

Gerber (Königsberg). — *Contribution to the Knowledge of Pharyngo-Nasal Syphilis.* "Deutsche Medicinalzeitung," 1890, No. 84.

(1) MOST cases of pharyngo-nasal syphilis occur between one to three and eight to fourteen years of age. (2) The mercurial treatment does not cause these tertiary affections. (3) In cases of pharyngo-nasal syphilis the other organs are often healthy. (4) The formation of sagittal furrows is characteristic of the disease. (5) The fœtor does not occur in all cases, and is not characteristic. (6) Naso-pharyngeal syphilis may exist without affection of the oral cavity. (7) The "saddle nose" is not produced by nasal defects. (8) Rhinoscopical examination is necessary. (9) Local treatment gives good results, but cannot cure the atrophy of the tissues. *Michael.*

Fox. — *Naso-Pharyngeal Carcinoma.* Report of a case, with a consideration of the treatment of this disease. "New York Med. Journ.," Mar. 8, 1890.

THIS rare case was operated on by Annandale's method, but although the patient bore the operation well, the growth quickly recurred, and he soon died. The author recommends removing the growth from time to time with post-nasal cutting forceps and wire snare, along with tonics and disinfecting washes. *E. J. Baron.*

LARYNX.

Singer (Prag). — *Hysterical Tremor, Aphonia, and Stuttering.* "Prager Med. Woch.," 1890, No. 42.

A LADY, sixty-one years old, with these symptoms, was treated without result by preparations of bromine. *Michael.*

Chaput. — *Stridor and Attacks of Suffocation in a Hysterical Male: Larynx Healthy—Spasm of the Trachea—Tracheotomy—Cure.* "Archives de Laryngologie," Aug., 1890.

THE author at first inclined to the diagnosis of syphilis; afterwards anæsthesia of the pharynx made him think of hysteria. He performed tracheotomy on the patient, and cure resulted. *Joal.*

Huguin. — *Laryngeal Spasm.* Union Méd. du Nord-Est, March, 1890.

THE case of a man who lost consciousness, and remembered only after the crisis that he had anything the matter with the throat. In the second attack, death occurred. *Joal.*

Engel, E. — *On the Voice of Children six years of age, and Singing in schools.* Hamburg, 1889.

THE author says that the singing voice cannot be used before its use is methodically learned, and that the voice will be ruined if singing is encouraged before the child has had this instruction. He therefore proposes that the singing in the lower grades of schools, and in children's

institutes, where it is employed with religious exercises, should be omitted. *Michael.*

Moncorgé (Lyon).—*A Study of the Unilateral Laryngoplegias and their Diagnostic Value.* Lyon. Pitrat Ainé, 1890, pp. 90.

IN this interesting monograph the author makes a complete study of paralyzes of a unilateral nature, and sums up his conclusions in the following form :—

Laryngoplegias of the left cord.	{	Cancer of the œsophagus	} Frequent.	
		Aneurism of the aorta		
		Goitre		
		Syphilis		
		Ataxia		
Laryngoplegias of the right cord.	{	Hysteria	} Less frequent.	
		Cold		
		Bulbar lesions		} Rare.
		Cerebral lesions		
		Primary neuritis of the recurrent		
Laryngoplegias of the right cord.	{	Aneurism (of the arch, sub-clavian)	} Frequent.	
		Cancer of the œsophagus		
		Goitre		
		Various tubercular processes		
		Syphilis		} Less frequent.
Ataxia				
Cold				
Laryngoplegias of the right cord.	{	Bulbar lesions	} Very rare.	
		Cerebral lesions		
		Primary neuritis		

The monograph is illustrated by many cases, chiefly drawn from the clinic of Dr. Garel. It is impossible to abstract it in short form, and, indeed, the work should be read in the original. The recent observations of M. Garel upon the cortical motor centre (which have lately appeared in this Journal in full) are discussed at length, and the author efficiently replies to the adverse criticisms of Semon upon the observations in question. *R. Norris Wolfenden.*

Bandler (Prag).—*Bilateral Paralysis of the Abductors in a Hysterical Patient.* "Prager Med. Woch.," 1890, No. 43.

TRANSITORY paralysis of the postici combined with aphonia. *Michael.*

Proust and Tissin.—*On Paralysis of the Arytenoideus Muscle.* "Annales des Maladies de l'Oreille, etc.," March, 1890.

