

the experiments being made will demonstrate that they have obtained a substance which will control or prevent diphtheria in man. We shall look anxiously for the publication of confirmatory proof of this statement, the interest and importance of which would not be less than that attaching to inoculations against tuberculosis.

NEW INSTRUMENTS.—DIPHTHERIA, &c.

Hartmann (Münster).—*New Laryngoscope*. "Deutsche Med. Woch.," 1890, No. 46.

THE mirror can be removed from the metal parts, so that both can be easily disinfected. *Michael.*

Wagener (Halle-a-S.).—*A Laryngeal Micrometer*. "Berliner Woch.," Nov. 5, 1890.

ON the reflector is fixed a second mirror, and a little apparatus on which is a measuring scale. The image of the larynx in the second mirror is seen with the scale superposed, and thus the different parts of the larynx can be measured. *Michael.*

Blenkarne, W. L'H. (Leicester).—*An Improved Insufflator with Adjustable Tongue Depressor*. "Lancet," Jan. 10, 1891.

ANOTHER modification of Dr. Osborne's. Osborne combined the insufflator and tongue depressor. Blenkarne separates them again. He, however, has ingeniously adapted to the upper surface of the tip of an ordinary tongue depressor a ring, through which, with room for play, the point of an air-ball insufflator can be passed, and satisfactorily steadied. (A very practical addition—Reporter.) *Dundas Grant.*

Bronner, Adolf (Bradford).—*Cotton-wool Holder for the Application of Lactic Acid to the Larynx*. "Lancet," Jan. 10, 1891.

APPARENTLY identical with Smyly's cotton-wool holder so long and generally used, but with the stem separable from the handle for purposes of disinfection. An improvement—slight. *Dundas Grant.*

Thost.—*A Tracheal Dilator*. Meeting of the Aerztl. Verein, Hamburg, July 1, 1890.

THOST showed a dilator for the trachea, which could be introduced through the tracheotomy opening in children. He was in expectation of curing a case in which a canula had been retained. *Michael.*

Schwendt (Bâle).—*New Instruments*. "Monats. für Aerztl. Poly.," 1890, No. 11.

(1) *Laryngeal Powder Insufflator*. The principle of Rabierski's insufflator applied to the larynx.

(2) *Tampon Holder of Hard Rubber* to fix tampons introduced into the nose by means of Bellocq's tube, *Michael.*

Hewitt, Frederic (London).—*Remarks on the Administration of Anæsthetics in Oral and Nasal Surgery.* "Lancet," Jan. 10, 1891.

FOR operations requiring longer anæsthesia than nitrous oxide affords, the writer recommends placing the patient well under ether (preluded, if preferred, by nitrous oxide or A. C. E. mixture), and keeping up the anæsthesia, if necessary, with chloroform, taking great care not to substitute the chloroform for the ether till the patient commences to show signs of emerging from the ether narcosis. Regarding the position of the patient, when considerable hæmorrhage is expected, one of two positions should be chosen if circumstances permit: 1. The etherised patient may be slowly raised into the sitting posture, and his head and shoulders thrown well forwards (good for removal of post-nasal adenoids under ether—not chloroform). 2. He may lie upon his side with one arm under him, and, his head being near the edge of the table, with his face directed downwards (for removal of nasal or naso-pharyngeal polypi, etc.). In cases of complete or nearly complete nasal obstruction, a small mouth gag [more euphemistically "prop"—Reporter] should be introduced before commencing the administration. Extra caution is required if the nature of the affection is one which embarrasses respiration. An illustration is given of an ingenious addition to the ordinary Mason's or Ferguson's gag, namely, tubes running along the blades, through which chloroform vapour may be made to pass by means of a Junker's apparatus. In cases in which there is very severe hæmorrhage, it is best not to maintain very deep narcosis, the abolition of the corneal reflex not being necessary as a rule.

Dundas Grant.

Pugin, Thornton.—*Anæsthetics in Tracheotomy.* "Lancet," Jan. 24, 1891.

DEPRECATION of anæsthesia for tracheotomy as "nothing less than sinful." Recommendation of freezing of the skin as sufficient. The two dangers pointed out are the possibility of the patient suffocating while it is being given, and the inability of the unconscious patient to cough up the blood which is blocking up the air-tubes. (These objections do not apply to the subcutaneous injection of cocaine at the seat of the skin incision, and which the Reporter has frequently found amply sufficient.)

Dundas Grant.

Herzfeld (Berlin).—*Massage in Diseases of the Throat and Nose.* "Deutsche Med. Zeit.," 1890, No. 39.

THE instrument employed consisted of a rubber cushion, set in rapid movement by means of a dentist's engine. In nervous affections he got good results, but in cases of rhinitis and pharyngitis sicca he failed to get the effects reported by Braun of Trieste.

Michael.

Gooch, James W. (Eton).—*Report on an Outbreak of Diphtheritic Tonsillitis at Eton College in September, 1889.* "Brit. Med. Journ.," March 1, 1890.

THE author has arrived at the following conclusions:—

1. That infected milk was the cause of the disease.
2. That the water in which pails, etc., were washed were not in fault, as it continued to be used after the cessation of the outbreak.

3. That disease germs can pass through the system of a cow, and be excreted in the milk in an active condition.

4. That boiling the milk destroyed the vitality of the germs.

5. That the disease was perfectly distinct from diphtheria, scarlatina, or follicular tonsillitis.

6. That the disease was non-infectious from the fact that no person took it who had not drunk the milk, although in close communication in school, etc., before isolation.

The cows had access to a ditch polluted with sewage from a town in which scarlet fever had been prevalent.

Hunter Mackenzie.

Editor of "British Medical Journal" (London).—*Diphtheria in Tredegar.* "Brit. Med. Journ.," March 29, 1890.

AN annotation dealing with this subject. The Local Government Board inspector reported the three chief requirements of the place to be a proper system of sewerage and drainage, general improvement of the dwelling accommodation, and the provision of means of dealing with infectious and spreading disease.

Hunter Mackenzie.

Seibert, A.—*A Sub-Membranous Local Treatment of Pharyngeal Diphtheria.* "New York Med. Journ.," Dec. 6, 1890.

THIS is founded on the principles that (1) the pseudo-membrane is an exudate coagulated in the epithelium coming from the deeper layer of the mucous membrane, and therefore not the disease, but the result of it. (2) All treatment attempting to dissolve or forcibly take away this pseudo-membrane *is to no purpose*, as it does not in the least affect the diphtheritically inflamed parts. (3) All medicines given by the mouth for the purpose of entering the invaded region of the mucosa are of no use whatever in this direction, as they cannot possibly penetrate the coagulated fibrin and swollen epithelium to reach the bacteria producing this affection. (4) All local applications of strong caustics—as the galvano-cautery, nitrate of silver, etc.—are of no avail, as the diphtheric germs are far beneath the reach of these agents. Seibert therefore employs a hypodermic syringe, having attached to it a tube long enough to reach the pharynx. To the end of this tube is screwed a small hollow plate, on one surface of which are five hollow needle points, each one-eighth of an inch in length. The tube may be straight or curved, and the plate attachable by its dorsum or its edge, so that almost any part of the pharynx may be reached. By means of this he injects two minims of chlorine water into and through the patches, and finds it a safe and efficient means of destroying the diphtheria germ. He found by experiment that it would penetrate coagulated blood-albumen, and that it acted upon epithelial cells and blood-corpuscles. From the results in several cases of diphtheria, he argued "that the chlorine water, thus brought in contact with the Loeffler bacilli and the inflamed parts, evidently tends to check their career in the mucous membrane and to shorten the disease."

Dundas Grant.

Neech, James T. (Tyldesley).—*Diphtheria and the Cow.* "Brit. Med. Journ.," March 8, 1890.

