

to nasal breathing. Although the growth hung down in contact with the tongue so as to irritate the latter, she had no cough. The growth never bled.

There was no difficulty in removing the growth on October 31st by passing the wire of the Jarvis snare through the nose, hooking it with the finger in the naso-pharynx, drawing down into the mouth, encircling the polypus, and drawing tight as near the root as possible. The girl's naso-pharynx was anesthetized with ten per cent. cocaine.

It proved to be an ordinary myxo-fibromatous polypus, springing from the posterior end of the left inferior turbinate body, conical shaped, and, as these polypi always have been in my experience, dense and fibrous in its lower pendant portion, and myxomatous at its upper portion. The only remarkable feature about it was the size of the polypus, which was unusual for a child so young.

A second mass of polypus was removed from the nares four days afterwards by Mr. T. M. Rees, the resident medical officer, and the girl was discharged cured five days afterwards, after thorough cauterization of the inferior turbinate body.

I have removed a great many such growths with the Jarvis snare—growths which are, indeed, common enough—but I have only met with one larger than this—a growth similar in structure and origin, which hung down upon the epiglottis, was four inches in length and weighed nine drachms—and though I have met with cases of polypi of the nose in quite young children, as others have done, I think that a growth of the size attained in this instance is quite a rarity in such a young subject as a girl of fifteen.

NEW INSTRUMENTS, THERAPEUTICS, &c.

Osborne.—*Tongue-Depressing Insuffiator.* “Brit. Med. Journ.,” Oct. 11, 1890. An illustrated description of an instrument suitable for the double purpose. Sold by J. M. Richards, 46, Holborn Viaduct, London, E.C. (Dr. Alexander Duke describes a modification of this in the “Brit. Med. Journ.” of Nov. 15, 1890. *Hunter Mackenzie.*

Rideal, Arthur H. (Scarborough).—*A Ready Inhaler (Illustrated).* “Brit. Med. Journ.,” Nov. 22, 1890.

“TAKE an ordinary funnel, and in it loosely pack some cotton wool. On this sprinkle the medicament, and then tie a piece of gauze or muslin to keep the wool in position. Invert the funnel over some hot water contained in a breakfast cup or other vessel (according to the size of the funnel).” *Hunter Mackenzie.*

Schwartz (Gleiwitz).—*New Instrument for Puncture of the Antrum of Highmore.* “Zeitschrift für Ohrenheilk.,” Bd. 21, Hef 3, 4.

MODIFICATION of Krause's instrument.

Michael.

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Lamann (St. Petersburg).—*Use of Accumulators for Laryngological Purposes.*
"Monats. für Ohrenheilk.," 1891, Nos. 2, 3.

DESCRIPTION of the different forms of accumulators, and recommendation to use them for laryngo-cautery. *Michael.*

Michael, Aertzlicher Verein in Hamburg. Meeting, Feb. 3, 1891.

MICHAEL shows an improvised covered *ferrum candens*, which can take the place of the galvano-cautery in the treatment of diseases of the nose and pharynx, and can also be used for the treatment of diphtheria as recommended at the last meeting by Hagedorn. The instrument consists of a laryngeal handle in which a knitting needle is fixed. The needle is to be heated to a red glow over a gas or spirit-lamp, and then covered with a wooden tube. So covered, the instrument can be introduced and applied to the affected place. There the tube is retracted, the place burned, and then the needle recovered; thus the neighbourhood cannot sustain any damage. The instrument is to be further improved.

Michael.

Draispul.—*Electrolysis in Rhino-Laryngeal Surgery.* "Vratch," 1891, Nos. 4, 6, 8, &c.

THE author investigated at the polyclinic of Prof. Schnitzler, at Vienna, the effects of electrolysis in different diseases of the nose, throat and larynx, and came to the conclusion that electrolysis acts very slowly, especially if we have to destroy considerable portions of tissue. In one case of a partial polypoid degeneration of the middle turbinated, he had to give twenty sittings of fifteen to twenty minutes each, with a current of fifteen to twenty milliampères until the bone reached its normal size. On the other hand, in cases where the writer had to destroy small portions of tissue, and especially where the tissue was rich in vessels or fluids, good and quick results could be obtained. These are cases of chronic rhinitis with marked congestion of the mucous membrane, sometimes to such an extent that the nose becomes obstructed. Good results were also noted in cases of large granulations in the pharynx, and in one case of a small angioma on the posterior wall of the pharynx, which was destroyed painlessly in one sitting, not leaving even any noticeable cicatrix. As in some cases the results after treatment with electrolysis were more durable than after the galvano-cautery, the author tried electrolysis in three cases of tubercular disease of the mucous membrane of the nose, having previously scraped the diseased parts and thus leaving to be destroyed with the current only the basis of the tumours; the results were, however, in all the cases unfavourable. A good result was noticed in one case of broad-based angio-sarcoma occurring on the septum of the nose; the tumour was removed with the galvano-cautery, and the base destroyed by a few sittings of electrolysis. Some weeks after, the place occupied by the tumour was covered with an apparently healthy cicatrix. In one case of ranula, after some ineffectual attempts at treatment, a favourable result was reached only after a change in the manner of using electrolysis, which consisted in moving the handle of the electrode during the operation, and so causing the ends of the needle to come in contact with different parts of the internal superficies of the

tumour, and consequently effecting a more complete destruction of the secreting membrane. The application of electrolysis in the larynx is very difficult; in spite of repeated brushing with a ten per cent. solution of cocaine the author could not keep his instrument in the larynx longer than one to two minutes, after which time the patient began to vomit, and in order to continue the operation it was necessary to repeat the brushing. In all the cases where the application of electrolysis was made to the larynx the results were most insignificant. In one case, where a small tubercular tumour on the inter-arytenoid mucous membrane had to be destroyed, this could not be accomplished in twelve treatments of thirty to forty minutes each. Only in one case of a globular tumour occurring in the front commissure of the larynx just under the vocal cords, most probably of a tubercular character, a noticeable diminution was brought about after several treatments. The best results, as other writers report, were obtained in destroying warts. A lady with one wart on the nose and multiple warts on the hands was freed from them in three sittings so completely that not even a scar was left on the nose.

Besides the description of the results reached by the author himself, there is further a large part of the paper devoted to a critical account of the literature of this question as well as of the electric apparatus and instruments used by different investigators.

E. Draispul.

Murrell (London).—*Guaiacum*. "Med. Bulletin," Jan., 1891.

OUR old friend Guaiacum, tried and trusted in the treatment of tonsillitis, is believed by Dr. Murrell to act mainly as a laxative or purgative. He gives thrice daily one or two drachms of an electuary, consisting of ten grains of guaiac-resin to a drachm of honey, or to half an ounce of malt extract. He thinks that a smaller dose might be sufficient if triturated with cream of tartar or sugar of milk. In the doses mentioned "it seems capable of producing the maximum of inconvenience and discomfort, and gives unlimited satisfaction. The purgative effect is very pronounced, and in one case the patient had fifty-six evacuations in the "week." (*De gustibus non est, &c.*)

Dundas Grant.

Gleitzmann.—*Experience with Trichloroacetic Acid in Two Hundred Cases of Affections of the Throat and Nose, with demonstration of Instruments.* "Medical Record," Mar. 14, 1891.

THE author uses Merck's preparation exclusively, and great care must be taken to prevent deliquescence of the crystals. Flexible aluminium rods of various shapes and excavated at the distal end are employed in order to localize its action; the acid being placed in the excavation.

The pharynx needs no anæsthetic previous to cauterization; a ten per cent. solution of cocaine is used in treating the nose, and a twenty per cent. solution in laryngeal operation, to prevent spasm. The eschar produced is white, smooth and usually dry, the inflammatory swelling is very slight, and the action is more strictly limitable than in the case of other caustics.

It was used in 170 cases of hypertrophic conditions of the nose with good results, also for removing the lingual tonsil, faucial tonsil, and to

granules on the pharynx. It appears to be of little value in cartilaginous spurs of the septum. It is useful in laryngeal polypoid excrescences, and it is thought by the author that it may with advantage be employed in phthisical conditions of the larynx. He considers it tedious in tonsillar hypertrophy, and seventy-four applications had to be made in twelve cases of enlarged lingual tonsil. It was useless in stenosis of the nostrils, tupelo tents being preferable. The eschar generally drops off in from two to five days.

Barclay J. Baron.

Willoughby, E. F. (London).—*Suggestions on the Antagonistic Action of Cocaine and Chloral.* "Lancet," Feb. 14, 1891.

IN himself and several of his patients Dr. Willoughby observed, after the use of cocaine, as nasal injection or throat pastille, a condition of insomnia, *requiring more than the usual dose of chloral to counteract it.* One lady lay "wide awake" all night without feeling tired next day, having the previous evening sucked several cocaine pastilles (each $\frac{1}{15}$ grain) and gone to bed with two more in her mouth. The writer sees in cocaine a probable antidote for chloral-poisoning, and suggests experimental investigation of the subject.

Dundas Grant.

Parker, R. W. (London).—*The Prevention of Cocaine Poisoning and Resorcin.* "Brit. Med. Journ.," Aug. 30, 1890.

THE author has found that cocaine and resorcin form a valuable combination, in which the individual action of each drug is enhanced, and no toxic symptoms ensue, even after a free use of the drugs. Resorcin, which is one of the phenol series, is said to be antiseptic, preservative, astringent, and hæmostatic. After a few moments it lessens sensibility, and has a vigorously contractile action on hypertrophied mucous membrane.

Hunter Mackenzie.

— *The Art of (not) Catching Cold.* "Provincial Med. Journ.," Feb. 2, 1891.

IN a racy article on this subject, the writer points out the infrequency with which exposure to cold and wet or damp sheets, *without the existence of other factors,* gives rise to cold. Some constitutional dyscrasia or disease (*e.g.*, Bright's disease) may be at the bottom of the mischief. Over-wrapping in general, alcoholic stimulation, cold bathing, imperfect protection of the abdominal region as compared with the chest, neck wrappers, &c., are joco-seriously impeached. On the other hand, light clothing, with exercise, avoidance of alcohol, morning *warm* bath, hot water-bottle in bed, &c., are recommended by the genial and (we take it) not very juvenile monitor.

Dundas Grant.

Biegert (Hagenau in Alsace).—*The Examination of Sputum for Bacilli.* "Lancet," Feb. 7, 1891, p. 343.

A TABLESPOONFUL or more of the sputum is well stirred up with a glass rod. "Some" of it is mixed with two tablespoonsful of water, and four to eight drops of solution of caustic soda (liq. sodæ?) according to the density of the sputum. This is then boiled in a shallow cup, stirred all the while, and four to six tablespoonsful of water are added, till a pretty thin fluid mass is produced. The whole is poured into a tapering glass,

and allowed to stand for two hours, by which time the formed particles and bacilli will have gravitated to the bottom. The fluid is then poured off, and a little of the sediment is taken out with a platinum needle and rubbed on a cover-glass. When the preparation is dry, it is passed through a flame, stained with carbolized solution of fuchsine, and then bleached with 25 per cent. sulphuric acid, the bacilli remaining red. [The process of concentration above described may prove a useful supplement to the ordinary simpler methods in cases of clinical doubt, when a negative bacterioscopic result has been obtained.] *Dundas Grant.*

Dixon, Samuel G. (America).—*Possibility of Checking the Tubercular Process in Man by the Agency of a Metabolic Product of the Tubercle Bacillus.* "Med. News," Jan. 17, 1891.