THREE observations, the first on a patient the subject of tuberculosis, the second in the course of catarrhal laryngitis, the third excited by suggestion. In addition to the etiological factors, such as hysteria, which undoubtedly plays an important part, the authors consider that tuberculosis should also be admitted as a cause, acting through a myopathic process. *Joal.*

Tissier.—*Syphilitic Laryngeal Paralysis.* "Annales des Maladies de l'Oreille, etc.," June, 1890.

PARALYTIC affections of the larynx can be, and often are, diagnosing symptoms, being the only phenomena which indicate the existence

and the development of an otherwise latent morbid process ; they can be present without concomitant troubles of breathing or of speech, and have, indeed, sometimes only been discovered on direct laryngeal examination. Syphilitic laryngeal paralyses are due to a lesion of the laryngeal muscles of the trunk of the recurrent, of the trunk of the pneumo-gastric, of the roots of the vagus, and of the spinal accessory nerves, of the bulbar nucleus of this last nerve, and probably also to cerebral lesions. Of these lesions, the most frequent are those which attack the left inferior laryngeal, which may be compressed by an enlarged gland, or by a softening gumma ; paralyses of bulbar origin, and those of central origin, are less frequent—cases of this kind are included. The author discusses the symptoms of these different paralyses, and the signs by which their various origins may be differentiated, whether muscular, recurrent, bulbar, or cerebral. He adds a few words on prognosis and treatment. *Joal.*

Fränkel, E. (Hamburg).—*Researches on the Etiology of Laryngeal Tuberculosis.* "Virchow's Archiv.," Bd. 121, Heft 3.

THE examinations of the author resulted in finding that all tuberculous ulcerations are produced by bacilli, which have invaded the mucous membrane, and have not been introduced by the lymphatic vessels. The infection with tubercle bacilli is often combined with infection of streptococci. The majority of ulcers observed in phthisical patients are caused by bacilli. The results of these researches, proving that the uppermost tissues are diseased, justify energetic surgical treatment. *Michael.*

Bergmann (Riga).—*Laryngotomy and Dilatation of Laryngeal Strictures.* "Petersburger Med. Woch.," 1890, No. 40.

LARYNGOTOMY is indicated by malignant neoplasms, foreign bodies which cannot be removed *per vias naturales*, perichondritis cricoidea, and deep-seated cicatricial processes. For high situated cicatricial strictures dilatation may be performed. *Michael.*

Kossov-Gerronay (Wien).—*Case of Laryngostenosis from a Foreign Body.* "Wiener Klin. Woch.," 1890, No. 35.

THE patient, thirty-four years old, had hoarseness and cough of four weeks' duration, with dyspnœa and attacks of suffocation. When admitted into the hospital he had such a dangerous attack that tracheotomy was immediately performed. The laryngoscopic examination showed that a foreign body was fixed under the vocal band. Ten days later it was removed by laryngotomy, and proved to be a piece of bone 12 millimètres long. Cure resulted. *Michael.*

Sokolowsky (Warsaw).—*Cured case of Laryngeal Fracture.* "Berliner Klin. Woch.," 1890, No. 40.

A GIRL, twenty years old, having a handkerchief round her neck, was strangled by the wheel of a machine. She experienced great pain in the neck, and dyspnœa, but was able to walk some miles. Next day dyspnœa and cough were present. The neck was swollen, and crepitation, characteristic of emphysema of the skin, could be felt. The laryngoscope

showed a normal epiglottis, and two red tumours covering the entrance of the larynx. Tracheotomy was performed; the larynx was found to be broken, and some fragments of cartilages were removed. Recovery ensued. The canula could not be removed. Dilatation by Schrötter's tube was performed. The tubes could easily be introduced, but if they were removed the opening was closed as before. Laryngotomy proved that the posterior wall of the arytenoid cartilage was absent, and the pharyngeal wall filled the larynx. A permanent canula had to be worn.

Michael.

Ebstein (Göttingen).—*On Cancer of the Bronchi and Lungs.* "Deutsche Med. Woch.," 1890, No. 42.