REFERRING to Mr. Gooch's paper (*vide supra*) the author observes that,

before he can accept the third conclusion, that "diseased (*sic*) germs "can pass through the system of a cow, and be excreted in the milk in "an active condition," he would like to know whether the cow's udders and teats were thoroughly cleansed each time before they were milked, otherwise the contaminated water would be splashed over them and so infect the milk.

Hunter Mackenzie.

Beck.—*Etiology of Human Diphtheria.* "Zeitschrift für Hygiene," 1890.

IN thirty-two cases of diphtheria, the bacillus of Loeffler was found by means of bacteriological examination. In twenty-eight cases of "angina follicularis," and in seventeen cases of "angina catarrhalis," it was absent. "Reincultures" of the bacillus could be made from which it was possible to inoculate animals with diphtheria, thus proving with certainty that this bacillus is specific to the disease.

Michael.

Jangl.—*The Bacillus of Loeffler in Diphtheria.* "Königliche Gesellschaft der Aerzte," Buda-Pesth, Oct. 18, 1890.

THE bacillus of Loeffler was found in eighteen cases of diphtheria. By inoculation of the cultures Jangl was able to produce in animals the symptoms of the disease. Paralysis of the glottis, pharynx, and soft palate were also produced. The microbe was found also in cases of pure croup.

Michael.

Brieger and C. Fraenkel.—*Researches on the Bacteric Poisons.* "Berliner Klin. Woch.," 1890, No. 49.

C. Fraenkel (Königsberg).—*Experiments on Immunity from Diphtheria.* *Ibid.*

BOTH authors have found that the effect of the pathogenic bacteria is produced by the products of tissue-change. These products are called toxalbumins. They are different from the enzymes or ferments, these being effective in even the smallest doses, whereas the effect of the toxalbumins depends on the amount of the dose. To produce immunity Fraenkel tried toxalbumin which had been submitted to a drying process, but without effect. When he used the culture-fluid, filtered or heated to 55° C, he produced increased power of resistance to the action of virulent bacteria. Good results were obtained by the use of a culture-fluid heated to 60°-70° C, and three weeks old. By the use of this he was able to produce in guinea-pigs immunity against virulent inoculation. The poison produced by the diphtheria bacillus and the immunity-affording fluid are two different substances, both contained in the culture-fluid. The substance is incapable of producing therapeutic effects.

Michael.

Behring and Kitasato.—*On the Production of Immunity against Tetanus and Diphtheria in Animals.* (At the Hygienic Institute of Geheirath Koch.) "Deutsche Med. Woch.," 1890, No. 49.

Behring.—*Researches on the Production of Immunity against Diphtheria in Animals.* (At the Hygienic Institute of Geheirath Koch.) "Deutsche Med. Woch.," 1890, No. 50.

THE first paper proves that immunity can be produced in animals by

inoculating them with serum from animals in whom immunity has been already produced. Tetanus is specially dwelt on, the evidence being stronger than in the case of diphtheria.

In the second, the author describes the various methods by which he was able to produce immunity. They are as follows :—

1. The injection of sterilized cultures of diphtheria-bacillus.
2. Adding minimal proportions of iodine trichloride to the cultures.
3. Injection of the products of the diphtheria-bacillus in living animals as exudates and transudates not containing the bacillus.
4. Animals which are infected by the bacillus and afterwards treated by means of naphthylamin, chloride of gold and sodium, or especially trichloride of iodine, often remain healthy, while certain animals infected in the same manner speedily die. The author says expressly that these medicaments have up to the present no effect in human diphtheria, some experiments having given negative results.
5. Injection of hydrogen superoxide was found to produce immunity in guinea-pigs, rabbits not being able to support the action of the medicament. Animals first infected and then treated with the medicament were less sensitive to diphtheria than those not so treated. The acquired immunity can be lost by repeated injection of the virus. The blood of animals rendered insusceptible was used for making cultures of the diphtheria-bacillus, and was found to act no differently from other blood. The bacilli gave cultures of normal or increased virulence. *Michael.*

TUBERCULOSIS OF THE UPPER AIR-PASSAGES

TREATED BY KOCH'S METHOD.

Ebstein (Göttingen).—“*Deutsche Med. Woch.*,” 1890, No. 51.

A PATIENT, fifteen years of age, with lupus of the face, had also destruction of the epiglottis by the same disease. The part was a deformed white cicatricial mass. After the injection it was covered with tuberculous ulceration. The author further mentions shortly two patients with tuberculosis of the lungs and larynx, and describes more in detail one in which there was no local reaction in the larynx, and no rise of temperature. It was a case of destruction of the right vocal cord with characteristic spots on the posterior wall. Some days after the injection the larynx had somewhat improved.

Lenhartz (Leipzig).—*Ibid.*

THIS writer observed in a patient forty-eight years of age, with great enlargement of the glands of the neck, œdema of the arytenoids and epiglottis, completely hiding the glottis. It was impossible to say whether it was tuberculosis or cancer. The effect of injection enabled

him to diagnose tubercle. He also observed marked local reaction in a case of lupus of the pharynx.

Michelson (Königsberg). "Berliner Klin. Woch.," 1890, No. 48.

TWO cases of lupus of the tongue are described. The first was a lady, forty-eight years of age, with cicatrices on the soft palate, flat ulceration covered with pus on the pars oralis pharyngis. The region of the lingual tonsil was covered with red granulations continuous with the epiglottis. The latter was so thickened as to conceal the entrance of the larynx. The larynx appeared to be for the most part normal. Under treatment by removal of the neoplasms and the application of caustics improvement took place. After injection of Koch's fluid there was a rise of temperature, and great swelling of the affected parts. The second case was one of lupus of the tongue lingual tonsil and larynx to be treated in the same way, the result to be reported later on.

B. Fraenkel.—"Deutsche Med. Woch.," 1890, No. 51.

THIS observer related his experience before the Berlin Medical Society. In all cases he found redness and swelling of the larynx, but never to such a degree as to give rise to any danger of suffocation, even in cases in which there was pre-existing stenosis. In the most favourable cases tuberculous swellings disappeared without loss of substance. In other cases injection treatment was followed by destruction of tissue and ulceration. In a third class of cases acute caseation took place. Destruction of tissue was frequently observed in cases which appeared to be previously healthy. Ulcerations which had been already present before the commencement of the treatment suppurated after it in the same manner as after surgical interference. Improvement was observed by the author in all his cases. He showed several patients. 1st. One formerly treated by curettement and pyoktanin. There had been ulcerations of the right arytenoid cartilage. At present the larynx was healthy, only cicatricial spots could be seen. The rhonchi disappeared from the lungs, and the bacilli from the sputum. 2nd. A case of lupus of the nose, cicatrizing. 3rd. A patient having before the treatment extensive ulceration of the vocal cords and the posterior wall; much improved. 4th. A lady with a form of tuberculosis similar to lupus, infiltration of the epiglottis and vocal cords, with laryngeal stenosis; much improved. 5th. A patient under the author's care some months before with ulceration of the posterior wall. Recently there was in the situation of the ulcer a tumour of the thickness of a finger. After several injections the tumour was seen to have decreased in size and to be covered with a membrane. 6th. A patient with extensive tuberculosis of the pharynx, degeneration of the epiglottis and tubercle of both lungs. After the injections the ulcers on the pharynx showed the so-called acute caseation, and the subjective symptoms became less severe, especially the difficulty in swallowing.

Prof. Krause.—"Deutsche Med. Zeit.," 1890, No. 102.