By submitting a mass of tuberculous tissue to the action of ether, and to a saturated solution of sodium chloride, and then filtering through a Pasteur filter, Dr. Dixon got an active principle, which, when injected subcutaneously into tuberculous animals, caused a febrile and local reaction similar to that produced by Koch's fluid. *Dundas Grant.*

Davy, Henry (Exeter).—*Koch's Fluid. Fehleisen's Experiments on Lupus with Pure Cultivations of the Micrococcus of Erysipelas.* "Lancet," Feb. 14, 1891.

DR. DAVY calls attention to Fehleisen's paper in the Sydenham Society's volume, "Micro-parasites in Disease," published in 1886. As the result of inoculation, erysipelas was produced and the known curative effect of that disease on lupus brought about. The question is raised by Dr. Davy as to whether the action of Koch's fluid on lupus has any specific relation to the tubercle bacillus. *Dundas Grant.*

Hericourt and Richet.—*Inoculation of Dog Serum as a Remedy for Tuberculosis.* "Lancet," Feb. 7, 1891, p. 343.

THE dog being refractory to tuberculosis, it is assumed that there is something in the serum antagonistic to the bacillus. Experiments on rabbits were instituted with confirmatory results, and the plan of treatment was then carried out on four phthisical men. In two, there was laryngeal phthisis, and under the treatment the swollen epiglottis, which was very swollen and motionless, became much reduced in volume, and regained its mobility, the distressing agony occurring during deglutition disappearing. The inoculations (dose from 1 to 4 c.c. every three or six days) are followed by neither local nor general reaction. [We presume that serum from blood drawn under aseptic circumstances from a thoroughly healthy animal is used. In any case the danger—to the kidney, &c.—following the injection of corpuscle-holding blood appears to be avoided.] *Dundas Grant.*

DIPHTHERIA, &c.

Thorne Thorne (London).—*Diphtheria; its Natural History and Prevention.* 3rd and 4th Milroy Lectures. "Lancet," Mar. 7 and 14, 1891—(continued).

THE important influence of school attendance was further shown by the Coggeshall and Pirbright outbreaks in 1877 and 1883, and "it seemed " that the mere bringing together of the children was responsible for " imparting to the throat affection the serious specific quality in question." Milk in connection with the causation and diffusion of diphtheria was discussed in the fourth lecture. In one outbreak a large percentage of the affected patients had derived their milk from the same dairy—their houses being actually in the best possible sanitary condition—and there was observed a special incidence on people who partook largely of uncooked milk. Dr. Thorne thought there was a special infectivity attaching to cream, but this was shared by the skim-milk, and was therefore apparently favoured by the *storage* which allowed of the growth of the specific organisms. This was confirmed by the results of Klein's experiments, which showed that the true diphtheria bacillus (Loeffler's) would multiply at the ordinary temperature of the air. The cows were found in all instances to have only the most "trivial" ailment. Further researches of Dr. Klein (to be published in Dr. Buchanan's report to the Local Government Board), however, proved that the inoculation of cows with the diphtheria membrane produced in them a "trivial" ailment identical with that observed in the outbreaks mentioned. Cats acquired diphtheria from their milk, and the true bacillus was found in lymph from small vesicles on the udders. [The difficulty in recognizing diphtheria in cases of "sore throat," the dangers attending aggregation of children, the risks incurred in consuming uncooked milk from cows suffering from "trivial" disorders, as dwelt on in these valuable lectures, all point their own moral.]

Dundas Grant.

Neumann.—*Etiology of Diphtheria.* "Archiv. für Kinderheilk.," Band 12, Heft 5 and 6.

REPORTING review.

Michael.

Masing. Verein St. Petersburger Aertze. Meeting, Oct. 30, 1890.

SPECIMENS from a child who died from *erythema nodosum* following a nearly cured nasal diphtheria were exhibited.

Michael.

Escherich (München).—*Bacteriological Researches in Diphtheria.* Festschrift für Henoch.

IN fifteen cases of diphtheria which were examined, the author found Loeffler's bacillus. In cases of catarrhal angina it was not found, but in some cases of diphtheria without distinct membrane.

Michael.

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Läbell, E. P. (Freiburg-im-Bveigan).—*A Suction Instrument for Diphtheria.*
“Brit. Med. Journ.,” July 19, 1890.

AN illustrated description of an apparatus for clearing the wind-pipe of membrane, &c., in diphtheria.
Hunter Mackenzie.

Ruffer, M. A.—*Preliminary Note of the Process taking place in the Diphtheritic Membrane.* “Brit. Med. Journ.,” July 26, 1890.

THE author thus summarizes his bacteriological and histological researches :—

1. The bacilli of diphtheria are present in the most superficial part of the membrane only—that is, in a place where they are well within reach of medicinal agents.

2. In the diphtheritic membrane there is an active struggle taking place between the amœboid cells in the membrane and the micro-organisms.

3. The reason why the bacilli do not actually penetrate into the tissues is probably that as soon as they try to do so they are arrested by the amœboid cells present in the diphtheritic membrane.

Hunter Mackenzie.

Browne, Lennox (London).—*A Case of very Slight Diphtheria succeeded by Severe Paralysis.* “Brit. Med. Journ.,” July 26, 1890.

REFERRING to Dr. Gayton's case (*vide infra*), Mr. Browne writes that “it is interesting in that it enforces the fact, well-known to specialists, that faucial diphtheria in the adult is frequently so slight that the diagnosis is only confirmed on exhibition of post-diphtheritic neuroses, and it is this circumstance which renders it important not to lightly dismiss the sore throats of nurses and parents in attendance on patients of tender age.”

Hunter Mackenzie.

Gayton, W. (London).—*A Case of Very Slight Diphtheria succeeded by Severe Paralysis.* “Brit. Med. Journ.,” July 19, 1891.

AN attack of diphtheria in a woman aged forty-one, so slight as to be considered a simple sore throat, was followed by complete paralysis and anæsthesia of the arms and legs, paroxysmal convergent strabismus of both eyes, with loss of power of accommodation, paralysis of the palate, and attacks of syncope. The temperature meanwhile was persistently sub-normal, ranging from 95·4° to 98° Fahr. Treatment consisted in free stimulation on account of the threatened cardiac failure, and the free administration of iron and strychnine. Recovery. *Hunter Mackenzie.*

Davidson, James T. R. (Buenos Ayres).—*Notes on Diphtheria in Animals and Man.* “Brit. Med. Journ.,” Oct. 25, 1890.

THE author is of opinion that the epidemic of diphtheria in the above city, in 1889, was “due to the presence of animals, especially hens and horses, in yards without any pavement, or hardly paved.” In support of his contention, he refers to the fact that in the French, German, and Hungarian armies there are three times as many deaths from this disease amongst the cavalry than amongst the infantry. He considers his facts a strong testimony to the truth of the theory which ascribes diphtheria in animals to the presence of a damp soil, and diphtheria in the human

subject to contagion from animals so infected. [This paper is adversely criticized in the *Veterinary Journal*, so far as horses being subject to diphtheria is concerned.]
Hunter Mackenzie.

Taylor, Michael W. (London).—*Causes of Diphtheria in Animals and in Man at Buenos Ayres.* "Brit. Med. Journ.," Nov. 1, 1890.

IN reference to the article by Dr. Davidson (*vide supra*), the author points out that it is confirmatory of the views already expressed and published by him "On the Fungoid Origin of Diphtheria" ("Brit. Med. Jour.," July, 1881); "Diphtheria in connection with Damp and Mould Fungi" (Transactions of the Epidemiological Society, 1887).

Hunter Mackenzie.

Kennedy.—*Action of Sulpho-Calcine in Diphtheria and Catarrh.* "The Medical Bulletin," Mar., 1891.

THIS is an account of three cases of diphtheria successfully treated by swabbing the affected surface with "sulpho-calcine" (Reed and Carnrick) every half-hour, and also gargling with a solution of it—half an ounce to half-a-pint of water. The author believes it to be a specific for diphtheria, and to be of much use in nasal catarrh with anosmia. *Barclay J. Baron.*

Loeffler (Grafswald). — *Therapy of Diphtheria.* "Deutsche Med. Woch.," 1891, No. 10.

THE author believes that a natural therapy of diphtheria can only be found by the study of the effect of different medicaments on the cultures of the diphtheria bacilli. Concerning the therapy, we must try to prevent the development of the bacilli, and, secondly, to destroy the micro-organisms embedded in the pseudo-membranes. The author has studied the effect of a great number of medicaments on the cultures in blood serum. Of those, the following gave the best results:—Solution of sublimate 1:10,000 destroyed the bacilli; by 1:1000 the cultures were destroyed. Solutions of cyanide of mercury destroyed the bacilli in solution of 1:10,000; cultures 1:1000. Nitrate of silver had effect in solutions of 1:1000. Permanganate of potash 1:100 and chlorate of potash 1:20 were without effect. Iodine trichloride was effective in solution of 1:2000. Absolute alcohol and ether destroyed the bacilli, but not the cultures. Chloroform water was very effective. Carbolic acid destroyed the bacilli in solutions of 3 to 4 per cent.; the cultures in 5 per cent. Salicylic acid was of less effect. Also many ethereal oils were tried, and found more or less effective. The author concludes: for prophylactic use gargling with solution of sublimate 1:10,000, or aqua chloroformi. The steam of orange, citron, eucalyptus oil, etc., may be applied by means of Feldbausch's inhalers. For treatment of the disease, gargling with sublimate 1:1000; carbolic acid 3:100. Turpentine is also recommended.

Michael.

Escherich (Graz).—*Indications for Intubation in Diphtheria.*—"Wiener Klin. Woch.," 1891, Nos. 7, 8.

A PATIENT, aged two and three-quarter years, with laryngeal diphtheria, treated by intubation and cured. The author reports the current literature

on intubation, and speaks of the different advantages and disadvantages of the method. Concerning its application in practice, he concludes :—

1. The value of the method cannot be judged of by the percentage of cures obtained by the exclusive application of intubation or tracheotomy. The method must individually be selected for every case, and according to eventualities changed for another.

2. Intubation can cure diphtheritic dyspnœa in a similar manner to tracheotomy. It will not do away with tracheotomy, but only replace it in a few cases.

3. The advantages of the method are the easy *technique*, the avoidance of narcosis and wound. Its dangers consist in decubitus, "schluck pneumonie," cough from irritation, difficulty in the expectoration of membranes and secretion, and relatively insufficient aeration of the lungs.

4. Therefore, if the lungs and bronchial tubes are already affected, if the patients are weak naturally or from prolonged illness, or if there is sepsis, tracheotomy must be preferred.

