chlorate of potash, nux vomica, and gentian, followed later by iron. In less than three months he had almost a normal tongue.

A photograph from a painting of the tongue accompanies the paper.

R. M. Fenn.

NOSE, &c.

Power, D'Arcy.—*Empyema of Antrum in a Child aged eight weeks.* "British Med. Journ.," Sept. 25, 1897.

Boy, eight weeks old, wasting, with history of bruised face in delivery by forceps. At one month of age, difficulty in closing mouth and refusal of bottle were accompanied by swelling and redness below the right eye. The abscess was opened at lower part of right lower eyelid, and pus flowed till seen by the author. Right side of face then seen to be fuller than left, with redness of cheek and lower lid—a little pus exuding from alveolar border of upper jaw. A probe passed along the sinus in cheek showed part of the superior maxilla to be bare. Author enlarged sinus, and made a hole through floor of antrum, and then passed drainage tube from eyelid to mouth. A drachm of thick pus escaped. Child died ten days later. Author then refers to a few recorded cases in young children, and gives references.

R. M. Fenn.

Williams, Campbell.—*Adenoids.* "The Clinical Journal," Sept. 18, 1897.

The author operates under anæsthesia with the A.C.E. mixture, and as many "adenoid" children take anæsthetics badly he makes it a rule to have the body stripped to the waist in case of accidents, so that one can clap on a hot towel over the heart as a cardiac stimulant, or inject ether if required. Cardiac syncope is not an uncommon occurrence during operation in these cases, and it may happen at any period during the administration from the first few whiffs onwards. The author first removes the tonsils in the dorsal position, and as soon as this is done the patient's head s pulled on so that it hangs downwards over the end of the table. The adenoids are then removed with Gottstein's knife.

Middlemass Hunt.

LARYNX.

Alcock, J.—*A Case of Rupture of the Trachea; Necropsy.* "Lancet," Sept. 25, 1897.

The patient was a strong man who received a heavy blow over the trachea. On admission to the hospital he was slightly cyanosed, his breathing being laboured and occasionally stridulous. It was impossible to feel the trachea or larynx owing to surgical emphysema. The treatment was expectant, as the patient—after some pneumonia—continued to improve. He appeared to be entirely out of danger when, eleven days after the accident, he suddenly cried out, two or three pints of blood gushed from his mouth, and in less than two minutes he was dead.

The *post-mortem* showed a complete rupture of the trachea between the ninth and tenth rings. The ends were separated by about two inches, the upper end of the lower fragment being one and one-eighth inches below the top of the sternum. An abscess cavity surrounded the injured parts, filled with blood clot. None of the large arteries were wounded, and it seems probable that the blood came from ulceration of a large vein, possibly the left innominate.

No laryngoscopic examination had been made.

StClair Thomson.

Brown, Sanger.—*Hysterical Aphonia.* "Medical Record," July 17, 1897.

THE youngest case he has discovered described in literature was a girl of nine years, the oldest a woman of seventy-four. There are two types at least—the impure (which may come on by degrees), where aphonia accompanies other signs of hysteria, such as hysterical pains, hemianæsthesia, vomiting, etc., occurring with or without any apparent exciting cause. In such cases often the aphonia is not pure—*i.e.*, not constantly absolute. The second or pure form of aphonia comes on suddenly, with or without an exciting cause, persists a longer or shorter time, and is the sole evidence of hysteria.

Suggestion is the secret of the many methods of successful treatment, of which he quotes three: hypnotism; Oliver's method of pinching the posterior part of arytenoids between the thumb and index finger, whilst shaking the larynx and calling on patient to phonate; and, thirdly, causing the patient to cough and simultaneously pronounce the different vowel sounds.

The author quotes five illustrative cases, including the following:—A lad, aged twenty, farmer's son, intelligent, industrious, of correct habits, fond of company, and not notably nervous. When aged eleven was awakened by his father speaking sharply to him, and since then no vocal sound of any description had been uttered, not even in laughing, except a few times on clearing his throat. He was otherwise quite healthy. The application of a strong faradic current with strong suggestion cured him in a fortnight.

The author concludes with a few remarks on the pathology of hysteria, and quotes Lepine's and Duval's views. *R. M. Fenn.*

Bunch, J. L., and **Lake, R.**—*A Foreign Body in the Air Passages for Nine Years; Operation; Removal; Recovery.* "Lancet," Sept. 25, 1897.