AT the meeting of the Deutsche Gesellschaft für öffentliche Gesundheitspflege, on December 8, 1890, Krause related his views on the

method (already communicated in the reporter's first account) and described more extensively some cases observed by him. The first of them—the young lady referred to whose history was given in the first report—was the subject of still further local improvement, but her general health was so bad that he did not expect to keep her alive. A second had hæmorrhage. There was infiltration of the posterior wall and both arytenoid cartilages. After the disappearance of the infiltration there remained a granulating wound surrounded by bleeding points. In another case the absorption of an infiltration of the posterior wall was clearly observed.

In a patient temporarily improved by curettement seven weeks before, and having at the date of commencing the injections extensive ulceration and infiltration of the posterior wall, the whole infiltration was in a short time absorbed, so that there was scarcely anything abnormal to be seen at the seat of the disease. Two other cases were already reported. In another case, the diagnostic effect of the lymph would be very interesting. A robust man had an isolated infiltration of the left vocal cord, which seemed so characteristic of carcinoma that it was proposed to operate, but the examination of an excised portion showed that it was tuberculous. The patient, whose lungs were healthy, showed no reaction.

The author concludes that even in progressive cases the treatment will have a curative or ameliorating effect.

Rosenfeld (Stuttgart).—“*Deutsche Med. Woch.*,” 1890, No. 51.

HE narrates two cases. 1st. In a young lady having tubercle in the lungs and pain in the larynx, there appeared after the first injection a flat inter-arytenoid ulcer. 2nd. A young lady with tubercle of the lungs had hoarseness and swelling of both ventricular bands after the first injection.

Michael.

Williams, C. T. (London).—“*Brit. Med. Journ.*,” Dec. 20, 1890.

DR. WILLIAMS, of the Brompton Consumption Hospital, thus sums up his observations of one hundred cases examined by him during a visit to the various hospitals in Berlin.

“The above eight cases” (described in the paper), “with a few in Professor Ewald's clinic, were all I could collect, though I doubt not there are many more, as examples of genuine improvement under the Koch treatment, and this out of about one hundred examined by me. The improvement, though striking, is not more than is met with in the wards of the Brompton and other consumption hospitals under the ordinary conditions of diet and treatment. They would not for an instant compare with the results obtained at the high altitude sanatoria, such as Davos, St. Moritz, or Colorado, where the restoration to health is often complete, and no physical signs or tubercle bacilli remain.

“My impression, however, is that the Koch treatment is worthy of a careful and prolonged trial in, when possible, as Professor Koch himself advises, proper sanatoria, with the addition of pure air, and good food, and careful nursing.”

Skerritt and **Baron** (Bristol)—“*Bristol Med. Chir. Journ.*,” Dec., 1890—record their observations upon cases observed by them during a visit to Berlin. “The evidence at present at our disposal warrants the conclusion “that the beneficial effects of the remedy are undoubted in tuberculosis “of the skin, bones, joints, glands and throat. With regard to pulmonary “phthisis, whilst there is good reason to hope that in suitable cases a “most satisfactory result may be obtained from this treatment, sufficient “time has not as yet elapsed to allow of the formation of any accurate “estimate of its value.”

Broadbent (London) forwards to the “*Brit. Med. Journ.*” of Jan. 24, 1891, a letter from Dr. Lawrence, in which, after referring to Koch’s method, the latter relates two extraordinary cases which occurred in his experience of well-marked tuberculosis (with large vomitæ and emaciation), both patients being in the last stage of phthisis. Both patients were attacked by very virulent small-pox, with very high temperatures. Both recovered from this disease, and at once the pulmonary symptoms disappeared, the patients put on flesh, and are now the living images of health! Dr. Lawrence formulates the theory that the high temperature may have destroyed the bacilli.

Virchow’s lecture at Berlin (Jan. 7, 1891), published in the “*Brit. Med. Journ.*” of Jan. 17, 1891, is a most important contribution to the subject. He began by remarking that up to the end of the year 1890 there had been twenty-one deaths from the treatment, and up to January 7 there had been six or seven more. His assistants had, besides, made a large number of necropsies in other hospitals and in private.

It is evident (*post-mortem*) that the effect of the lymph injections is to cause very acute irritation, redness and swelling, in the affected parts. These are not merely transient swellings, but intense active proliferations, especially round the edges of ulcers and in the neighbouring glands. Leucocytosis is also very great. These swellings are often dangerous, and may be especially so in the larynx, causing very violent, even phlegmonous inflammations. New tubercular foci are set up at a distance, and acute inflammatory pneumonic changes. New small tubercles, speedily giving rise to ulcers, have appeared under the eyes of the observer in the laryngeal mucous membrane, and all these submiliary new tubercles remain uninfluenced by injection. Probably the tubercle bacilli are set free, and reach parts at a distance by metastasis.

The necrotic effect does not occur universally; submiliary tubercles resist the remedy in many places, and even large tubercles are refractory. Perforation of the intestine is very likely to occur rapidly, and in the respiratory organs disintegration rapidly takes place, and the size of the loosened masses is sometimes altogether out of proportion to the ability of the patient to expel them. All kinds of complications from retention and aspiration will be caused. In one case of tuberculosis of the larynx, though twenty injections had been given, a fresh eruption of tubercles of extreme intensity extended over the whole of the larynx and trachea.

G

In an article in the "Gazette des Hôpitaux," attention is drawn to the histological *post-mortem* signs of intense inflammation produced round tubercular foci by injections of Koch's lymph. How can this peri-tubercular acute inflammation be useful? It is difficult to see any beneficent action if the vitality of the bacilli is not diminished, or if the organism does not become capable of getting rid of them when the tissues have been stimulated in this fashion. Even Koch himself is not certain that general or even local reaction should be obtained. Certain unfortunate cases have occurred, sufficient to singularly cool the enthusiasm of the most confident. Of these a case is cited:—A young and strong man was under treatment for erythematous lupus of the face, and he presented no sign of pulmonary phthisis. Four injections seemed to improve the lupus, but after a further injection violent hæmoptysis occurred, and blood-spitting lasted for some days, the chest becoming full of sibilant râles; the patient also becoming markedly enfeebled. A case is also cited of the death of a young girl in Vienna (reported by Dr. Jarisch) within thirty-six hours after one injection of two milligrammes for lupus of the face. "The lymph is doubly dangerous both from its toxic properties" and from the inflammatory reaction it determines around tubercular "foci."

Sollier thus summarizes the results obtained by Prof. Cornil, at the Hôpital Laënnec:—"Useless in surgical tuberculosis, rather harmful in pulmonary tuberculosis, uncertain from a curative point of view in lupus and cutaneous tuberculosis, this is the summary of Koch's method, such as is derived from the conscientious, methodical and rigorously scientific experiments of M. Cornil."

The writer in the "Gazette des Hôpitaux" concludes with the expression that "Koch's lymph ought, then, to return to the laboratory whence it has emerged too prematurely."

R. Norris Wolfenden.

Loomis, H. P.—*A Study of the Koch Method in Berlin.* "Med. Record," New York, Dec. 27, 1890.

As the result of his observations, Dr. Loomis offers the conclusions that it is as great a medical discovery as that made by Jenner; that it opens up a hitherto unknown field in the treatment of disease which no one at the present time can limit; that it apparently cures lupus. With regard to its curative power in pulmonary tuberculosis, he quotes the answers made to a series of questions by Professor Leyden.

1. Have you noticed any *permanent* improvement in cases of early phthisis following the use of the remedy? Yes, but time can alone show how frequent such cases are.
2. Have you seen improvement in advanced cases? Yes, in some.
3. Would you use the remedy on your own child? Yes.
4. Do you favour its use in private practice? Yes.
5. Have you seen any disastrous results following its use? Yes, in unsuitable cases and in over doses.
6. What precautions should be taken? Employ small doses until personal effects are noted. Begin with one to two or five milligrammes.
7. Do you continue constitutional treatment while using the remedy

By all means. We have to do with a most extraordinary remedy, whose specific action is on *local* processes, not constitutional.