5. The best cases for intubation are primary diphtherias of the larynx, without sepsis or collapse.

6. In these cases also tracheotomy must follow as soon as the disease becomes more severe and respiration insufficient.

7. Intubation also can be applied provisionally in case of need.

Michael.

Ranke (München).—*Intubation in Cases of Impossibility of Removing the Canula in Cases of Diphtheria.* Festschrift für Prof. Henoch.

IN cases of granulation and stenosis, and in cases of chondritis inferior hypertrophica, cure is obtained by application of O'Dwyer's tubes.

Michael.

Schwalbe and Rosenberg.—*O'Dwyer's Intubation in Diphtheritic Laryngeal Stenosis.* Berliner Med. Gesellschaft. Meetings, Mar. 11 and 28, 1891.

SCHWALBE reports on the results up to now obtained by intubation, and shows the instruments and their mode of application. Of thirteen cases, only ten can be regarded; of those, nine died, and only one was saved. He resumes:—Advantages of the method are, the short time of its performance, the absence of a wound, and with it the impossibility of loss of blood and wound-infection, the respiration by the natural passages. Its disadvantages are, the dangers of after-treatment, the difficulty of feeding, the necrosis from pressure, and its consequences, the possibility of events leading to sudden death. The disadvantages are much more weighty than the advantages. The statistics are not so good as those of tracheotomy, therefore in the author's hospital the method has been relinquished.

ROSENBERG believes that intubation is better than Schwalbe makes out. If the children are fed with the head hanging down, or by enemata, it is possible to facilitate the feeding. Pneumonia from swallowing has not yet been observed. It is very necessary that only well-fitting tubes be applied; such will not produce decubitus. If the time is too short, or if tracheotomy is not allowed, intubation should

be performed. Very good results are obtained in chronic stenosis, syphilis, tuberculosis, granulations, paralysis of the abductors, and spasm of the glottis.
Michael.

Ganghofner (Prag). — *Treatment of Whooping-Cough with Antipyrin.*
Festschrift für Henoch.

THE author has treated ninety-three cases, and recommends the medicament.
Michael.

NOSE AND NASO-PHARYNX.

West, Samuel (London). — *On the relation of Asthma to other Diseases.*
"Brit. Med. Journ." Nov. 15, 1890. Med. Soc. of Lond., Nov. 10, 1890.

THE author referred to the association between affections of the nose and asthma, the discovery of which, he said, constitutes the greatest advance in our knowledge of the pathology of therapeutics for many years past. Dr. Thorogood mentioned a case in which the removal of nasal polypi failed to effect a complete cure, although it brought about marked improvement. Dr. De Haviland Hall had been struck by the number of cases in which relief was procured by treating co-existing disease of the nose, but he had not met with a single case of complete cure. There was certainly turgescence of the nasal mucous membrane during the asthmatic attack, and he inferred that the same condition was present in the nasal mucous membrane. Dr. Semon believed that too much importance was attributed to nasal affections as causes of asthma. He could not distinguish between those in which treatment directed to the nose was likely to prove beneficial, and those in which it would prove ineffectual, and the latter constituted the majority. Assurances of cure after nasal treatment could not be given to patients, even where the concomitant nasal affection was most marked. Dr. Theodore Williams directed attention to a class of cases in which there was a history of some prior affections of the lungs. He believed that pulmonary affections must act by leaving some structural changes behind, and in some cases this might be enlargement of the bronchial glands.

Hunter Mackenzie.

Loeb (St. Louis, U.S.A.). — *How a General Practitioner may treat Chronic Atrophic Rhinitis.* "Med. News," Jan. 24, 1891.

CLEANLINESS and stimulation. The former, initiated by free spraying with Dobell's solution (or the following:—℞ Sodii bicarb., sodii bicarb. āā ʒij, listerine or "katharmon" ʒj, aq. ad. ʒvii. m. Sig. Nosewash), is effected by thorough wiping of the nasal cavities by means of a pledget of wool twisted on a wire. Stimulation is to be effected by such a formula as this:—℞ Menthol, gr. x., liquid albolene fʒj. m. Sig. spray for the nose. The amount of menthol may be increased. Thymol (gr. x. ad. ʒj.), or eucalyptol (m. x. ad. ʒj.) may be substituted for the menthol. The patient must snuff up

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the first lotion four times a day, and use the spray each time. [A fair routine treatment, to which one would certainly add the plugging of each nostril on alternate nights with cotton-wool, impregnated with some antiseptic, such as iodoform, menthol, or eucalyptus. A snuff containing one part of menthol to eight of some bland powder—spermaceti, starch, sugar of milk, boracic acid—is a convenient form of stimulant.—*Rep.*] *Dundas Grant.*

Johnston, Samuel (Baltimore).—*Foreign Bodies in the Nose versus Nasal Catarrh.* "Med. News," Jan. 17, 1891.

SEVERAL cases illustrating the possibility of error in diagnosis. Advisability of careful use of an anæsthetic in most cases of removal of foreign body from nose in children. As a preliminary the application of cocaine is recommended, followed by a spray of liquid alboline. Gross's extractor or wire-loop for extraction. Subsequent washing out of the nose twice daily with a weak solution of permanganate of potash.

Dundas Grant.

Ball (London).—*A New Method of Nasal Irrigation.* "Lancet," March 14, 1891. A WIDE-NECKED bottle with a bung-cork through which pass two tubes, one reaching to the bottom, the other only a short distance through the cork. The former has attached to it a flexible tube with a tip to fit the nostril, the latter a glass prolongation which can be held between the patient's lips. Fluids are placed in the bottle, and when the patient blows, puffing out his cheeks, the fluid enters the nose. [This instrument, devised by Dr. Pins, of Vienna, is certainly compact, and, if judiciously employed, of great utility, but it appears to have all the dangers of any anterior nasal douche, the tip of which fills the entrance of the naris. In the Reporter's opinion, the point of a nasal douche apparatus—not a spray—should be so small as to allow of the freest possible reflux, in case of exit, through the opposite nostril or otherwise, being in the least degree impeded.]

Dundas Grant.

Proskauer (Nürnberg).—*Embryos of Oxyurides in the Nose.* "Zeitschrift für Ohrenheilk.," Bd. 21, Heft 3, 4.

IN the secretion of the nose of a patient, aged thirty years, a large number of embryos of oxyurides were found. Description of the embryos and report of the literature. The important paper of Joseph on this subject is not mentioned.

Michael.

Jacobi (New York).—*Partial and Universal Chorea caused by Nasal Reflexes.* Henoch's Festschrift, Berlin, 1890.

THE author has frequently observed convulsive movements of the facial muscles in children. All these children had inflammation of the nasal, nasopharyngeal and pharyngeal mucous membrane. He believes that the nervous symptoms are determined by the chronic irritation of the terminal fibres of the trigeminal nerve.

Michael.

Alvin (St. Etienne). *The Arrest of Nasal Hamorrhage by means of very Warm Water.* "Loire Medicale," Oct. 15, 1890. "Arch. de Laryng.," Feb., 1891.

CONTINUOUS irrigation with water from at least 53° (127° Fahr.) even up to 60° (140° Fahr.).

Dundas Grant.

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Wood (Arkansas).—*McDowell's Method of Controlling Epistaxis.* "Med. Rec.," Jan 17, 1891.

(AN improvised substitute for Cooper Rose's well-known intra-nasal plug.)
Dundas Grant.

Peltesohn.—*Mimetic Spasm cured by Treatment of the Nose.* Laryngol. Gesells., Berlin, Jan. 16, 1891.

A PATIENT, aged twenty years, with *tic convulsif* since his fourteenth year, cured by removal of a polypous tumour of the left inferior turbinated body. Another patient treated by removal of a nasal (septal) "spina" is not cured of his mimetic spasm.
Michael.

Preobraschensky (Moskau). — *Contribution to the Histology of the Regio Olfactoria.* "Wiener Klin. Woch.," 1891, No. 7.

CAREFUL histological and embryological researches on the development of the regio olfactoria of the hen. Must be studied in original.

Michael.

Bergmann.—*Pathology and Therapy of the Catarrhal Diseases of the Nose and its Accessory Cavities.* Gesellschaft Praktischer Aerzte zu Riga. Meetings, Dec. 19, 1890, and Jan. 16, 1891.

NOTHING new.

Michael.

Kurz.—*A Simple and Easy Method of Extracting Nasal Polypi.* "La Gazette Médicale de Montreal," Jan., 1891.

A BELLOCQ'S canula is passed through the nose, a stout thread of waxed silk, in which are tied three pieces of sponge of increasing size, and some distance apart. The first should be large enough to rub slightly against the posterior naris, and the polypi are either torn off by it, or those pieces of sponge that follow it.
Barclay J. Baron.

Carpenter.—*Nasal and Pharyngeal Manifestations of Syphilis—Results and Treatment.* "Weekly Medical Review," Jan. 10, 1891.

THE treatment suggested is cleansing—listerine, with or without alkalies, being recommended; caustic applications for ulcers; cocaine to soothe the pain; and iodoform, eucalyptus oil, menthol, carbolic acid, etc., to promote healthy action. Goodwillie's knives and saws for removing dead bone are praised, and of course the usual constitutional treatment must be adopted.
Barclay J. Baron.

James, W. D. (Sheffield).—*Syphilitic Ulceration of the Nose.* "Brit Med. Journ.," Nov. 15, 1890; Sheffield Med. Chir. Soc., Nov. 6, 1890.

EXHIBITION of a patient the subject of syphilitic ulceration of the outer surface of the nose, also of palate and pharynx. The unusual situation, and a superficial similarity of appearance to lupus before the scabs had been removed, were commented on.
Hunter Mackenzie.

Beermann (Riesenbeck).—*Primary Tuberculosis of the Nasal Mucous Membrane.* Inaugural Dissertation. Würzburg, 1890.

A HEALTHY lady, thirty-four years old, had on the mucous membrane of

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the right nasal introitus a round spot covered with nodules of the size of the head of a pin. Operation ; four weeks later, recurrence ; cauterization. In the pieces removed tubercle-bacilli were found. *Michael.*

Pavloff, Professor Evgeny V. (St. Petersburg).—*Case of Rhinoscleroma.* "Meditsinskiï Obozrenië," 1891, No. 2, p. 126 ; and "Vratch," 1891, No. 2, p. 52.

THE author relates a case of rhinoscleroma in a woman, which is still under his observation. The disease commenced about six years ago, in the form of a deep nodule situated in the right anterior arch of the soft palate. The new growth was incised by a surgeon, after which it began to rapidly spread, passing into the pharynx, then into the right nasal cavity, and through the orbital foramen into the corresponding orbit, and causing exophthalmos, blindness, and severe neuralgic pain. At a cursory glance, the lesions might be mistaken for enchondroma.

The author emphasizes the striking "creeping" tendency of the new growth. *Valerius Idelson.*

Pavlovsky, Professor Alexander D. (Kiev.).—*Polypoid Rhinoscleroma ; a new Clinical Form.* "Meditsinskiï Obozrenië," 1891, No. 2, p. 126 ; and "Vratch," 1891, No. 2, p. 51.