THE author recognises two forms of the disease, (1) in which only the bronchi are affected, and (2) in which the parenchyma of the lungs is also diseased. It is often not possible to make a diagnosis during life, especially in cases which are complicated with other diseases. The author relates a case combined with diabetes and atheroma. Cancer of the bronchi, found at the *post-mortem* examination, had scarcely given rise to any symptom. In a second case, the symptoms present of disease of the lung were moist sounds and rhonchi, and pain in the left lower region. By probe puncture only blood was removed; but the diagnosis could be made from the presence of a tumour of hard consistence involving a rib. The *post-mortem* examination revealed primary cancer of the lung, secondary cancer of the bronchi and ribs. Amongst the cobalt miners in Schneeberg, commencing lympho-sarcoma of the root of the lung (the so-called "Schneeberger Lungenkrebs") is very often observed. Cobalt seems to have an etiological relation to this disease. In a detailed manner the author relates the great difficulties of diagnosis, which with surety can only be made during life if parts of the tumour can be found in the sputum, or if by probe puncture cancerous masses can be removed.

Michael.

Botey.—*Absorption of Drugs by the Trachea.* Acad. des Sciences, July 21, 1890.

FROM experiments made on animals, patients and himself, the author concludes that medicated injections may be made in the trachea, *per vias naturales*, without the least inconvenience. He has cured a woman suffering from laryngo-tracheal syphilis by injecting fifteen grammes of one per cent. iodide solution each time, repeating the injection seventeen following days.

Joal.

Ijboldin, Lev G. (Moscow).—*Case of Peritracheal Abscess with Consecutive Seropurulent Pleurisy.* "Bolnitchnaia Gazeta Botkina," 1890, No. 19, p. 455.

THE author relates the following rare case: A previously healthy boy, aged two and a half years, fell ill with measles, accompanied from the very onset by laryngitis and enlargement of the lymphatic glands on both sides of the neck. In a couple of weeks the rash faded away, the temperature fell down to the normal, and the glandular swelling somewhat decreased, though laryngitis remained. About the end of the third week, however, the temperature suddenly rose again up to 39°C., while there supervened painful swallowing, troublesome cough, hurried noisy breathing

(42 per minute), aphonia, anorexia, and ever-increasing prostration. Examination revealed, besides enlarged tonsils, intense congestion and tumefaction of the epiglottis, slightly enlarged indolent cervical lymphatic glands, weak quick pulse (160 per minute), occasional scanty dry *râles*. It was noticed, further, that the boy always preferred to lie on his right side, trying to place his head as low as possible. A few days later there occurred a short-lasting attack of suffocation, caused, apparently, by the boy turning on his left side. A frequently repeated careful examination of the chest gave negative results until the thirtieth day (since the appearance of first symptoms of measles), when there was found exudative pleurisy involving the whole right side of the chest. An exploratory tapping drawing out some sero-purulent fluid, excision of a piece from the right seventh rib was performed at the spot, and a large quantity of a similar, but slightly fœtid, liquid removed. About twelve hours after the operation the patient died from paralysis of the heart.

At the necropsy there was unexpectedly found an oblong sinuous purulent cavity, six centimètres long, situated along the right side of the trachea and œsophagus, at the level of the lower cervical vertebræ, its walls being formed by hardened, blackish cellular tissue, with scattered here and there whitish, similarly hard lymphatic glands of various sizes. The walls were coated with a scanty dark purulent matter, but otherwise the cavity was almost empty. The right pleural sac presented the usual signs of acute, as well as chronic, inflammation, the lung being collapsed and nearly airless.

According to the author's theory, the attack of measles had given rise to suppuration and disintegration of the peritracheal glands, the abscess subsequently burst into the corresponding pleural sac, which was rapidly followed by sero-purulent pleurisy, etc. *Valerius Idelson.*

NECK, &c.

Cnopf.—*Rare Tumour in a Child.* "Münchener Med. Woch.," 1890, No. 36. DESCRIPTION of a colossal cystic goitre in a new-born child. The diagnosis was made by puncture. Operation not yet possible. *Michael.*

Charcot.—*Clinical Study upon Sporadic Infectious Goitres.* "Revue de Chir.," Sept., 1890.

THE thyroid gland may be enlarged under the influence of certain general affections, such as typhoid fever, rheumatism, ague, etc. Typhoid thyroiditis is pretty rare; it commences at the beginning of convalescence, and may end in resolution or the formation of abscess. Typhoid goitre occurs especially in individuals who have in infancy had large necks, or who belong to goitrous families. Charcot then relates two cases of rheumatic thyroiditis. Does there exist a paludial thyroiditis? The author has seen four such cases at the Tunis hospital, and similar cases have been met with in America, Italy and France.