8. Would you give the remedy to a child? Yes, in half milligrammes.

9. What is its diagnostic value? It has no *positive* diagnostic value in all cases.

Dundas Grant.

Lennox Browne.—(Reported by Dr. Dundas Grant.)

THE evidence concerning the efficacy or at least the activity of Dr. Koch's remedy for tuberculosis is supported by the observations made recently on some patients in the Central London Throat and Ear Hospital. Mr. Lennox Browne gave a clear account of the confirmatory results obtained in these cases in a lecture delivered by him on the 23rd of December. In two cases of lupus the local reaction presented the characteristic and now classical appearance, and the general reaction to even rapidly increasing doses of the lymph was of a palpable though mild type. The "affinity" of the remedy for lupus-tissue was proved beyond question. Whether the effect is greater than that produced on lupus by a local erysipelas is still uncertain. At the same time the results shown by Mr. Lennox Browne quite bear out all that has been advanced.

The most striking case was one of typical laryngeal phthisis under the care of Mr. Jakins. In this case the pain in swallowing had for seventeen days been so great as to preclude the taking of the softest food, except after the application of cocaine. The epiglottis was normal, but the infiltration of the ary-epiglottic folds was most typical. Twenty-four hours after injection the patient asked for a mutton chop, and swallowed it. Most laryngologists have effected, at some time or other, a similar degree of relief by means of cocaine, menthol, cold "Leiter" coils, or some other appropriate local treatment. In the case shown, however, none of these adjuvants were employed, and the result seemed to be wholly and solely due to the action of the lymph. Mr. Browne professed inability to explain the *modus operandi*, but offered the suggestion that the lymph had the anodyne properties of the ptomaines. In another case, with a bad family history and two attacks of hæmoptysis, though without any definite physical signs of phthisis, it was considered justifiable to perform injections cautiously with a view to testify the freedom of the patient from tuberculous disease. Injections increased in strength up to one centigramme (0·01 gramme failed to produce reaction).

A very interesting application of the injection, with a diagnostic rather than a therapeutic view, was its employment in the case of a middle-aged woman, who looked considerably older than her years, the subject of a tough swelling of the concha of the left auricle, approaching in appearance a hæmatoma, but so much more suggestive of a syphilitic lesion that antisyphilitic remedies were freely tried. No response took place, and on it being noted that she had on her face the scars of lupus, successfully treated by local measures some years before, it was resolved to try whether reaction would take place under "Koch" injections. The general reaction was slight, but the tumour reddened and desquamated to an extent sufficient to justify a reasonable surmise that the disease was of a "lupoid" nature and a suitable one for continuous treatment by the

same method. The improvement in this patient's general condition and appearance after a fortnight's course was quite remarkable.

"One swallow does not make a summer," and conclusions must not be jumped at on the strength of a small number of cases observed for a short time only. There remains, however, the fact of the activity of the remedy, and the more it is observed the more cautious, we are sure, will the practitioner become in his use of it. He must be a rash man who would risk the waking up of some dormant mischief lurking unobserved at the base of the brain, or in the kidneys, for instance, in the early—the eligible—stage of a disease which in itself runs not infrequently a favourable course, without taking every possible precaution to assure himself—if it can be done—of the freedom of every part of the organism from the tubercle *in esse* and *in posse*. It is in surgical rather than in medical tubercle that it seems to have its sphere, and in lupus more than any other form of tuberculous disease, being least frequently associated with tubercle of vital parts. It remains to be seen whether the effects are more lasting than those produced by direct local treatment of the affected tissues.

MOUTH, PHARYNX, ŒSOPHAGUS, &c.

Graham, J. T.—*Gangrenous Stomatitis*. "Med. News," Jan. 10, 1891.

A LETTER recording the case of a child of eight, six weeks ill from typhoid fever and cancrum oris. Both eyes were destroyed by purulent ophthalmia. The opposite cheek became involved, several teeth and portions of the maxillary bone (inferior) were lost. In three weeks the patient recovered, remaining, however, totally blind, and a fibrous adhesion between the cheek and lower jaw on the right side partially closes the mouth.
R. Norris Wolfenden.

Page (Newcastle-on-Tyne).—*Tumour of the Palate*. "Lancet," Jan. 10, 1891.

A TUMOUR of the size of a hen's egg, two years in growing, causing obstruction for three weeks, occupying the isthmus faucium, springing from the left side of the throat. Its deep connections could not be made out. The mucous membrane was stretched over it and thinned, but there was no sign of ulceration, and no enlargement of the glands. Laryngotomy, plugging of pharynx, incision through the mucous membrane, enucleation with the finger, were followed by cure and discharge in fourteen days. Four years later there was no recurrence. The microscopical structure was glandular tissue—adenoma—with spindle-cells sparsely interspersed. A number of such cases have been tabulated by Stephen Paget (St. Bartholomew's Hospital Reports, 1886).
Dundas Grant.

Kersting (Würzburg).—*Contribution to the Pathology of the Lingual Tonsil*.

"Monats. für Ohrenh.," 1890, No. 9.

THE author has made out a relationship between the diseases of the lingual tonsil and those of the other adenoid tissues. Such affections are

often found in combination. Phlebotomies of the lingual tonsil are more common in old people. *Michael.*

Jessop (Leeds).—*Unilateral Lymphangioma of the Tongue.* "Brit. Med. Journ.," April 5, 1890. Leeds and West Riding Med. Chir. Soc., March 21, 1890.

THIS was the case of a young girl, with a growth mainly on the surface of the tongue having a certain resemblance to a coarse papilloma. It was said to be congenital. *Hunter Mackenzie.*

Bakai.—*Case of Lymphadenitis Retropharyngealis.* "Königliche Gesellschaft der Aerzte," Buda-Pesth, Oct. 18, 1890.

THIS occurred in a child of eight months, and the tumour caused attacks of suffocation. On incision no pus was discharged. Tracheotomy had to be performed. The tumour disappeared later on without suppuration, and after four days the canula could be removed. Recovery followed. *Michael.*

Smith, Frederick (Dublin).—*Congenital Stricture of the Œsophagus in a Puppy.* "Brit. Med. Journ.," March 1, 1890.

THE Œsophagus had an hour-glass contraction about its middle, the contraction scarcely admitting a pin; above this was a largely dilated pouch, containing an ounce of undigested food. During life a fulness about the neck had been observed, any accidental pressure on which usually excited regurgitation. *Hunter Mackenzie.*

Kholshavniskoff, P. N. (Cronstadt).—*Case of Cancer of the Œsophagus perforating the Aorta.* "Meditsinskia Prib. k' Morsk. Sborn," 1890, No. 1, p. 20.

A WORKING-man, aged fifty-six, suffering from malignant disease of the gullet, suddenly died about a week after his admission to the local naval hospital. At the *post-mortem* examination the Œsophageal lumen, eight centimètres above the cardia, was found plugged with a dense blood-clot, after the removal of which there was exposed an ulcer, measuring 6.5 centimètres in length, and 6 in breadth, and covered with a dirty-red detritus. In the upper angle of the ulcer there was an opening, 1 centimètre in diameter, filled up with a coagulum, and communicating with the lumen of the thoracic aorta, 4.5 centimètres below the orifice of the left sub-clavian artery.

The aortic wall at the site of the perforation was firmly adherent to the Œsophagus, the intima around the hole being widely detached from the subjacent coats. The posterior mediastinal lymphatic glands were enlarged, indurated, on section of a milk-white colour, some of them presenting central patches of caseous degeneration. The stomach contained about seven fluid pounds of semi-coagulated dark blood. In the left parietal region posteriorly there was found a somewhat elastic, smooth, immovable hemispherical tumour, 7 centimètres in diameter, perforating the cranium, and adherent to the dura and pia mater. Both the neoplasm and Œsophageal ulcer proved to be typical epitheliomata.