FROM the history of the case it appears that a piece of mutton bone must have been lodged in the patient's right bronchus while she was partaking of sheep's broth. After the spasm and first acute symptoms were passed, this foreign body appears to have caused no general symptoms except the regular recurrence of a winter cough. This state of things continued for eight years, at the end of which time she had a violent fit of coughing and hæmoptysis, and—as the subsequent progress proved—the bone shifted from the bronchus into the trachea. Her voice became husky; dyspnœa became marked, especially on exertion, and increased; and she was shown at a laryngological society as a case of tracheal stenosis of specific origin. Mr. Lake diagnosed a foreign body lying in the trachea, and this was successfully removed by tracheotomy. It proved to be a piece of mutton bone, hard and extremely thin.

A very complete bibliographical table is appended, including every recorded case during the present century that the authors have been able to find in which the foreign body was present for one year or longer, and in which recovery followed either operation or spontaneous ejection. Thirty-one such cases are given. The cases in which the foreign body was retained longer than that forming the basis of this paper are three in number. *StClair Thomson.*

Campbell, Colin.—*Tracheal Injections.* "Lancet," September 11, 1897.

REFERRING to the leading article of September 4th, the writer points out that most of the arguments have been anticipated in his own paper published in the "Medico-Chirurgical Transactions," Vol. LXXVIII., 1894. He considers that olive oil is not the best vehicle to convey the medicinal fluid to the lungs. As regards a doubt cast on the absorption of the drugs by the lung tissue, he injects into the tracheæ of patients each week one quart of fluid. If it be not absorbed, what becomes of it? *StClair Thomson.*

Campbell, Harry.—*The Therapeutical Aspects of Talking, Shouting, Singing, Laughing, Crying, Sighing, and Yawning.* "Lancet," July 17, 1897.

THIS philosophical article is so full of interest that it would be impossible to attempt a *résumé* of it without spoiling all its charm. The views expressed are founded on physiological facts, and are conveyed in a pleasant manner with many illustrative instances and quotations. We can recommend a study of the paper *in extenso*. *StClair Thomson.*

Foggie, W. C.—*A Case of Infantile Respiratory Stridor.* "Scottish Med. and Surg. Journ.," Sept., 1897.

THE patient, a female child, aged one year, came under the author's observation on account of slight bronchitis, accompanied by marked inspiratory stridor. There was no family history of any such affection, nor of any nervous disease. The child was somewhat pale and puny, and had eczema capitis and a suppurating left ear. The respirations numbered about forty per minute. The chest was well formed. The stridor had been present from birth, and showed great variations. It was always best marked with inspiration, and was only present with expiration when the condition was more distinct than usual. Any excitement would increase the stridor, but great excitement would inhibit it. No cyanosis was or had been present. Under treatment the child's general health improved. The author regards the case as an example of infantile respiratory spasm or congenital laryngeal stridor. An examination of the larynx, so far as it could be seen, failed to detect anything abnormal. The author quotes Dr. Thomson's view, that the pathology of the affection is a spasmodic laryngeal muscular contraction of central nervous origin—probably a developmental neurosis closely analogous in many ways to conditions such as speech stammering. *W. Milligan.*

Leech, Priestley.—*Case of Polypus of the Epiglottis; Sub-Hyoid Pharyngotomy; Necropsy.* "Lancet," Aug. 14, 1897.

THIS affection is rare, and is interesting because the operation—which is not a very common one—was followed by a fatal termination. The exact cause of death is not very clear.

A man, aged fifty-four, complained of dysphagia, odynephagia, and dysphonia. Examination showed a pinkish blue swelling, as big as a Tangerine orange, apparently sessile and springing from the free edge of the epiglottis. Thinking that it was simply a retention cyst, it was punctured. This gave rise to such alarming hæmorrhage that a silk ligature had to be passed round the tumour. Next day the breath had an offensive odour, and the tumour was found to be covered with a muco-sanguinolent discharge. As the patient was in a weak state operation was postponed for a week. Sub-hyoid pharyngotomy was decided on so as to avoid as far as possible the chance of hæmorrhage. As the patient could not lie down, tracheotomy was done in a sitting posture after the subcutaneous injection of hydrochlorate of cocaine. A Hahn's tube was inserted, and sub-hyoid pharyngotomy performed. The tumour was brought out through the wound, and removed along with the tip of the epiglottis. Very little blood was lost during the operation. The patient recovered well from the operation, but that same evening there was some increase in the pulse and respiration. Next day he was restless, and there was a fœtid smell from the mouth; he became restless, and the pulse and respiration increased. The following day he died. [The temperature is not given.—REP.]

Microscopic examination showed vascular fibro-cellular tissue. There was no evidence of malignant disease.