ACCORDING to the author's definition, rhinoscleroma "constitutes an infectious chronic granuloma, characterized by the appearance of dense and, on section, hard nodules and nodose elevations, which develop in the skin of the nose and lips, on the hard and soft palate in the nasal cavities, pharynx, larynx, and trachea." As far as Russia is concerned, the disease is fairly frequently met with in the South-Western Gubernias (governments), including Kiev, but very rarely in the Northern (e.g., St. Petersburg).

Quite recently Prof. Pavlovsky came across two cases of a peculiar variety of the affection, one of which referred to a middle-aged male peasant, who sought his advice on account of blood-stained nasal discharge of three years' standing. Except for some elevated scurf, the nasal integuments were sound, but the right nostril was found to be filled up with villous vegetations, and a polypoid tumour, which was as hard as a chondroma, and, on the whole, resembled a sarcomatous polypus. The new growth was removed (by excision and scraping out after a preliminary splitting up of the nasal wing), and, under the microscope, proved to possess a typical structure of rhinoscleroma, with characteristic encapsulated microbes and hyaline masses. The other patient, a man of thirty-five, similarly presented rhinoscleroma of the polypoid form, the symptoms being of one and-a-half year's duration.

The author believes that his cases justify him in supplementing the chapter on nasal polypi by this new variety—"rhinoscleromatous polypi." *Valerius Idelson.*

Sandmann (Berlin).—*A New Method for Correction of the Nasal Septum.* "Deutsche Med. Woch.," 1891, No. 9.

THE author removes the tumour-like irregularities of the septum.

Michael.

Veeder.—*Vertical Nasal Bone Sawing.* "New York Medical Journal," Feb. 21, 1891.

THIS instrument is made by Tiemann & Co., and consists of two arms, whose position can be altered by means of a screw; an endless saw works round the opening between these, and an electro-motor supplies the motive power.

Barclay J. Baron.

Hansberg (Dortmund).—*Cure of a Large Typical Naso-Pharyngeal Polypus.* "Monats. für. Ohrenheilk.," 1891, Nos. 2 and 3.

IN a patient, thirty years of age, suffering from obstruction of the nose, posterior rhinoscopy showed that the naso-pharynx was completely filled by a large red tumour. Digital exploration showed that the tumour was broad-based, and was of the size of an egg. Operation by the galvano-caustic wire was impossible, and the tumour was removed by means of Kuhn's cutting forceps. Cure.

Michael.

Ingals.—*Hypertrophy of the Pharyngeal Tonsil.* "Medical News," Mar. 21, 1891.

A GOOD account of what is already known of the symptoms, diagnosis, prognosis, and treatment of this condition. The forceps are greatly preferred by the author to any other instrument for its removal, and he recommends that the patient when anæsthetized be placed on his abdomen and face, with the head hanging over the table, and thus there is no necessity for swabbing out the blood.

Barclay J. Baron.

Voss and Bergmann.—*Adenoid Vegetations.* Gesellschaft Prakt. Aerzte in Riga. Meeting, February 16, 1891.

VOSS showed specimens of *Adenoid Vegetations* removed by operation. BERGMANN said that a difference must be made between adenoid vegetations of the vault of the pharynx and the true hypertrophy of the tonsilla pharyngea.

Michael.

Hovell, T. Mark (London).—*Adenoid Vegetations in the Naso-Pharynx.* "Brit. Med. Journ.," Nov. 22, 1890. West Kent Med. Chir. Soc., Nov. 7, 1890.

THE author read a paper on this subject, in which he discussed the symptoms and treatment of this disease.

Hunter Mackenzie.

Kafemann (Danzig).—*Researches on 2238 School Children concerning the Nose and Naso-Pharynx.*

THE number of diseases found by these researches prove the importance of prophylaxis and early treatment of diseases of the upper air-passages.

Michael.

Kafemann (Danzig).—*Relation of Nasal and Pharyngeal Diseases to Stuttering.* Danzig, 1891.

IN the greater number out of 151 stuttering patients, the author has found adenoid vegetations and other naso-pharyngeal diseases. He believes that the stuttering will be cured by the treatment of these diseases.

Michael.

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Cholewa (Berlin).—*On Treatment of Suppuration of the Frontal Sinus by Pyoktanin.* "Therap. Monats.," 1891, No. 3.

IN a case of empyema of the frontal sinus the author entered the opening by means of a probe, cleaned out the cavity by syringing, and then introduced a silver probe, covered with pyoktanin. After three applications the patient was cured.
Michael.

Luc (Paris).—*Empyema of the Antrum of Highmore caused by the Micrococcus of Erysipelas.* Laryngol. Gesells., Berlin, Jan. 1891.

A LADY, sixty years of age, acquired empyema of the cavity during an attack of erysipelas of the face. In the secretion were found erysipelas cocci.
Michael.

Sewill (London), **Miller** (Edinburgh), and **Mac Donald** (London). — *The Etiology of Empyema of the Antrum.* "Lancet," Feb. 7, 14, and 21, 1891.

MR. SEWILL, as a dental surgeon, considers that the vast majority of cases of antral empyema are due to dental diseases, namely, inflammation, with gangrene of the pulp, or suppuration round the apex of a root. In a recent case of empyema the tooth concerned appeared to be the second bicuspid, which was extensively carious. The upper third of the pulp, however, still retained its vitality, and was therefore unlikely to have affected the antrum, but on its being extracted a minute communication between the alveolus and the antrum was found. The antrum contained a quantity of pus.

Dr. GREVILLE MACDONALD, as a rhinologist, maintains that the large proportion of cases falling within his own practice is associated with, and, as he believes, secondary to, intra-nasal suppuration of one kind or another, and dwells on the rarity, in his cases, of tooth-trouble (four out of upwards of forty) which could be held responsible for the mischief.

Dr. A. G. MILLER, as a general surgeon, contributes his experience in the Royal Infirmary of Edinburgh. In all his cases the empyema was connected with a diseased anterior molar, as was, in some cases, only shown when the apparently healthy tooth was extracted for drainage purposes.

[The difficulty in making the order of events—the *post*—is considerable, and when we come to the causal sequence—the *propter*—it is so great as to explain the diversity of opinion of good observers looking from a somewhat different point of view. Our own experience is certainly in favour of the causal influence of dental disease, and in this view we have the support of several authorities. It must be admitted that to argue backwards from successful results following extraction is pathologically inadmissible, as the drainage afforded may be the agent of cure as much as the removal of the cause. We abstracted recently a case in which suppuration from disease of the ethmoid was mistaken for empyema of the antrum, where, of course, the effect of drainage was *nil*. Such an error of diagnosis must be avoided by careful rhinoscopy and probing.—

Reporter.]

Dundas Grant.

Pavloff.—*A Case of Affection of Antrum Highmori, Sinus Frontalis, and Os Cribrosum.* Meeting of the Russian Surgical Society of Pirogoff at St. Petersburg. "Vratch," 1891, No. 10.

THE author was called in, in order to open the antrum Highmori and sinus frontalis on account of a suppurative affection of this region. The patient was in bed, with a temperature of $41^{\circ}8'$ C., complaining of headache and bad-smelling secretion from the nose. The patient caught a cold about five to six years ago, since which he has always had headache and a considerable secretion, but that did not trouble him very much until the 20th of December, 1890, when the headache became more severe, and the secretion purulent. Finally, on the 19th of January last, he began to have fever, and on 21st there was a rigor and a rise of temperature to $41^{\circ}0'$ C. The rigor was repeated thrice. When the above-named surgeon was called in he opened the antrum, as well as the right sinus frontalis; both contained a few drops of bad-smelling pus. Exploration with a blunt spoon showed also a small quantity of caseous matter. After the operation the temperature was normal during twenty-four hours, but with the beginning of the next day two new rigors occurred. As there was swelling around the right eye the author opened the orbital cavity, and found pus within, which he removed; nevertheless, the rigors and the high temperature continued, cramps of the facial muscles, inability to swallow, and unconsciousness supervened, and the patient died on the third day after the last operation. Although no *post-mortem* took place, the author believes it to be a case of purulent affection of both nasal sinuses, as well as of the os cribrosum, and that the pus spread through the foramen opticum, or the normal holes in the os cribrosum, to the base of the brain, where it produced meningitis, or perhaps even formed an abscess in the frontal sulcus centralis. In cases of chronic nasal diseases complicated with affections of the sinus frontalis the author advises against attempts at cleansing the sinuses through their natural openings, as this may injure the cells of the os cribrosum, and may serve as a means of inducing septic matter into the sinus (in this case, in the matter removed from the sinus, streptococcus aureus was found), but to make a wide opening with a trephine.

E. Draispul.

Hooper.—*Transillumination of the Air Cavities of the Head and of the Larynx.* "Boston Medical and Surgical Journal," Feb. 19, 1891.

THIS method was thought by some who saw Dr. Hooper's demonstration to be of value in the diagnosis of antrum disease, but not in other conditions.

Barclay J. Baron.

MOUTH, TONGUE, PHARYNX, ŒSOPHAGUS, &c.

Mousi (Wien).—*Etiology and Pathogenesis of Stomatitis Aphthosa.* Henoch's Festschrift, Berlin, 1890.

THE author has observed 587 cases in sixteen years. He believes that the disease is infectious, and is caused by micro-organisms whose nature is not yet exactly known. *Michael.*

Rosenberg.—*Tumours of the Base of the Tongue.* Laryngologische Gesellschaft. Meetings, Dec. 19, 1890, and Jan. 16, 1891.

HYPERTROPHY of the glands of the base of the tongue are often observed. Sometimes the lingual tonsil is hypertrophied so as to resemble polypus. This hypertrophy is caused by scrofulosis, catarrhs, leukæmia, or syphilis. The symptoms are difficulty in swallowing, bleedings, cough, feeling of foreign body. The treatment consists in brushing with iodized glycerine, and using galvano-caustic treatment. Retention cysts are sometimes observed in the valleculæ, and may attain the size of a nut. They can be cured by incision or destruction of the cyst wall. Papillomata are sometimes observed, and may cause neuralgic troubles. They are easy to remove by galvano-cautery. In rare cases there are observed pure and mixed fibromata, chondromata, adenomata, dermoid cysts, and thyro-dermoids. Carcinomata and sarcomata of this region are rarely primary, but usually continuous with the tonsils, the tongue, and the epiglottis. They have a very unfavourable prognosis.

HEYMANN shows scissors for operating on tumours of the base of the tongue.

LEWIN discusses on the syphilitic affections of the base of the tongue. He has observed condylomata, gummata, and ulcerations. *Michael.*

Murphy (Newcastle-on-Tyne).—*Leukoplakia of the Tongue.* "Brit. Med. Journ.," Nov. 29, 1890; Northumberland Med. Soc., Nov. 13, 1890.

EXHIBITION of a man who had suffered from this complaint for eight years, and had now developed epithelioma. This was the sixth case of the kind he had shown. *Hunter Mackenzie.*

Shield, Marmaduke (London).—*Cancer of Tongue.* "Brit. Med. Journ.," Nov. 29, 1890; Med. Soc. of London, Nov. 24, 1890.