68 *The Journal of Laryngology and Rhinology.*

The writer points to the extreme rarity of the case. International literature is said to contain only four other instances of œsophageal cancer perforating the aorta. Such cases were published, one by Bugnoy ("Bulletin de la Société Anatomique de Paris," 1855, p. 280); another by Lancereaux (*ibid.*, 1861, p. 296), in whose patient the perforation was situated 8 centimètres above the commencement of the aorta; and two by Prof. Zahn, of Geneva ("Virchow's Archiv.," vol. 117), in one of whose cases the vessel was perforated just below the origin of the left sub-clavian artery, and in the other 4.5 centimètres below that level (that is exactly as in the author's case). All the four cases referred to men, aged from forty-two to sixty. [The author's collection is very far from being complete. Thus, according to Dr. R. Neale's "Medical Digest," Section 832 : 2, similar cases were recorded by Drs. Neil and Coupland. Another case was observed by Dr. N. E. Krusenstern (*vide* the "London Medical Record," March, 1887, p. 90), etc.—Reporter.]

Valerius Idelson.

Grubert (St. Peterburg).—*Œsophagotomy for the Removal of an Impacted Foreign Body.* "Petersburg Med. Woch.," 1890, No. 44.

A SOLDIER, twenty-seven years of age, swallowed a piece of meat with a bone attached. This could not be removed *per vias naturales*. Two days later, œsophagotomy was performed, and the bone was removed from the jugular region, where it was impacted. Recovery followed.

Michael.

Chavasse.—*Diverticulum of the Œsophagus.* Path. Soc., Jan. 20, 1891. "Brit. Med. Journ.," Jan. 24, 1891.

THE author showed a specimen taken from the body of a man, aged forty-nine, who was much emaciated, and on whom gastrotomy was performed at the Birmingham General Hospital in July, 1890, as an endeavour to arrest starvation. The patient had given a history of dysphagia extending over a period of ten years. Death took place two days after the completion of the operation, from pneumonia and exhaustion. The *post-mortem* examination revealed a posterior diverticulum four inches in depth from the level of the arytenoid cartilages, three and a half inches in breadth, and two and a half inches in thickness, with a mouth one inch in diameter, and a capacity of six ounces. The walls of the sac were as thick as those of the œsophagus, and lined throughout with mucous membrane. When filled with fluid the opening in the œsophagus was firmly closed by the pressure of the distended sac. There was no malignant growth present. It was pointed out that the absence of muscular tissue, except at the mouth of the sac, supported the contention of Zenker and Von Ziemssen that these posterior diverticula were primarily due to the effects of pressure, and not to a congenital defect as held by some authorities.

R. Norris Wolfenden.

NOSE AND NASO-PHARYNX.

Messiter, M. A. (Birmingham).—*Fibro-Sarcoma of Upper Jaw.* "Brit. Med. Journ.," March 15, 1890. Midland Med. Soc., Feb. 26, 1890.

SPECIMEN shown. It had been removed by operation from a woman, aged forty, from whom some nasal polypi had been taken four years previously.
Hunter Mackenzie.

Miller, A. G. (Edinburgh).—*Trephining for Abscess of the Frontal Sinus.* "Brit. Med. Journ.," Feb. 22, 1890. Edin. Med. Chir. Soc., Feb. 5, 1890.

EXHIBITION of a young man, whose frontal region had been trephined on account of obstinate pain over that region. Some teeth had previously been removed, and pus had escaped from the antrum, but a complete cure had not ensued. Trephining in the middle line of the nasal frontal region relieved pus, after which the patient was finally cured.
Hunter Mackenzie.

Spencer (London).—*Acute Syphilitic Necrosis of the Superior Maxilla.* "Brit. Med. Journ.," March 22, 1890. Clin. Soc. of London, March 14, 1890.

EXHIBITION of a woman, aged twenty-six, with this disease. The antrum of Highmore opened into the mouth.
Hunter Mackenzie.

Schütz (Mannheim).—*Contribution to the Pathology of the Antrum of Highmore.* "Monats. für Ohrenheilk.," 1890, No. 11, Supplement.

THIS is the report of a second case of empyema of the antrum following the extraction of a carious tooth.
Michael.

Jackson, Thomas (Hull).—*Mumps.* "Brit. Med. Journ.," March 22, 1890.

THE author calls attention to mumps and parotiditis as sequels of influenza.
Hunter Mackenzie.

Klingel (Heidelberg).—*Diagnosis of Empyema of the Antrum of Highmore.* "Monats. für Ohrenheilk.," 1890, No. 9.

A CASE of purulent discharge from the nose simulating empyema of the antrum really arose from caries of the middle turbinated bone.
Michael.

Patzek (Oppeln).—*Adenoid Vegetations in Adults.* "Deutsche Medicin. Zeit.," 1890, No. 25.

Adenoid vegetations do not always disappear in adults, but, owing to the naso-pharynx being much larger than in children, they often give rise to no symptoms. Sometimes nasal obstruction and nasal speech are caused by them even in adults. In such cases they must be removed.
Michael.

Davis, Henry (London).—*On the Question of Anæsthetics in Operations for Adenoid Growths in the Naso-Pharynx.* "Brit. Med. Journ.," April 12, 1890.

THE author recommends the use of an anæsthetic during the performance

of these operations. Ether, or in the case of young children, chloroform (alone or mixed with a small proportion of absolute alcohol) ought to be used in preference to nitrous oxide, the effect of which is too transitory. The head should be drawn well over the edge of the table—Howard's position.
Hunter Mackenzie.

Schaeffer (Bremen).—*Abscess of the Septum Nasi.* "Therap. Monats.," 1890, No. 10.

A BLOW on the nose sometimes gives rise to an abscess of the septum. The author has observed this in four cases. He recommends as treatment an elliptical incision through the mucous membrane, and the removal of necrosed cartilage by means of a spoon-probe, followed by the application of a cotton-wool tampon.
Michael.

Winckler (Bremen).—*On the Relationship of Stuttering to Nasal Disease.* "Wien. Med. Woch.," 1890, No. 40.

NASAL diseases are often observed in stuttering patients, and often also such abnormalities of the bones as are found in those who have suffered from nasal disease in childhood. Sometimes nasal disease is the cause of the stuttering, but, even in cases where this relation does not exist, the stuttering may be improved by treatment of concomitant nasal affections.
Michael.

Kahn (Würzburg).—*Hard Papilloma of the Nose.* "Wien. Klin. Woch.," 1890, No. 49.

THE author removed in several sittings, by means of the galvano-caustic snare, a reddish tumour with a papillated surface. The whole together amounted to the size of an egg. Microscopical examination proved it to be a hard papilloma.
Michael.

Dittrich (Elberfeld). — *Ulcus Perforans Septi Narium.* "Monats. für Ohrenheilk.," 1890, No. 11.

AN ordinary case of syphilitic perforation of the nasal septum. The author refers to the different causes of ulceration, and expresses the opinion that the non-specific perforations are caused by thrombosis of the arteries analogous to what occurs in ulcer of the stomach.
Michael.

Townsend, H. R. (Cork).—*Nasal Tumour.* "Brit. Med. Journ.," March 1, 1890. Cork Med. and Surg. Soc., Jan. 22, 1890.

A MIXED-CELLED sarcoma had been removed from the external surface of the nose, and the seat of the tumour had been covered by a piece of skin brought forward from the cheek. Very good result.
Hunter Mackenzie.

Asch, Morris J.—*An Operation for Deviation of the Nasal Septum.* "New York Med. Journ.," Dec. 20, 1890.