The author attributes the fatal termination to the shock of the operation so

soon after the hæmorrhage. As regards the operation itself he found that it is not difficult to perform, and it gives a splendid view of the epiglottis and the upper part of the larynx. *StClair Thomson.*

Morris, Henry.—*The Proper Treatment of Cut-Throat Wounds by Immediate Suturing of all the Divided Structures.* "Lancet," June 5, 1897.

THE author thinks that the time-honoured custom of leaving cut-throat wounds open to heal by granulation and cicatrization is still taught in the schools and in some leading text-books. The method recommended in the title of the paper shortens convalescence; enables the patient to talk and swallow naturally within a very few hours after the injury, instead of being fed for days, or even for a week or two, by means of the œsophageal tube; does away with the troublesome cough and the abominable discharge of food, saliva, and bronchial secretion through the wound; permits of a dressing being maintained over the wound for days together; and is not followed by any of the old risks of incurvation of the edges, of stricture, or of fistula. The old method was only tolerable as long as surgeons were less particular about hæmostasis, drainage, and antiseptics.

The cut edges of the trachea should be adjusted by fine silk sutures, which should not penetrate the mucous membrane. Too much care cannot be given to the accurate adjustment of the wound in the edges of the air tube. The tissues above should be brought together by layers of buried sutures. A very small drainage tube may be inserted on each side near the outer extremities of the superficial wound, but not near the middle line of the trachea. The old method of keeping the head bent towards the sternum during healing is of great importance as a means of preventing tension on the sutures. This principle of immediate suture is recommended by J. E. Platt ("Brit. Med. Journ.," May 8th, 1897). *Vide* JOURNAL OF LARYNGOLOGY, Vol. XII. p. 522; and Hogarth ("Brit. Med. Journ.," Aug. 21st, 1897); *vide* JOURNAL OF LARYNGOLOGY, Vol. XII. p. 573. *StClair Thomson.*

Spengler, A. (St. Petersburgh).—*On the Use of Parachlor-phenol in Some Diseases of the Upper Air Passages.* "Monats. für Ohrenheilk.," July, 1897.

THIS is recommended for application in solution in glycerine. Usually, to commence with, the strength is five per cent., and this is increased or diminished according to the tolerance of the patient. It is a disinfecting and anæsthetizing agent, which, if pure, does not irritate the mucous membrane or inconvenience the patient. It is found of value in infiltrations and ulcerations of tuberculous, syphilitic, or chronic inflammatory nature; while in inoperable carcinoma it improves the condition by checking superimposed infection by pus microbes.

Dundas Grant.

Sutherland, G. A., and **Lack, H. Lambert.**—*Congenital Laryngeal Obstruction.* "Lancet," Sept. 11, 1897.

THIS affection may be described as a form of persistent laryngeal obstruction, commencing at or soon after birth, and accompanied by a peculiar stridor. The following observations are founded on eighteen well-marked cases.

As to predisposing circumstances, no facts of importance have been elicited. It did not appear to be hereditary or connected with the nature of the mother's *accouchement*. The stridor is usually observed at, or very soon after, birth, and, as a rule, it was only on account of the noisy respiration that the parents sought advice. Many of the patients were well nourished and apparently in the best of health, and did not appear to be in the least inconvenienced by the laryngeal obstruction. Nothing definite was noted as regards associated illnesses; syphilis was only present in one case, and a moderate amount of rickets was noted

several times in infants over three months of age, but not more frequently than is observed amongst hospital patients.

The inspiration begins with a croaking noise, and ends in a high-pitched note; expiration is accompanied by a short croak when the stridor is loud, but at other times it is noiseless. Inspiratory stridor was always very much louder than expiration.

Cyanosis may be entirely absent; a condition of persistent cyanosis is very rare, but it was a prominent feature in the only fatal case met with. Thoracic and abdominal retraction was present in all except the slightest forms of the affection, but, like the stridor, it was intermittent and varied in degree. In none of the cases examined were the tonsils found to be much enlarged or adenoid vegetations of any importance, and in none were there any of the symptoms usually associated with these affections. In this respect the experience of the authors agrees with that of M'Bride, and is at variance with that of Eustace Smith and Robertson, who apparently consider the presence of adenoid vegetations an important etiological factor in the affection. The larynx was examined in six cases, and in all of them the following characteristic appearances were found. The epiglottis was sharply folded on itself, the two lateral folds being in close apposition, and in some cases in contact. The aryteno-epiglottic folds were approximated, and thus the upper aperture of the larynx was reduced to a long narrow slit. The thin folds bounding this aperture seemed quite flaccid, and flapped to and fro in respiration.