EXHIBITION of a case of leukoplakia linguæ, two years after half the tongue had been removed for epithelioma. Mr. Owen mentioned a case in which, following the dictum of a well known pathologist, a gumma had been removed from the tongue in the idea that it was malignant. Mr. Stephen Paget and Mr. Ballance affirmed that "nests" were sometimes met with in non-cancerous growths. *Hunter Mackenzie.*

Treitel.—*On Lispings.* Verein für Innere Medicin in Berlin. Meeting, Feb. 2, 1891.

IN one family, five children lisp through abnormal position of the teeth and ataxy of the tongue. The author hopes to cure the anomaly by rectification of the teeth.

GUTZMANN remarks that lispings is often caused by psychic infection.
Michael.

Rona (Buda-Pesth).—*Extra-Genital Syphilitic Infection.* "Pesther Med. Chir. Presse," 1891, No. 6.

IN forty-six cases of extra-genital infection the author observed twenty-six cases of sclerosis of the lips, nearly all produced by kisses of syphilitic persons. The same cause produced eight scleroses of the tonsils.

Michael.

Baginsky, A. (Berlin).—*Congenital Macro-glossia and the Relations between Macro-glossia, Cretinism and Congenital Rachitis.*

DESCRIPTION of four cases of combination of these diseases.

Michael.

Predohl (Hamburg).—*Treatment of Palatine Cleft.* "Jahrbuch des Hamburger Staats Krankenhauses," 1890.

A REPORT on thirty-one cases operated on by Schede, with twenty-six complete results.

Michael.

Stevenson, Thomas (Liverpool).—*Foreign Body in Soft Palate.* "Brit. Med. Journ.," July 26, 1890.

THE impaction in the soft palate of a piece of clay pipe shank, about one-and-a-quarter inches in length, was followed by acute inflammation of the palate, tonsil, and uvula. The foreign body was removed with dressing forceps.

Hunter Mackenzie.

Rice, Clarence C. (New York). *The Etiology of the Disease known as Suppurative Tonsillitis, with its Surgical Treatment.* "Med. Rec.," Jan. 31, 1891.

THE writer believes that all severe grades of tonsillar inflammation are septic, rather than rheumatic, and occur most readily in pathological tonsils, *i.e.*, in tonsils whose phagocytic functions are inefficiently performed. He classifies acute inflammations of the tonsils as :—

1. *Acute follicular or lacunal tonsillitis*, which may become a parenchymatous tonsillitis, and which may, very rarely, be followed by peritonsillar abscess.

2. *Acute parenchymatous tonsillitis* of all grades of severity, which may or may not be followed by peritonsillar abscess.

3. *Peritonsillar abscess.* He takes exception to the terms suppurative and non-suppurative tonsillitis, "because clinical experience has taught us that when suppuration occurs in this neighbourhood pus is rarely to be found in the tonsil, but may almost always be discovered in the connective, either in front or behind the tonsil, so that the term peritonsillar abscess would seem to be most correct."

In trying to find why an attack of parenchymatous tonsillitis is

repeatedly followed by peritonsillar abscess in some people and not in others, he says, "We can get over the matter easily by attributing it to heredity, to rheumatic diathesis, or to nervous temperament, but there is little satisfaction in such explanation." In nearly every instance of peritonsillar abscess he has found an abnormal relation of the tonsil and the pillars of the pharynx. Either the anterior pillar was adherent to and intimately grown into the tonsil opposite its upper portion, or the tonsil was enlarged and was covered by the anterior pillar to the extent of a fourth of an inch and adherent to it at a number of points. When he examines a tonsil for the first time during an attack of acute inflammation, and finds it quite free from adhesions, he feels confident that suppuration will not ensue. In five cases of patients who suffered twice a year from peritonsillar suppuration he has separated the adhesions between tonsil and pharyngeal pillars, and in three instances there has been no suppuration for more than a year and in two none for a little less than a year, although all of these patients have, during that time, suffered from attacks of parenchymatous tonsillitis of a mild grade. He discards the idea that peritonsillitis occurs as a result of low state of health, because "people in the best of health and living under the most favourable conditions suffer from peritonsillar abscess as frequently as any other class."

When an attack of acute tonsillitis does not tend to improve after the third day he considers that suppuration is going on, and that surgical means are necessary to hasten suppuration and evacuate the pus. Pus is to be found either between the anterior pillar and the tonsil, or in the posterior pillar. The latter region is usually only explorable after the application of cocaine to contract the tonsil and the patient employment of good illumination, when in some cases an abscess may be found and opened. Much more often the pus is to be found in the connective tissue just in front of and a little external to the tonsil, and several days are required to bring the pus out to a point where it can be reached with the knife. In some cases the writer punctures the anterior pillar to the depth of one fourth of an inch with a narrow-bladed tenotomy knife or a galvano-cautery point, then passes a large-sized probe down into the connective tissue lying at the anterior external angle of the tonsil, breaking up the connective tissue on the way.

As a prophylactic method, enlarged tonsils in those subject to peritonsillar abscess should be removed by means of the guillotine, snare, or galvano-cautery. Adhesions between the tonsils and the pillars should be carefully broken down by means of the handle of a scalpel.

[Much in this valuable and practical paper will appeal to those familiar with tonsillitis, and will certainly stimulate to fresh thought those who may not entirely agree with the writer.—*Ref.*] *Dundas Grant.*

Hinkel, F. W. (Buffalo).—*Some Manifestations of Lithæmia in the Upper Air-Passages.* "Internat. Journ. of the Med. Sci.," Nov., 1889.

THE author describes some varieties of throat affections which may be due to lithæmia. His views are somewhat hypothetical.

Hunter Mackenzie.

Hacker (Wien).—*Pharyngo and Œsophagoplasty.* "Centralbl. für Chirurgie," 1891, No. 7.

THE author reports his experiments on the dog concerning plastic operation of the œsophagus by displacement of the skin of the neck. In two cases (Poulsen and Witzel) this operation was performed in men with good results. *Michael.*

Aplavin (Kasau).—*Technique of Pharyngotomia Sub-hyoidea.* "Archiv. für Klin. Chir.," Bd. 41, Heft 2.

THE patient, twenty-eight years old, was tracheotomized some months before because of dyspnœa. He swallowed with great difficulty, and had a hoarse voice. By pressure, the patient could bring a tumour of the size of an egg from the œsophagus into the mouth. It was covered with normal mucous membrane, and was of elastic consistence. If the canula was closed, the patient respired with stridor. When the tumour was down, the laryngoscopical view was normal, when it was pressed out nothing of the larynx could be seen. The patient said that he had suffered for two years, and that thyrotomy was performed without effect. As operation *per vias naturales* was impossible, pharyngotomy was performed. It could then be seen that the tumour was situated on the posterior wall of the arytenoid cartilage. It was ligated and extirpated; the wound closed by suture. Cure in six weeks. *Michael.*

Sokoloff, Alexander A. (Moscow).—*On Retro-Pharyngeal Abscesses of Children.* "Proceedings of the Fourth General Meeting of Russian Medical Men," 1891, No. 2, p. 59, and No. 8, p. 265; "Vratch," 1891, No. 3, p. 87; "Meditzinskoié Obozrenie," 1891, No. 2, p. 185.

THE author's exhaustive and interesting paper is based mainly on forty cases of typical retro-pharyngeal abscess, and sixteen of retro-pharyngeal lymphadenitis, which have come under his observation in St. Olga's and St. Vladimír's Hospitals for Children in the course of the last four years.

According to his classification, purulent accumulations in the retro-pharyngeal space may be divided into the following groups :—(1) *Single congestive purulent gatherings* in the retro-visceral cervical space which arise in connection with various inflammatory processes in its vicinity (cervical phlegmon, inflammation of cervical lymphatic glands, periostitis of adjacent bones, parotitis, etc.). (2) *Tubercular congestive purulent accumulations*, developing in connection with cervical spondylitis. 3. *Proper retro-pharyngeal abscesses*, due to inflammatory processes in the space itself. The latter category may be subdivided into three groups :—(A) *Traumatic phlegmon* of the retro-pharyngeal cellular tissue, which is caused by a direct inroad thereto of pathogenic microbes. (B) *Metastatic inflammation* of the tissue, produced by the microbes penetrating through the circulation (in cases of small-pox, typhoid fever, scarlatina, etc.); and (C) *Suppurative retro-pharyngeal lymphadenitis*, which is induced by the microbes travelling along lymphatic vessels (and arrested in the glands), and constitutes the so-called "idiopathic retro-pharyngeal abscess" of children. It is seen, therefore, that the author, in common with Verneuil (1842), believes that the "idiopathic" abscess forms, in reality, nothing

else than an acute purulent inflammation of the lower retro-pharyngeal lymphatic glands, situated at the level of the second and third cervical vertebræ. In support of the pathogenetic theory, he brings forward the following facts :—(1) The abscess is almost invariably accompanied by enlargement of deep lymphatic glands on the same side, or on both sides, of the neck. (2) In some cases the retro-pharyngeal suppuration is preceded by a similar process in, or at least a swelling of, the cervical glands. (3) In other cases suppuration of a retro-pharyngeal gland is followed or accompanied by enlargement of an analogous gland lying symmetrically on the other side of the space. (4) Occasionally, a direct observation allows us to trace an actual metamorphosis of a swollen retro-pharyngeal gland into a suppurating one. (5) The lymphadenitis invariably arises secondarily to pharyngitis of one or other variety (in other words, Dr. Sokoloff denies the existence of an “idiopathic” retro-pharyngeal abscess). (6) The disease in question occurs mainly (in 75 per cent. of cases) in children under one year of age, and never attacks those above four ; to put it otherwise, it is observed only in patients of an age during which the glands still exist, and never affects older children in whom the organs have already undergone atrophy and disappeared. (According to the author’s anatomical researches, the glands prove frequently absent even in children about three years of age, and almost invariably so in those above five.)

As to the peculiar liability of early life to retro-pharyngeal abscess, it is thought to be connected with that to acute cervical lymphadenitis in general, which, in its turn, may be explained by “a relatively great frequency in little children of primary peripheral inflammation or traumatic lesions about the head and its cavities.”

With regard to the symptomatology of retro-pharyngeal abscesses in general, and retro-pharyngeal lymphadenitis in particular, the author draws attention to the fact that disturbances of swallowing and breathing may be sometimes absent altogether, the affection running a latent course ; hence a frequent digital examination of the pharynx in infants is advised, more especially in those cases where there is present enlargement of deep cervical glands.