THE nostrils are first well washed out with a disinfecting solution, such as Listerine, or Dobell's solution, with the addition of thymol and eucalyptol. The patient is then etherised, and any adhesions between the septum and turbinated bones are broken down by means of a curved gouge. A

pair of strong cartilage scissors, so curved as to admit of closing without pinching the columna, and having one of the blades thick and quite blunt, are next introduced, the blunt blade into the obstructed nostril, the cutting one into the other. A crucial incision is made, as nearly as possible at right angles to the point of greatest convexity. The forefinger is then inserted into the obstructed nostril, and the segments of the septum are forcibly pressed into the opposite one until they are broken at their base, and their resiliency destroyed. The septum is next straightened by means of Adams' or other strong forceps, a tin splint wrapped in sublimated wool is introduced, and the nostril is plugged with gauze or wool similarly impregnated. This is left undisturbed for four days, and then changed two or three times a week for three weeks—any malposition being rectified—by which time the parts become permanently fixed, and in two weeks longer quite healed.

Dundas Grant.

Ball, J. W. (London).—*Case of Rhinolith.* "Brit. Med. Journ.," March 1, 1890.

THE patient was a child of four years. The rhinolith consisted of a nucleus about the size of a pea, evidently a vegetable substance, and coated with calcareous matter about one-eighth of an inch thick. It was removed by fine forceps under chloroform.

Hunter Mackenzie.

Knight, C. H.—*Rouge's operation for the Removal of a Nasal Sequestrum.* "Med. News," Jan. 3, 1891.

THE case is recorded of a mulatto with extensive syphilitic necrosis of the nose, intolerable ozena, a perforation of the hard palate, loss of a portion of the alveolar arch with the incisor teeth of the upper jaw, destruction of the septum and turbinateds. A large sequestrum lying on the floor of the nose could not be removed by ordinary means, and was eventually got rid of by Rouge's operation.

The author discusses the operation, referring to a fatal case of Rouge's in which the perpendicular plate of the ethmoid was removed and the os panum gouged away for a centimètre. The woman died of pyæmic meningitis on the sixth day, the ophthalmic vein being proved to be occluded by a purulent clot. This fatal case cannot be taken as contra-indicating the operation. It has been favourably spoken of by Lucas, Cripps, and Howard (who has performed it in four cases). D'Azambrya recognises the possibility of phlebitis and purulent infection. Beverley Robinson quotes Trélat as condemning the operation on account of hæmorrhage, difficulty of performance, and inefficacy. Bosworth makes light of the operation and its risks. Knight remarks that the operation should never be undertaken until it is known for what purpose it is to be done. Syphilitic necrosis of the skeleton of the nose is the class of case in which it is typically indicated, for the early removal of large sequestra. Though apparently a formidable operation it is not really specially hazardous. Hæmorrhage may be copious, but can be controlled by pressure and the process of repair is rapidly completed without deformity.

R. Norris Wolfenden.

LARYNX, &c.

Wagner (Halle-a-S.)—*Photography of the Larynx and Buccal Cavity.*
"Berliner Klin. Woch.," 1890, Nos. 50, 51.

A DESCRIPTION of the method and reproductions of two very well-executed photographs of the larynx.
Michael.

Krieg (Stuttgart).—*Pachydermia Laryngis.* "Würt. Med. Corresptbl.," 1890, Band 60, No. 29.

THE author refers to the literature of the disease as first described by Virchow and Hünermann, and then relates seventeen cases in his own practice. Before he knew Virchow's views he described his cases as symmetrical thickening of the mucous membrane, combined with chronic laryngitis. In the first of his cases he thought there was commencing tuberculosis or neoplasm, but subsequently the symmetry and the characteristic depressions made it manifest to him that the disease was pachydermia. As regards the etiology, he found in nearly all his cases that there was alcoholism or overstraining of the voice, or both. All were males, except one—an opera singer. The prognosis is favourable; the voice in most cases not very hoarse. Cure often takes a long time. Sometimes in cases of tuberculosis or carcinoma there is an accessory condition of pachydermia.
Michael.

Wolfenden, R. N. (London).—*Œdema of the Larynx, a Sequel of Influenza,*
"Brit. Med. Journ.," March 8, 1890.

THE patient recovered after scarification and pinol inhalations.

Hunter Mackenzie.

Jacobson (London).—*Surgical Sequela of Fever.* "Brit. Med. Journ.," March 1, 1890. Harveian Soc. of London, Feb. 20, 1890.

TYPHOID fever was especially referred to. The author stated that laryngeal troubles were of disputed frequency, and believed that they occurred more often in some epidemics than in others. Parotiditis was of interest, not only on its own account but because it might be associated with any form of abdominal lesions. Dr. Sydney Phillips had recently seen three cases of laryngeal trouble, all in male adults.

Hunter Mackenzie.

Newman, David.—*Hæmoptysis in apparently healthy persons.* Glasgow Path. and Clin. Soc. "Glasgow Med. Journ.," Nov., 1890, and Jan., 1891.

FIVE cases are reported which had been under the care of the writer. In three, which had been under observation for four years, hæmoptysis was suspected to be from the lungs, but was proved to be from the upper air passages.

In one, quoted as an example of *phthisis ab hæmoptoë*, the blood was derived from the upper air passages, and inspired into the minute ramifications of the lung.

In a fifth case, hæmorrhage took place occasionally over a period of

fully three-and-a-half years, during which the patient was otherwise healthy, and no physical signs of pulmonary disease were discovered until within eight months of death.

The author wishes to demonstrate by these cases that hæmorrhage from the upper air passages may easily be mistaken for true hæmoptysis or bleeding from the pulmonary parenchyma, and the process by which hæmorrhage from one part may be simulated by bleeding from another renders the diagnosis in certain cases very difficult.

In every case a careful examination of all parts of the upper air passages for a lesion to account for the hæmorrhage should be made, and if none be found, the case should be treated as one of pulmonary disease.

J. Macintyre.

Newman, David (Glasgow).—*Case of Suppurative Laryngeal Perichondritis, without any antecedent Disease in the Larynx.* "Brit. Med. Journ.," March 29, 1890.

THE patient, a woman, aged forty-five, was admitted, suffering from hoarseness, inspiratory cough, and dyspnœa, of about three weeks' duration. She had had no previous important illness. Two days after admission the following condition was noted: "There is a marked œdematous swelling of the mucous membrane, covering the arytenoid cartilages and the false cords, so that only a narrow chink is left behind them. During inspiration this opening is apparently not, but must in reality have been, more than one-twelfth of an inch wide, and its edges are thrown into vibration by the ingoing current of air. Upon expiration the opening becomes wider, and permits of free exit of air. This change is most marked upon the left side, the false cord being drawn away from the middle line, so that a view is obtained of the left vocal cord. The left vocal cord is seen to be fixed in the middle line, but no view can be obtained of the cord on the right side."

The patient died about six weeks afterwards. Autopsy: "The appearance of the larynx before cutting open confirms the laryngoscopic view, but adds nothing to it. On splitting up the cricoid cartilage from behind, and opening the larynx, the posterior surface of the cricoid cartilage is seen to be distinctly eroded a little to the left of the posterior middle line. The right cord is nodular, and immediately below it there is an opening into an abscess cavity of small dimensions, which reaches down the trachea for about half an inch. In addition to the œdema the mucous membrane of the whole larynx is infected."

The author considers the case peculiar in regard to the obscurity of the disease, the symptoms not being those usually met with in perichondritis, and also in regard to there being no apparent cause for what might be regarded by some as a spontaneous suppuration between the perichondrium and the cricoid cartilage. He then discusses these points in detail.

Hunter Mackenzie.

Kidd, Percy (London).—*On a peculiar Obstructive Form of Laryngeal Tuberculosis, which simulates Bilateral Abductor Paralysis.* "Brit. Med. Journ.," March 29, 1890.

