveric position of the vocal cords never can be noticed in lifetime. *R. Sachs.*

Liaras.—*A Case of Primary Œdema of the Larynx.* “Rev. Hebdom. de Lar.,” etc., March 27, 1897.

THE writer narrates the case of a street hawker, who during the exercise of his vocation in cold weather was seized with rapidly increasing dyspnoea. There was no previous history of interest, and no symptoms of renal disease were to be detected. Laryngoscopic examination showed extensive œdematous swelling of the epiglottis and aryepiglottic folds, of a greyish colour. There was no rise of temperature, nor any of the signs or symptoms which characterize an inflammatory process. Symptoms were speedily relieved and cure soon obtained by the removal of a portion with the punch forceps by Moure, a proceeding which permitted the escape of serous fluid. Both in this case and in several others of a similar nature to be found in literature no causative agent other than cold and chill appears to have been present. There is a general opinion that all primary laryngeal œdemas are due to micro-organic infection; but, asks the author, may not such cases as this one be analogous to the classical form of laryngeal œdema—in other words, a traumatic œdema immediately dependent on a local vaso-motor disturbance, the result of cold? *Ernest Waggett.*

Semon, F. (London).—*De re publica laryngologica.* “Archiv für Laryngologie und Rhinologie,” Band V.

THE fifth volume of the “Archiv für Laryngologie und Rhinologie” is dedicated to its founder and editor, Prof. Bernhard Fränkel, as a Festschrift, by his friends

and scholars on the occasion of his sixtieth birthday, and the twenty-fifth anniversary of his appointment as Dozent. It contains valuable contributions from some of the leading laryngologists of the day.

Semon's article, which is the first, is made up of some fragmentary thoughts on laryngological matters of general interest.

He points out how the laryngological literature of a country partakes of the peculiarities of its general literature. Thus, German laryngological papers are distinguished by their depth and fulness of detail. British, on the other hand, aim at conciseness—which is sometimes carried too far—and emphasize the practical points, keeping theoretical questions in the background. The French laryngological literature, usually marked by lucidity and grace of diction, has, till quite recently, followed its own course almost uninfluenced by the problems which at the moment excited the interest of laryngologists in other lands. The American follows with the closest attention all the innovations abroad, adopts them in the shortest space of time, and, in keeping with the go-ahead spirit of the nation, is usually inclined to draw bolder conclusions than would appear warranted to most European colleagues. The Italian, finally, not infrequently indulges in rhetorical flights, and clothes the hard facts of science in an airy imagery. These, of course, are general characteristics, everywhere are exceptions, and the best authors of all nations have usually adopted the good qualities of other countries without losing those of their own.

A work, nowadays, to be of scientific value must give proof of the extensive study of the literature on the subject. The larger American works, on the whole, take the first place in the matter of a really international use of literature. German works come next, but too often the contributions of the Fatherland have alone been consulted, while those of other countries have been left out of account. In France and Italy the study of the foreign laryngological literature appears to be on the increase. The British laryngologists do not regard with special favour historico-literary reviews; they look for conciseness, and a writer who quotes the opinions of many others will readily arouse the suspicion that he is padding his work. When various views are referred to, as a rule they are those of other English or American investigators; linguistic difficulties may have much to do with this.

The author indicates the advantages of an intelligent use of literature. He deprecates the indiscriminate quoting, merely for the sake of completeness, of every view advanced on the subject under discussion.

In making references, the custom formerly was to place them as foot-notes, the page being stated. The mode nowadays is to compile as long a bibliography as possible, arrange it alphabetically or chronologically, and place it before or after the text. The author looks upon the old method as vastly more convenient for writer and reader, and considers that the new fashion has nothing to recommend it.

In referring to quarrels of priority the author quotes a passage from Schopenhauer which places the matter on a clear basis.

This interesting paper closes with some remarks on the relations of author to critic; on the growth of laryngo-rhinological societies, and the consequent danger of the isolation of the speciality; and on the zeal and success with which the allied branches of science have been made serviceable to laryngology.

A. B. Kelly.

Stankowski, R.—*Two Cases of Acute Œdema of Larynx caused by Iodide of Potassium.* "Münchener Med. Woch.," Mar. 23, 1897.

VERY few cases of primary acute œdema of the larynx due to iodism have been published. In 1890 Avellis gave a list of only fifteen cases, one of which was

doubtful; and published two of his own. Two other cases were published by Schmiegelow in 1893.

Of the two cases now published by Stankowski, the first occurred in a man twenty-nine years old suffering from phthisis pulmonum et laryngis. When first seen, November 11th, 1896, the true and false cords were reddened and moderately infiltrated; in the plica interarytænoidea was an irregular infiltration, most marked on the right side; the right arytenoid cartilage and aryepiglottic fold were swollen. Treatment: daily insufflation of iodol. November 14th, 1896, ordered by Prof. Erb to take 1 g. pot. iod. twice daily; on 18th this was increased to 1 g. thrice daily. November 19th, 1896, considerable œdematous swelling of the whole left arytenoid, specially marked posteriorly and laterally, and extending into the sinus pyriformis. Owing to some mistake the iodide was continued on 19th and 20th, the condition remaining unchanged. The iodide was then stopped; by the 22nd the œdema was slighter, and by the 26th had completely disappeared.

The second case occurred in a syphilitic man aged thirty-one, who when first seen had been taking considerable quantities of K. I. for a fortnight, viz. :—

Pot. iod.	5'0
Aq. lauroc.	1'0
Aq. dest. com.	100'0

Two tablespoonfuls at nine and at ten o'clock every morning. He had also been using an iodine ointment at the same time.

Slight respiratory distress gradually came on. On December 31st, 1896, there was found in the larynx diffuse moderate redness. In the region of the right arytenoid, especially on its posterior and lateral aspects, and extending thence into the sinus pyriformis, the mucous membrane was swollen, opaque, translucent, and of a pale red colour. The iodide was stopped. On January 2nd, 1897, the œdema was decidedly less, and by January 1st, 1897, had quite disappeared.

In both cases the œdema was unilateral and circumscribed; in both cases the iodide had been taken for some days before the œdema commenced. In neither case were the symptoms acute or alarming.

Arthur J. Hutchison.

E A R.

Alderton, H. A.—*Toxic Paralysis of the Chorda Tympani Nerve in Middle-Ear Operations from the Use of a Strong Cocaine Solution.* "Ann. Otol.," etc., Feb., 1897.

THE patient was deaf with evidence of good nerve conduction, but with a depressed adherent cicatrix over the inco-stapedial joint. The cicatrix was divided, also the stapedius tendon, and the joint disarticulated. The chorda never came into view, and yet a complete temporary paralysis occurred which lasted about twenty-four hours.

R. Lake.

Barr, Thos.—*A Case of Chronic Purulent Inflammation of Both Middle Ears, proving Fatal by Extension on the Left Side through the Labyrinth and Auditory and Facial Nerves to the Interior of the Cranium.* "Glasgow Med. Journ.," April, 1897.

THE patient, first seen in 1894, was a lad aged seventeen, with bilateral fetid otorrhœa of seven years' duration. His father and one sister had both had unilateral otorrhœa for many years, and the sister had died of "inflammation of the brain." When first seen there was perforation of the membrane of Shrapnell on both sides, through which came profuse purulent fetid discharge. After treatment