Passing to an operative treatment, Dr. Sokoloff lays down the following general rules. (1) Typical retro-pharyngeal abscesses, situated entirely in the retro-pharyngeal space, should be opened by a sufficiently large incision through the mouth. (2) Such abscesses as cannot be reached from the fauces, on account of their deep situation, should be cut into externally, through the lateral aspect of the neck, as practised by St. Germain, Bokai, senior, Burkhardt, etc. (which method has been successfully resorted to by the writer in five cases). (3) The same procedure should be also employed in cases where the abscess is spreading towards the lateral surface of the neck, having passed under the external cervical aponeurosis outwards from the vascular bundle. (4) Traumatic phlegmon of the retro-pharyngeal cellular tissue and tubercular congestive abscesses must be always opened after the external method. (5) The latter prevents wounding the tongue, as well as the penetration of pus into the respiratory tracts. Having found ordinary pharyngotomes

and scalpels inconvenient for emptying retro-pharyngeal abscesses, the author has invented an instrument of his own which represents a small-sized knife with a protecting sheath. The main disadvantage of an ordinary scalpel is said to consist in the impossibility of making a sufficiently free incision, the consequences being retention of pus, and the disagreeable necessity of repeating the operation, and inflicting multiple wounds of the posterior pharyngeal wall.

In the course of a discussion, Dr. A. A. Kisel, of St. Petersburg, expressed his doubts that enlargement of superficial and deep cervical glands might afford a reliable diagnostic criterion in regard to retro-pharyngeal abscesses. Having examined about three hundred and fifty children, he has come to the conclusion that the size of the external lymphatic glands in them oscillates within very wide limits.

Professor V. E. Tchernoff, of Kiev, said that, agreeing with Bokai, junior, he regards the extra-oral operation as a quite superfluous procedure. A single intra-oral incision by means of an ordinary scalpel usually proves sufficient for thoroughly emptying the abscess. A second operation may be needed, but very rarely.

Dr. L. P. Alexandroff, of Moscow, similarly believes that the abscesses can be always very easily and conveniently incised by an ordinary scalpel.

Valerius Idelson.

Bokai (Buda-Pesth).—*Shall we Open the Retro-Pharyngeal Abscess Internally or Externally?* Henoch's Festschrift, Berlin, 1890.

ONLY in cases of spondylitis, or such as are caused by foreign bodies, is the external opening indicated; in all others the internal must be preferred. In 138 cases so treated the author has had only eight cases of death.

Michael.

Sokoloff, Alexander A. (Moscow). — *Tuberculosis of the Retro-Pharyngeal Glands.* "Vratch," 1891, No. 3, p. 88.

THE author describes a very rare form of disease of the retro-pharyngeal glands, which has not yet been mentioned in text-books. It is tuberculosis of the organs. As two typical cases from the writer's practice show, the symptoms closely resemble those of retro-pharyngeal abscess, but differ from it in: (1) Simultaneous presence of tuberculous lesions of deep lymphatic glands on the corresponding side of the neck; (2) the affection persisting for months; and (3) in the fact that the retro-pharyngeal swelling cannot be reduced in size either by punctures or by incisions.

The extreme rarity of the disease depends upon the usual absence of the glands in older children, in whom tuberculosis attacks lymphatics in general most commonly (of 102 cases of tubercular lymphadenitis, examined by the author, only 27, or 26.5 per cent., referred to children under three years of age).

Valerius Idelson.

Wilms.—*Resection of the Œsophagus.* Inaugural Dissertation. Bonn, 1890. ON a patient, forty-six years of age, suffering from cancer of the œsophagus in its uppermost part, resection was performed. Death from hæmorrhage from the arteria thyroidea superior thirteen days after operation.

Michael.

Voelcker (London).—*Caseous Gland opening into Œsophagus.* "Brit. Med. Journ.," Nov. 22, 1890. Path. Soc. of Lond., Nov. 18, 1890.

EXHIBITION of specimen, taken from a boy, aged nine years. There was no history of any œsophageal trouble. The case was brought forward as an unusual result of the presence of caseating glands at the root of the lung. Of 2504 *post-mortem* examinations at the Children's Hospital, there had been only three other cases of glands rupturing into the œsophagus, and in two of these the rupture took place also into the air-passages. Caseous glands at the root of the lung in tuberculous children were extremely common, and their rupture into the air-passages not at all rare, and frequently without symptoms. The frequent occurrence of malignant disease at the bifurcation of the trachea was probably due to irritation by enlarged bronchial glands. Dr. Penrose mentioned a case in which, in a child, aged seven months, a caseous gland had broken down and ulcerated into the œsophagus, the trachea, and the roots of both lungs.

Hunter Mackenzie.

Lane, Arbuthnot (London).—*Mixed Enchondroma of the Submaxillary Gland.* "Brit. Med. Journ.," Nov. 1, 1890. Clin. Soc. of Lond., Oct. 24, 1890.

NOTES of the case of a man, aged thirty-six, in whom this rare affection had been present four years.

Hunter Mackenzie.

LARYNX, &c.

Jacob, A. H. (Leeds).—*Tuberculous Fibroma of Larynx.* "Brit. Med. Journ.," Oct. 25, 1890. Leeds, &c., Med. Chir. Soc., Oct. 10, 1890.

DEMONSTRATION of specimen, which had been removed by forceps.

Hunter Mackenzie.

Thost and Harke. Aertzlicher Verein in Hamburg. Meeting, March 8, 1891.

THOST shows a patient from whom he has removed a *Hæmorrhagic Cyst of the Larynx.*

HARKE shows a modification of Michel's rhinoscope. *Michael.*

Treitel.—*Laryngitis Hæmorrhagica.* Laryngol. Gesells., Berlin, Jan. 16, 1891.

REPORT on a case concerning a woman thirty years old. Treatment with nitrate of silver.

Cantani, Rugel, Krause, Schultze, Nanwerck, and Renvers.—*Treatment of Laryngeal Phthisis by Koch's Method.*

CANTANI (Naples)—"Berliner Klin. Woch.," 1891, No. 9—reports one case, which showed a desquamative catarrh of the right vocal cord and the inter-arytenoid mucous membrane; a second with ulcer of the right vocal band; a third with paresis of the glottis and hyperæmia of the laryngeal mucous membrane. All three cases improved.

RUGEL (Cologne)—“*Deutsche Med. Woch.*,” 1891, No. 11—observed in his cases during the reaction increase of hoarseness, increase of swelling, and development of new granulations. Complete cure was observed in two cases of small laryngeal ulcerations. In one case of laryngeal phthisis, tracheotomy had to be performed because of the great swelling. In another case of advanced ulceration of the larynx the ulcers spread so quickly that the injections could not be continued.

KRAUSE (Berlin)—“*Deutsche Med. Woch.*,” 1891, No. 11—relates the history of a patient, twenty-two years old, affected for four years with lupus of the nose. She was treated formerly by scarifications, now by injections, followed by strong reaction. The tongue as far back as the soft palate, the lips and the nose, were very much swollen. The temperature was above 40° C. Some days later large necrotic portions of tissue were removed.

SCHULTZE (Bonn)—“*Deutsche Med. Woch.*,” 1891, No. 13—has obtained such bad results with the treatment that he concludes that the method should not be further applied.

NANWERCK (Königsberg)—“*Deutsche Med. Woch.*,” 1891, No. 13—has never observed cures in cases of laryngeal phthisis.

RENVERS (Berlin)—“*Deutsche Med. Woch.*,” 1891, No. 14—reports a cured case of severe laryngeal tuberculosis. A tabetic patient, forty-four years old, had tuberculosis of the lungs, tubercular ulceration of the tonsils, the soft palate, the pharynx, the tongue, the epiglottis, and the whole mucous membrane of the larynx. She was treated without effect by the sharp spoon, chemical and actual cauterization. All the ulcerations cicatrized, and cough and pains disappeared after twenty injections. *Michael.*

Fraenkel, Eugen (Hamburg).—*On Laryngeal Tuberculosis.* “*Deutsche Med. Woch.*,” 1891, No. 9.

IN nearly all cases of ulcerations of the larynx, combined with pulmonary phthisis, he has found that there are specific tuberculous processes; only in three cases has he found ulcers of other origin. The number of bacilli found in the ulcers is not proportional to the gravity of the process. The ulcers are often also affected by the staphylococcus. By careful researches the author has found tubercle bacilli in the uppermost parts of the epithelium, and so has proved that loss of substance of the epithelium is not at all necessary for the immigration of the micro-organisms. The tuberculous infection in the larynx is nearly always caused by invasion of bacilli on the surface. The author recommends Heryng’s curettement for incipient cases. *Michael.*

Neumann (Buda-Pesth).—*Clinical Observations on the Innervation of the Muscular Mechanism of the Larynx.* “*Berliner Klin. Woch.*,” 1891, No. 6.

(1) IN a patient, thirty-five years of age, totally aphonic, the laryngoscope showed a typical cadaveric position, with complete immobility of the larynx. The vocal cords were excavated. In the right clavicular fossa was an immobile tumour of the size of an egg, in the left one a tumour of the size of a nut. It looked, therefore, as if both recurrent nerves were compressed. Whether or not the n. laryngeus superior was affected could not be said with certainty. The patient died of marasmus two months later. The tumours were metastatic glands, caused by a primary

intestinal cancer. Both recurrent nerves were totally destroyed; the n. laryngeus superior was intact; the crico-arytenoideus posticus was changed into a thin band of connective tissue, also the crico-arytenoideus lateralis; the crico-thyroideus was normal. The case proves that the crico-thyroideus has only less influence when the other muscles are paralysed. (2) A patient, aged forty years, in attempting suicide, cut the right thyro-hyoid membrane and the n. laryngeus superior. During convalescence the mirror showed paralysis of the soft palate; the right vocal cord was higher in level than the left, and not so tense. There was paralysis of the crico-thyroideus. Both cases proved that Exner's theory of the double innervation is not right. *Michael.*

Loos.—*A Case of Laryngo-Spasm and Tetany.* Verein der Aerzte in Steiermark. Meeting, Jan. 26, 1891.

THE symptoms are frequent laryngo-spastic attacks, increased mechanical and electrical irritability of the muscles and nerves, facialis phenomenon, and Trousseau's phenomenon. The child looks healthy. Laryngo-spasm is found in association with rachitis, but the author has found in forty cases that the children affected have always symptoms of tetany as well.

ESCHERICH (*ibid.*) shows a case of *Diphtheria cured by Intubation*, shows O'Dwyer's instruments, and speaks of the relation of tracheotomy to intubation. *Michael.*

Schuster (Laibach).—*Two Cases of Laryngo-Typhus.* "Archiv. für Kinderheilk.," Band 12, Heft 5 and 6.

THE laryngeal complications of abdominal typhoid are usually observed in the later stage of the disease. The author has twice observed the disease beginning with laryngeal affections: (1) A boy, aged twelve, was ill for eight days; he was feverish, had cough and difficulty of swallowing. Next day high fever, somnolence, cough of croupous *timbre*, aphthous ulcers of the soft palate. The laryngoscope showed thickening of the epiglottis, inflammation of the whole of the laryngeal mucous membrane, thickening of the vocal cords, and a large ulcer on the posterior wall. The next day the laryngeal symptoms were the same, but there were clear symptoms of typhoid, as enlargement of the spleen, diarrhœa, hypersensibility of the ileocecal region. By-and-by the larynx recovered. It was the process of normal typhoid finishing in cure.