THE author has met with six examples of this condition, and in the present paper he gives an account of two of his cases.

He affirms that these cases prove the existence of a form of laryngeal tuberculosis in which the danger to life is out of all proportion to the degree of infiltration of the larynx or lungs. The severity of the disease depends on the persistent approximation of the vocal cords in the position of phonation. He inclines to think that the impaired mobility is due to infiltration in the neighbourhood of the arytenoid cartilages, and to structural changes in the vocal cords themselves.

In five cases tracheotomy was performed. The patients lived from six weeks to six months after the operation. As a general rule the author does not approve of the performance of tracheotomy in laryngeal phthisis.

The author concludes by affirming that fixation of the vocal cords in the median position, simulating bilateral abductor paralysis, may occur in tubercular disease of the larynx, as the result of three different causes :—(1) Plastic infiltration around the arytenoid cartilages, leading to adhesive perichondritis and spurious ankylosis. (2) Ulceration, followed by morbid adhesion of the altered vocal cords. (3) Suppurative crico-arytenoid arthritis; and probably (4) Non-suppurative adhesive arthritis. He emphasizes the value of tracheotomy or some other surgical measure in such cases.

Hunter Mackenzie.

Chiari.—*Septic Phlegmon of the Epiglottis—Tracheotomy—Recovery.*

THE patient, sixty-seven years old, was suddenly attacked with pain in the throat and fever. The laryngoscope showed the epiglottis to be red and swollen. An incision with a laryngeal knife gave vent to fœtid pus and blood. Next day the larynx was so swollen that the patient was cyanotic, and tracheotomy had to be performed. The operation was complicated by the shortness of the patient's neck, which made it difficult for a canula to be retained. Broncho-pneumonia supervened, but the patient recovered.

Michael.

Schaeffer, Max (Bremen).—*On Heryng's Curettement of the Larynx.* "Therap. Monats.," 1890, No. 10.

THE author restricts the use of this treatment to such cases as are complicated with stenosis of the larynx from extension of granulations, such as could be cured by the use of lactic acid with good general health and the necessary power of resistance. He has applied the treatment in six cases, and in four of them with very good results.

Michael.

Rauchfuss.—*Intubation of the Larynx.* Meeting of the Aerztl. Verein in St. Petersburg, April 16, 1890.

THE author showed O'Dwyer's instruments. He had applied the method in ten cases, of which six died. In two of the remaining cases of recovery, tracheotomy had to be performed. The intubation in all the cases gave great comfort. He recommends this plan of treatment in suitable cases.

Michael.

Grünwald (Munich).—*Death subsequent to the Extirpation of a Laryngeal Polypus.* "Monats. für Ohrenheilk.," 1890, No. 10.

THE following case, fortunately a unique one, deserves to be reported *in extenso*. A man, seventy-three years of age, with thickened

arteries, was totally aphonic. The laryngoscope showed on each vocal cord a red sessile, broad-based tumour. These were removed in five sittings by means of the wire and the laryngeal knife. On microscopical examination they were found to consist of connective tissue covered with pavement epithelium. Four months later, recurrence called for operation; and again, after six months, a second recurrence took place. There was then a broad-based tumour on the right vocal cord, and a smaller one in the anterior angle. These were removed with snare and knife. Fourteen days later the tumour on the left vocal cord was operated on but not completely removed. Slight bleeding followed, but ceased in a few minutes. Half an hour later, the patient returned with bleeding which could not be stopped, coughing up every five minutes from five to ten cubic centimètres of blood. A floating tumour could be seen hanging loose in the larynx, and was removed by means of the galvano-caustic snare, but the hæmorrhage still persisted. The writer endeavoured to stop the bleeding by means of the galvano-cautery, but without effect. The patient was then transferred to the surgical wards for thyrotomy to be performed. This was done after prophylactic tracheotomy, and the larynx was plugged with iodoform gauze. Some hours later the patient was quite well, and removed the plug without the hæmorrhage returning. Next day he unexpectedly died of collapse. Such a case is too rare to be considered as any contra-indication for operation.

Michael.

Witzel (Bonn). — *The use of Portions of Skin to remedy defects in Mucous Membrane, especially in Laryngoplasty.* "Centralblatt für Chirurgie," 1890, No. 45.

In a patient, forty-nine years old, half of the larynx was extirpated for carcinoma, the cricoid cartilage being retained. After the removal of the neoplasm, a piece of the skin of the neck was fixed by means of sutures in the larynx as a substitute for the extirpated vocal cord. The patient was able to speak with a fairly good voice on the twentieth day after the operation.

Michael.

Rostoshinsky, R. P. (Kosloff). — *Tracheotomy in a dying Patient with Syphilitic Disease of the Larynx.* Proceedings of the Tamsov Medical Society, 1890, No. 2, p. 35.

THE author records a case of a male peasant, aged thirty-four, a syphilitic of three years' standing, who was admitted to the Zemsky hospital on account of an agonizing, barking cough, with scanty expectoration, aphonia and asphyxic attacks, occurring mainly at night and causing sleeplessness. The laryngoscope revealed multiple dirty-looking ("tallow-coated") ulcers, scattered along the free edges of the epiglottis and both of the vocal cords. On the third day after his admission, the man was found lying on his bed in an unconscious state, breathless, "quite blue all over," with a hardly perceptible intermittent pulse.

The case being most urgent, the author proceeded to perform tracheotomy on the spot. Having come across the thyroid isthmus, he divided the latter, secured its edges with Péan's pincettes, then opened

the windpipe, inserted a canula, and sucked out blood from the trachea by means of Nélaton's catheter. Neither breathing nor cough appearing, the author began to stimulate the tracheal mucous membrane by moving the instrument to and fro, whilst his assistants performed artificial respiration.

After awhile, normal respiratory movements set in, cyanosis disappearing fifteen minutes later.

Beyond some fever for the first six days, the after-course was satisfactory, the patient being discharged well (with the canula *in situ*) three weeks after the operation.

Valerius Idelson.

Savill (London).—*Abductor Paresis of the Vocal Cords.* "Brit. Med. Journ.," March 22, 1890. Clin. Soc. of London, March 14, 1890.

EXHIBITION of a woman, aged forty-five, with this affection. She showed no indication of phthisis or local tumour.

Hunter Mackenzie.

Rosenbach (Breslau).—*Functional Paralysis of Phonation in Speaking.* "Deutsche Med. Woch.," 1890, No. 46.

THE author distinguishes three classes of cases. (1) Those of true alalia, where no attempt to speak is made. (2) Those in which the lips move, but there is no action of the larynx. (3) Those in which the patient contracts the abdominal muscles, but without putting the glottis into the state necessary for the production of sound. He points out the necessity of differentiating these classes, as the treatment is different, and gives a full theoretical account of the forms of the disease.

Michael.

Kayser (Breslau).—*Prophylaxis against Spasm of the Glottis, following Endo-laryngeal Manipulations.* "Therap. Monats.," 1890, No. 10.

BY a number of rapid, deep inspirations it is possible to produce apnoea. Acting upon this, the author, before commencing laryngeal operations, directs the patient to take ten deep inspirations very rapidly. After this he is apnoeic and does not require air for two minutes. In this way he has no trouble even if spasm of the glottis arises and prevents respiration for some time.

Michael.

Exner.—*Function of the Superior Laryngeal Nerve.*—Meeting of the Gesellschaft der Aerzte, Vienna, Nov. 7, 1890.

BY section of the superior laryngeal nerve in a horse, Exner produced paralysis of all the laryngeal muscles of the same side, in spite of the fact that it is not a motor nerve. Microscopic examination of the muscles showed the degeneration called by Erb "dystrophia musculorum progressiva."

Michael.