The inspiratory column of air striking down on these folds drives them together, and on expiration they again separated. In some cases—those which produced a "purring" sound—the coarse vibrations of these folds could be distinctly seen. In only a few of the cases could a view of the vocal cords be obtained. They appeared white and quite normal, as the symptoms would have led one to expect.

In the case of a child otherwise healthy the stridor tended to increase in loudness for some weeks or months after birth, then to continue more or less stationary until the eighth or ninth month, and then gradually to diminish until it was lost about the end of the eighteenth month or second year.

As to the pathology of the affection, the authors are convinced that it depends on a valvular action of the upper part of the aperture of the larynx, a falling inwards of its lateral walls during inspiration, dependent partly on a peculiar congenital malformation of the larynx, and partly on the flaccidity of these parts in infants. As the child grows the malformation remains, but the stridor passes off as the parts forming the superior laryngeal aperture become less yielding. It might be objected that the laryngeal condition above described was really the normal infantile type of larynx. But the condition is occasionally met with in adult life; besides, one of the authors has systematically examined the larynx of every infant coming under his care during many months past, and has never yet observed the malformation except in association with this affection. The theory that the affection is in any way a spasm seems to us to be utterly untenable in view of the appearances observed, nor does this theory satisfactorily explain the fact that in some cases the obstruction may persist constantly for months, and even during sleep, chloroform anæsthetics, etc.

The diagnosis of the affection is easily made by all who have once seen or heard it. The chief points to be attended to are the early onset, the peculiar characters of the stridor—which occurs all day, and even at night, with but short intervals of quiet breathing—the evidence of obstructed respiration, without, as a rule, any apparent distress, and the loud, clear cry. In addition, the laryngoscopic appearances are believed to be absolutely characteristic. Attention to the above points will be found sufficient to distinguish it from the following conditions which more or less resemble it: (1) laryngismus stridulus, and other forms of

glottic spasm occasionally met with in connection with post-nasal growths, excessive crying, etc. ; (2) laryngitis in infants ; and (3) papillomata of the larynx. The prognosis is favourable, but it should be borne in mind that the obstruction to breathing may lead directly to death by suffocation. Tracheotomy may therefore be called for, otherwise the treatment is general.

There are few references to this condition in medical literature, and a useful bibliography is attached. *StClair Thomson.*

Tracheal Injections. "Lancet," September 4, 1897.

A LEADING article comments on a paper published by J. A. Thompson in the "Journal of the American Medical Association" of June 26th. The results of this writer's experience, which has been very large, are decidedly favourable to the mode of treatment. He considers that there are several reasons for the slow growth of this manner of treatment in professional favour, the principal one being that few physicians are sufficiently skilled in treatment of diseases of the upper air passages. If properly given, tracheal injections cause little if any inconvenience. The most serviceable solutions are menthol (two per cent.), guaiacol (one per cent.), creosote (one per cent.), and camphor (from two to three per cent.). The vehicle used should be one of the light petroleum oils or olive oil. *StClair Thomson.*

Yonge, E. S.—*The Prevalence of Throat Affections among Female Elementary School Teachers in Manchester.* "British Med. Journ.," Sept. 25, 1897.

ONE HUNDRED school teachers, chosen haphazard from School Board and Voluntary schools. Of these, thirty-five were found to have definite laryngeal lesions, including catarrhal inflammation of cords, fourteen cases ; with nodular thickening, two ; paresis of laryngeal muscles, eleven ; "teachers' nodes," seven ; fibro-papilloma on left cord and node on right, one. Thirty (including some of the above) had pharyngeal lesions ; twelve had simple chronic and eighteen granular pharyngitis. The author summarizes :—Forty-five per cent. had some definite lesion of the larynx or pharynx, excluding mere temporary congestion. Laryngeal lesions were more abundant than pharyngeal. Laryngeal strain, a tired, aching feeling usually referred to the region of the larynx, was present in thirty cases, twenty-six of which showed some lesion of the larynx or pharynx. Marked hoarseness was present in five cases. Of these, two had granular pharyngitis, one a fibro-papilloma of cord, and two had irregular congested and thickened cords.

He concludes that certain forms of throat disease are common among female teachers in elementary schools ; that laryngeal strain is an important symptom ; that (having inspected the schools) the most potent factor in the production of these throat affections is the absence or paucity of class-rooms and the consequent necessity of holding two or more "noisy" or "oral" lessons simultaneously in the same room (he quotes two cases whose history points to this cause) ; that there are other contributory causes, such as deficient acoustic properties in class-rooms, floors made of boards instead of wooden bricks (which deaden the sound of moving classes), suspended particles of chalk in the air, too large classes, ignorance of the elements of voice production, and the commencement of the duties of a teacher too early in life. *R. M. Fenn.*