(2) A boy of five-and-a-half years complained of pain in his neck and hoarseness. The same day headache and fever began. Next day croupous cough, increasing the following days. Laryngoscopy was impossible. Some days later the laryngeal symptoms ceased, but the symptoms of typhoid fever, with roseola, were very distinct. After long convalescence, cure. *Michael.*

Parker, R. W. (London).—*Urgent Dyspnea in an Infant aged twelve months, occurring suddenly, and terminating fatally within an hour and a half, due to a Caseous Gland which had ulcerated its way into the Trachea.* "Brit. Med. Journ.," Oct. 18, 1890. Clin. Soc. of Lond., Oct. 10, 1890.

IN this case tracheotomy was performed, and afforded some temporary relief. The child died within an hour and a half of the commencement of

the attack. At the *post-mortem* examination, a caseous gland, which had ulcerated its way into the trachea, was found just above the bifurcation, occluding entirely one bronchus.

In the discussion which followed, several speakers mentioned the occurrence of similar cases. Mr. Howse remarked that the rarity of the case consisted in the gland having ulcerated into the trachea as a solid body; usually the glands suppurate, and discharge into the trachea. Mr. Howard Marsh suggested that in such cases a long spoon might be used to remove the obstructing gland.

Hunter Mackenzie.

Murray, Montague (London).—*Ulcer under Vocal Cord, followed by general Emphysema.* "Brit. Med. Journ.," Nov. 22, 1890. Path. Soc. of Lond., Nov. 18, 1890.

EXHIBITION of the larynx of a child of thirteen months, showing a sharply cut circular ulcer, just below the termination of the right vocal cord, and with its floor formed by the cricoid cartilage. The child had suffered from broncho-pneumonia, and twelve hours before death subcutaneous emphysema appeared on the right side of the neck and cheek. Dr. Wilks had seen two or three similar cases occur in typhoid, and Mr. Lunn had seen one case, also in typhoid, which had recovered. Mr. Shattock had seen two similar cases of ulcers, but without emphysema.

Hunter Mackenzie.

Fischer.—*Tracheotomy in the Staedtisches Hospital in Danzig, 1882-1888.* Inaugural Dissertation. Leipzig, 1890.

TWO hundred and thirty-eight operations (two hundred and fourteen for diphtheria, twenty-four for other causes), with forty-eight per cent. cures.

Michael.

Lewin.—*Tracheal Canula worn during Twenty-seven Years.* Laryngologische Gesellschaft, Berlin, Dec. 19, 1890.

THE author shows a lady, who consulted him in the year 1863. There was swelling of the vocal cords, ventricular bands, and epiglottis, and extreme cyanosis. Tracheotomy was performed. The canula could not be removed. The author has only found in the literature one similar case, who retained his canula nineteen years.

Michael.

Maas (Berlin).—*Hæmorrhages after Tracheotomy.* "Deutsche Zeitschrift für Chirurgie," Band 31, Heft 3, 4.

CASES of tracheotomy ending fatally by hæmorrhage are sometimes observed. The hæmorrhages can be caused by diseases of the lung or by erosion of the large vessels by decubital ulcers. He has observed the following cases:—(1) A girl, four years old, had diphtheria; tracheotomy; six days later, removal of the canula; good health. Fourteen days later, death through sudden severe hæmorrhage. The *post-mortem* examination showed that there was a hole in the arteria innominata, caused by decubitus. (2) A boy, three years old; diphtheria; tracheotomy; six days later, removal of the canula; good health. Three days later, death from sudden hæmorrhage. The *post-mortem* examination showed a decubital hole in the arteria innominata. (3) A boy, aged five; diphtheria;

tracheotomy. On the ninth day, sudden death through hæmorrhage, caused by a decubital hole in the arteria innominata (observed by Koerte). (4) and (5) cases, death by the same cause on the eighth and ninth day after operation (observed by Florschütz). (6) A girl, three years old; diphtheria; tracheotomy; six days after operation the walls of the wound became necrotic; discharge of fœtid secretion. On the eighth day, sudden death by hæmorrhage. The *post-mortem* examination showed that there was a necrotic wound of the trachea, purulent inflammation of the thymus gland, diphtheria of the bronchi, a hole in the vena innominata. (7) A child, three years old; diphtheria; tracheotomy; eight days later, death from severe hæmorrhage. The *post-mortem* examination showed a hole in the vena jugularis communis (observed by Wauer). In eleven cases there occurred sudden hæmorrhages from the lungs. Of those, four were cured, seven died. The *post-mortem* showed in some of them no pathological condition, in others, broncho-pneumonic processes.

Michael.

Schaefer (Elgersburg).—*Foreign Body in the Air-Passages for Two and a Half Years.* “*Therap. Monats.*,” 1891, No. 3.

A WOMAN, sixty-two years of age, swallowed a piece of bone. She got a severe attack of coughing, but the bone was not coughed out. She felt that it descended, and had pains in the chest. Subsequently she was sick, and had continual attacks of cough, with some secretion and pain. Two and a half years later the bone was removed by a very severe and painful attack of coughing, and the patient recovered in a short time.

Michael.

Skinner, E. (London).—“Puff and Dart.” “*Brit. Med. Journ.*,” Nov. 1, 1890; *Sheffield Med. Chir. Soc.*, Oct. 25, 1890.

EXHIBITION of a small “dart” which a boy, aged seven, had drawn into his windpipe, and then coughed up again into his mouth, whence it was swallowed and passed *per rectum* two days afterwards, without in the meantime having caused pain or inconvenience. *Hunter Mackenzie.*

Hooper.—*A Pin in the Larynx.* “*Boston Medical and Surgical Journal*,” Jan. 29, 1891.

THIS was the case of a pin, the end of which stuck into the inter-arytenoid space, and the other end just above the anterior commissure of the vocal cords, and was extracted forcibly with forceps. The symptoms were hoarseness and pain in swallowing. *Barclay J. Baron.*

Ravenel.—*Retention of a Foreign Body in the Larynx for Thirty-eight Years.* “*Medical News*,” Mar. 21, 1891.

A PIN was allowed to drop into the larynx of a child seven years old, and after violent coughing it was expectorated thirty-eight years afterwards. Laryngoscopic examination showed two inflamed circumscribed areas directly opposite the posterior ends of the two ventricles. It was inferred that the pin had lain all these years across the larynx, with its two ends embedded in it. Laryngeal symptoms, which were present up to the removal of the pin, and disappeared when it was coughed up, and

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absence of pulmonary troubles, are considered to be sufficient evidence of its having been in the larynx, and not in the lung. *Barclay J. Baron.*

Lloyd, Jordan (Birmingham).—*Foreign Body removed from the Air Passages.* "Brit. Med. Journ.," Oct. 25, 1890.

EXHIBITION of a "locust stone," which had been removed by tracheotomy from the trachea of a girl aged five years, where it had lain for more than five months. A laryngoscopic examination had not been practicable, and the diagnosis was based upon the history, and on the occurrence of paroxysmal urgent dyspnoea, and paroxysmal metallic cough and stridor. *Hunter Mackenzie.*

Fowler, G. R. (New York).—*A Case of Modified Laryngotomy for Epithelioma of the Larynx—Recovery.* "Internat. Journ. of the Med. Sci.," Oct., 1889.

THE operation is that recommended by Solis-Cohen, viz., thyrotomy, and removal of the soft (diseased) tissues, the cartilages being left intact. *Hunter Mackenzie.*

Bardenheuer (Cologne).—*Propositions concerning Extirpation of the Larynx.* "Langenbeck's Archiv.," Band 41, Heft 3.

COMPARE the report on the paper of the author published in the "Deutsche Med. Woch." (See this Journal, 1890.) *Michael.*

Meyer.—*Total Extirpation of the Larynx; Artificial Larynx.* "New York Medical Journal," Feb. 21, 1891.

THE patient was sixty-five years old, and the operation was performed for epithelioma, and he wears one of Gussenbauer's artificial larynx tubes. With this instrument he is able to make himself understood, after fourteen days' practice with it in position. *Barclay J. Baron.*

Tauber (Warsaw).—*On Extirpation of the Larynx (Laryngectomy)—A Critical-Statistical Study.* "Archiv. für Klin. Chirurgie v. Langenbeck.," Band 41, Heft 3.

THE paper is a critical study of the question of laryngectomy. The author relates the opinion of the different authors, and then gives a table of 163 cases collected from the literature of the subject. The results are of great interest, and it is very desirable to read the paper in the original. In Germany the operation has been performed as many times as in Russia, England, and France all put together. It has been performed on 113 men and 31 women, the majority between the ages of forty and sixty. Of the cases reported, 67 = 41·1 per cent. died from the operation itself or from complication within the next few days, 13 = 7·9 per cent. were still living three years after operation (of these, Bottini's case, ten years after operation, is especially remarkable), 47 = 28·8 per cent. died in the year after operation, and 32 = 19·6 per cent. were relatively cured, living over a year after. The operation cannot be compared with ovariectomy, which also had 70 per cent. of deaths in the first hundred operations, but in which the results have so much improved in every succeeding hundred that now the mortality is only 4 to 5 per cent. The mortality of laryngectomy has not improved during the last year. The author concludes that

palliative tracheotomy, or even laryngotomy, must be preferred to the radical operations, and believes that laryngeal extirpation is one of the operations of which Stromeyer says: "Humanity suffers no damage if the operation is not performed, and surgery will derive no honour from it."
Michael.

Köhler.—Freier Verein der Chirurgen in Berlin. Meeting, Jan. 12, 1891.

KÖHLER showed a larynx of a child of fourteen months, on whom, some months before, tracheotomy and laryngo-fissure had been performed on account of papillomata, which had filled the whole larynx. Death from diphtheria.
Michael.

Janowski, Adolf J. (Simferopol).—*Case of Fracture of the Larynx, with Laceration of the Trachea.* "Transactions of the Simferopol Medical Society," 1890, Vol. 1, p. 93.

A YOUNG girl, aged twenty-one, while exercising on a swing contrivance, somehow got her neckerchief violently caught by a rope. When admitted to a local hospital a few minutes later she was suffering from extreme difficulty of breathing, the respirations being accompanied by a "clapping" sound. On the anterior aspect of the neck there were present a red strangulation groove, running obliquely backwards and upwards, and a superficial horizontal laceration, about one and a half centimètre long. On palpation of the neck there could be elicited only subcutaneous emphysema, but no crepitation or tenderness about the larynx. After an attack of vomiting, which had been induced by a digital examination of the epiglottis, the patient's breathing became somewhat easier, and the "clapping" sound disappeared, the girl falling quietly asleep. About four and a half hours after the accident, however, the laryngeal stenosis returned in an aggravated form (with labial cyanosis, cedematous râles about the lungs, etc.), her breathing ceasing altogether as soon as she assumed a horizontal position. Tracheotomy was performed without delay. It did not bring any relief, however, the girl dying about half an hour later, notwithstanding assiduous performance of artificial respiration. The necropsy revealed a multiple fracture of the laryngeal cartilages, the fragments freely protruding into the cavity of that organ, while the trachea proved to be completely torn off from the larynx, and displaced downwards. Unfortunately, no further anatomical details are given.