West, Samuel (London).—*Bronchial Casts from Bronchitis Crouposa.* "Brit. Med. Journ.," March 22, 1890. Path. Soc. of London, March 18, 1890.

IN connection with this subject, the author mentioned that recently there had been a tendency to consider all membranous exudations of the larynx, trachea, and bronchi as of diphtheritic origin. The President (Dr. Dickinson) thought no one would suggest that all membranous exudations were of diphtheritic origin. He mentioned the case of a lady

in whom a membranous exudation had formed in the larynx from the irritation of eau-de-Cologne. Dr. West, in reply, said that he knew no way of distinguishing the different exudations, chemically or histologically, though he believed that plastic bronchitis and diphtheria were perfectly different diseases.

Hunter Mackenzie.

Chiari.—*Diverticulum of Bronchus.* Verein Deutscher Aerzte, Prague, Oct. 17, 1890.

A UNIQUE case of diverticulum of the right bronchus, measuring one centimètre in length, was shown by Chiari.

Michael.

Schroetter.—*Contribution to the Etiology of Pulmonary Gangrene, and Remarks on the Anatomy of the Large Bronchial Tubes.* "Wien. Med. Woch.," 1890, No. 45.

A PATIENT, aged fifty-three, suddenly became feverish with rigors, pain in the chest, and feeling of illness. Fourteen days later, he expectorated a foetid, putrid sputum, containing pulmonary epithelium and fibrous tissue. This was followed, after some weeks, by the expectoration of feathery particles of flesh. The patient then recovered. The expectorated pieces contained connective and elastic tissue, but it could not be said with certainty if they were portions of lung tissue. It seemed probable that they were particles of meat swallowed by the patient some months previously. The writer makes further remarks on the relatively greater frequency of the entrance of foreign bodies into the right bronchus.

Michael.

Clark, Sir Andrew.—*The Convulsive Cough of Puberty.* "Lancet," Dec. 20, 1890.

CASES of violent attacks of coughing at the period of puberty, often suggestive of the barking or the howling of a dog, whence the name suggested—*"Cynobex Hebetis."* No local changes are clinically detectable, nervousness is not always present; the only constant feature seems to be the period of life at which it occurs. The attack is frequently followed by a dazed or giddy condition, and by the passage of a quantity of limpid urine. The author attributes it to the rapid increase of evolutionary activity in the nervous system and in the laryngeal region. The course of the affection is tedious, but ends ultimately in recovery. As regards treatment, much importance is attached to diet and regimen. Local applications to the throat of morphia or cocaine, combined with oxchloride of bismuth and glycerine of borax, after each meal and at bedtime, and internal administration of syrup of the bromide of quinine and iron, with small doses of arsenic, or a pill of reduced iron, valerianate of zinc, nux vomica and belladonna. The last drug has to be increased in dose till the physiological effects become apparent, and then, slightly diminished, the amount administered should remain at that level. Sir Andrew Clark is not in favour of sea-voyages for this affection. He dwells on the necessity of fostering in the subjects the acquirement of a higher degree of moral tone and courage.

Dundas Grant.

THYROID GLAND, &c.

Jalland (York).—*Enlargement of Right Lobe of Thyroid—Removal—Recovery.*
“*Brit. Med. Journ.*,” March 1, 1890.

THE patient, a lad, aged nineteen years, had noticed the lump on the right side of his neck about eighteen months previously. As the usual routine remedies had failed to influence it, and the breathing was becoming embarrassed, it was removed by an incision about three or four inches long over the right lobe, parallel with the sterno-mastoid. Some large vessels were found in the fascia of its deep connections, which were ligatured. The tumour was about the size of a closed fist, and consisted of fibroid tissue with a small cyst, containing dark venous blood in the centre. He made a good recovery.

Hunter Mackenzie.

Smith, J. W. (Doncaster).—*Case of Carcinoma of the Thyroid.* “*Brit. Med. Journ.*,” March 1, 1890.

THE patient, a woman aged forty-seven, had suffered from bronchocele from the age of fourteen years. It had grown till the age of twenty; then it had remained stationary until three months before admission. The recurrence of growths was caused by the patient striking her neck against the shaft of a cart; she became faint and ill, and the thyroid became swollen and discoloured. It ultimately burst, and discharged a sanguineous fluid. An operation could not be performed. Death soon ensued. (No microscopic examination.)

Hunter Mackenzie.

Cahill.—*Tumour involving Œsophagus and Trachea in the Neck.* “*Brit. Med. Journ.*,” Dec. 20, 1890.

THE author showed, at the Pathological Society's meeting of December 16, a specimen taken from a woman aged forty-nine, which consisted of larynx, trachea, and bronchi, with the upper two-thirds of the œsophagus. Immediately below the cricoid was a tumour two inches long embracing the œsophagus and sides of the trachea. It penetrated the œsophagus, constricting this tube, and also penetrated the trachea posteriorly and at the sides. Another large tumour was situated immediately below the bifurcation of the trachea adherent to the bronchi and pulmonary vessels, partly caseous and partly lymphomatous. The lungs contained numerous small tubercles. The other viscera were healthy. Lymphatic glands elsewhere were not enlarged. Increasing dysphagia and dyspnoea existed for six months before death, and paralysis of the right cord appeared four months before death, both vocal cords being affected two months later. The growth, thought at first to be carcinomatous, appeared, microscopically, to be of a lymphomatous nature, and analogous to the glandular mass in the posterior mediastinum.

Mr. Bowlby referred to a case, previously exhibited by Messrs. Treves and Silcock, of epithelioma arising from the bronchial clefts, and he considered the growth in Mr. Cahill's specimen to be epitheliomatous, and not tubercular or lymphomatous.

R. Norris Wolfenden.

Pitts, B.—*Substernal Growth arising in Accessory Thyroid.* "Brit. Med. Journ.," Dec. 20, 1890.

AT the Pathological Society (December 16, 1890), Mr. Bernard Pitts showed a specimen removed from a man, aged fifty-four, in January, 1888. A swelling above the sternum had existed for seven or eight years, and had latterly rapidly increased. At the commencement of 1888 he was seized with a choking fit while walking. A swelling was just visible in the median line of the neck, immediately above the sternal notch; on deep inspiration some stridor occurred. The tumour was easily removed. It showed ordinary thyroid structure microscopically. It had no connection with the thyroid gland and must have developed in connection with an accessory thyroid. It lay chiefly behind the sternum and flattened the trachea.

Mr. Berry thought that the specimen was a cystic adenoma of the thyroid, and not an accessory thyroid body, such growths being very rare. These tumours might be detached from the thyroid and then wander away. Mr. Pitts could not agree to this, and said that accessory thyroid bodies could be found in about one in twelve bodies when looked for.

R. Norris Wolfenden.

Robinson, A. H.—*Case of Gummata in the Sterno-Mastoid Muscle.* "Brit. Med. Journ.," Feb. 22, 1890. Clin. Soc. of London, Feb. 14, 1890.

THE patient was a woman, aged twenty-five years. She had scars on the forehead, but none on the legs, and the liver was enlarged.

Hunter Mackenzie.

SOCIETY MEETINGS.

Berlin Laryngological Society.

Meeting of the 31st October, 1890.

P. HEYMANN showed a patient with *Abnormal Pulsation of the Trachea*, caused by an aneurism of the carotid.

FLATAU showed a case of *Chronic Recurrent Herpes of the Mouth and Pharynx*.

LUBLINSKI and KRAKAUER had seen similar cases.

B. FRAENKEL believed the case to be one of stomatitis aphthosa.

G. LEWIN narrated a case of herpes chronicus, which he believed to be syphilis, but the other symptoms of that disease were wanting.

ROSENBERG narrated a case of *Perverted Action of the Vocal Cords* treated by intubation.

H