Valerius Idelson.

Chiari (Prag).—*On a new form of Tripartition (Dreitheilung) of the Trachea in a Boy, sixteen years old, with other Anomalies of Formation, as absence of the Spleen and Dislocation of the Ligamentum Hepato-duodenale.* "Prager Med. Woch.," 1891, No. 8.

THE boy, who died of *congenital defectus septi ventriculorum cordis*, had on the left side of the trachea a third bronchus, finishing in an also trilobed lung.
Michael.

THYROID, NECK, &c.

Stilling.—*Production of Exophthalmos.* "Lancet," Feb. 28, 1891.

LIGATURE of both external jugulars and section of the sympathetic on one side produced œdema of the face, of the nasal mucous membrane, flow of tears from both eyes, exophthalmos on both sides, prominence of the lid, and slight upward deviation of the eyes. All the symptoms disappeared the same day, except the exophthalmos, which lasted from six to ten days. Simple ligature of the veins produced slighter exophthalmos

Dundas Grant.

Montgomerie (Penzance).—*A Case of Exophthalmic Goitre ending Fatally from Sudden Pressure on the Trachea.* "Lancet," Feb. 7, 1891.

SWELLING of neck for nearly three years, consisting of a softish elastic mass, larger on the left side than on the right, and with a small central mass. Circumference of neck 23 inches. The eyes showed some exophthalmia and dilated pupils; Von Graefe's sign present to a slight extent. Death after unconsciousness, stridor and cyanosis, low tracheotomy and artificial respiration being unavailing. The right lobe of the thyroid was found firmly attached to the trachea, and bulging-in the softened cartilages. [The interest of this case is dependent entirely on the diagnosis, the event being a most unusual one in pure exophthalmic goitre. Without questioning the accuracy of the diagnosis, the description of the symptoms, and of the *post-mortem* examination, is not sufficiently detailed to be absolutely convincing to the reader who has not seen the case.—*Reporter.*]

Dundas Grant.

Ellis, W. M.—*Remarks on a Case of Acute Goitre occurring during the Puerperal Period.* "Brit. Med. Journ.," Nov. 22, 1890.

RECORD of a rare case. Acute goitre is more usual during pregnancy than during the puerperal period.

Hunter Mackenzie.

Barnes, Robert (London).

Simpson, J. C. (Stoke Newington).—*Goitre and Pregnancy.* "Brit. Med. Journ.," Nov. 29, 1890.

THE paper of Dr. Ellis (*vide supra*) is the occasion of communications by these physicians. The first-named affirms that goitre is essentially a disease of high nervous and vascular tension, and its incidence, as described by Dr. Ellis, falls entirely within the ordinary laws of the affection. The latter refers to and recommends the surgical treatment of the asphyxia from pressure by performing intubation by means of the passage of a No. 9 or 10 catheter.

Hunter Mackenzie.

Lloyd, Jordan (Birmingham).—*Excision of Bronchocele.* "Brit. Med. Journ.," Nov. 15, 1890.

EXHIBITION of a patient, aged twenty, from whom a bronchocele,

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weighing sixteen ounces, and of two years' duration, had been excised.
Recovery. *Hunter Mackenzie.*

Robson, Mayo (Leeds).—*Thyroidectomy*. "Brit. Med. Journ.," Oct. 25, 1890.
Leeds, &c., Med. Chir. Soc., Oct. 10, 1890.

EXHIBITION of two patients on whom this operation had been performed on account of dyspnoea from pressure on the trachea. To avoid the risks of cachexia strumipriva, a small portion of thyroid tissue had been left.
Hunter Mackenzie.

Lawford (London).—*Recovery from Graves's Disease*. "Brit. Med. Journ.," Oct. 25, 1890; Ophthalmological Association of the United Kingdom, Oct. 16, 1890.

NOTES were read of the case of a woman aged forty-three, who ten years previously had suffered seriously from this disease. For the last nine years she had been in good health, and now the thyroid could not be felt, and there was no cardiac trouble. Dr. Hughlings Jackson said it was important to know that the disorder might pass off, as in the present case.
Hunter Mackenzie.

Carr, Walter (London).

Murray, Montague (London).—*Sporadic Cretinism*. "Brit. Med. Journ.," Nov. 29, 1890; Med. Soc. of London, Nov. 24, 1890.

EXHIBITION of several patients varying in age from one-and-a-half to sixteen years. In all the thyroid gland was absent. Mr. E. Owen pointed out that these were really examples of infantile myxœdema, such as would theoretically result from removal of the thyroid. *Hunter Mackenzie.*

Cardew, Denton (London).—*The Value of Diminished Electrical Resistance of the Human Body as a Symptom in Graves' Disease*. "Lancet," Feb. 28, 1891.

THE symptom present in the majority of cases (averaging as low as 3000 ohms) is considered by the writer to be of little, if any, value. He attributes it merely to the presence of perspiration. In a mummy (the ideal of a human body free from moisture), the resistance was calculated at 6,000,000 ohms. In a healthy male, free from sensible perspiration (after sleeping in a cotton night-shirt), the resistance was 32,798 ohms. With sensible perspiration (after work in flannel shirt), it became 2438·8 ohms. By administering hot spirituous drinks to a healthy subject warmly covered in a hot room, and causing him to sweat freely, Mr. Cardew diminished the resistance from 80,000 to 1900 ohms. (Wolfenden found diminished resistance irrespective of sweating.) *Dundas Grant.*

Levy.—*Hysterical Spasm of the Muscles of the Neck—Hysterical Stridor*. Laryngologische Gesellschaft zu Berlin. Meeting, Jan. 16, 1891.

(1) Demonstration of a patient, twenty-one years old, who has for some years had contractions of the muscles innervated by the hypoglossal. He has also some other hysterical symptoms. (2) A girl, twenty-two years old, with stridor existing for three weeks, caused by perverse hysteric

action of the vocal bands. The epiglottis has omega form (Ω), and is sucked in at every inspiration.

SCHADEWALDT narrates the case of a singer who acquired spasms of swallowing through improper method of using her singing voice.

SCHEINMANN remarks that suction inwards of the epiglottis alone can produce dyspnoea and stridor without perverse action of the vocal bands.

B. FRAENKEL also has observed dyspnoea from suction of the omega-formed epiglottis. *Michael.*

Lamont (Newcastle-on-Tyne).—*Spasmodic Wry-Neck.* "Brit. Med. Journ.," Oct. 25, 1890; Northumberland, &c., Medical Society, Oct. 9, 1890.

THE patient was a man aged sixty-four, and the affection had been present for a year. The left sterno-mastoid was most affected; the right angle of the mouth was also drawn up, and the platysma, biceps, and deltoid on the right side were affected. Medicinal treatment had been ineffectual. *Hunter Mackenzie.*

Horsley, Victor (London).—*Further Note on the Possibility of Curing Myxœdema.* "Brit. Med. Journ.," July 26, 1890.

THE method adopted is by the transplantation of healthy thyroid tissue into the subjects of this disease. The first attempts were made by Professor Kocher in 1883, the next by Dr. Bircher, in Aarau, in 1889. The author concludes by saying that this operation (transplantation) should always be performed in myxœdema and sporadic cretinism, and also in cachexia strumipriva. It has not yet been decided whether it is better to transplant thyroid tissue from a gôitre, or a healthy gland from a lower animal. *Hunter Mackenzie.*

Moore, Norman (London).—*New Growth in Mediastinal Glands and Left Lung.* "Brit. Med. Journ.," Oct. 25, 1890; Path. Soc. of Lond., Oct. 21, 1890.

SPECIMEN exhibited from a boy aged ten years. The growth was a sarcoma; it had invaded the whole upper part of the left lung and the upper mediastinal glands. There were signs of pressure on the recurrent laryngeal and sympathetic nerves, and the left pulse was absent from complete compression of the sub-clavian artery. *Hunter Mackenzie.*

Lindenbaum, Wilhelm Th. (Iaroslavl).—*Extirpation of Tubercular Cervical Lymphatic Glands.* "Meditzinskoië Obozrenië," 1891, No. 2, p. 129.

DR. LINDENBAUM, house-surgeon to the local Zemskaja Bolnitsa, communicates a series of ninety-four cases of cervical tubercular lymphadenitis treated by him by excision during the last eight years. All the patients (peasants) made excellent recovery, getting up on the third day after the operation, and leaving the hospital on the third week. Ligation of large-sized cervical vessels became necessary only in three cases. Of the grand total, fifty-four patients were subsequently lost from sight; of the remaining forty cases, in two pulmonary phthisis developed in three and five years respectively after the operation, while in another patient resection of the knee joint was performed about twelve months after the extirpation of the glands. All others have remained well up to this date

(April 25th) ; in many cases from five to eight years have elapsed since the operation. On the whole, the author believes that extirpation affords the best means for treatment of tubercular glands. Scraping out, inunctions of green soap, iodine preparations, parenchymatous injections of arsenic, hot-water compressor, etc., are thought to be unreliable. *Valerius Idelson.*

A Living Mannikin. "Med. Press and Circ.," March 11, 1891.

A WRITER in the "Medical Press" draws attention to the services of the well-known Frau Gelly, of the Vienna schools. This person has for years made a livelihood by allowing students to practice on her the exploration and manipulation of the larynx. The suggestion is made that in our own capital there is ample scope for several such subjects. *Dundas Grant.*

REVIEWS.

A Manual of Diseases of the Nose and Throat, including the Nose, Naso-Pharynx, Pharynx, and Larynx.—By PROCTER S. HUTCHINSON, M.R.C.S. London: H. K. Lewis. 1891.

THERE is practically nothing new or original in this book, and we do not think that laryngology and rhinology would have lost much if it had not been written. It appears to us to be merely a *résumé* of the opinions and methods of other men who have really done good work in the specialty. We notice that curetting naso-pharyngeal adenoids is not even alluded to, and when the author talks about a specific "rheumatic tonsillitis," which he is able to diagnose because of the "red glairy appearance" of the tonsils, we believe that he is not in accord with more experienced observers. Some of the diagrams we recognize as old friends, and some of the others we do not think are well drawn.

B. J. Baron.

Koch's Remedy in relation specially to Throat Consumption.—By LENNOX BROWNE, F.R.C.S. Ed. London: Baillière, Tindall, and Cox. 1891.

THIS book appeared a few months too soon. If anything will enable us to determine the value of Koch's remedy it is *time*, and in January of this year, when the book was written, none of us knew of anything certain as to the action of "tuberculin (Kochii)," so that we do not derive much help from reading it. The descriptions of tuberculosis and lupus of the throat and the illustrating diagrams are excellent, but the statements about "tuberculin" are those of one who, like ourselves, is gradually learning to estimate its value, and they cannot, therefore, be considered to be authoritative. We believe that if the author had deferred going to press for a few months, when he would have had more practical experience of the action of Koch's lymph, he would have considerably modified some of the favourable views that he held in January last. The true scientific attitude of mind towards the so-called specific ought to be one of waiting and watching.

B. J. Baron.