LARYNX, &c.

Egidi.—*Laryngeal Stenoses and their Treatment.* "Rev. de Laryng.," Feb. 22, 1896.

A PAPER read at the second meeting of the Italian Society of Laryngology. The author divides laryngeal stenoses into (1) chronic, (2) acute, (3) of external origin. After reviewing the various causes which give rise to stenosis, the author proceeds to review the treatment. For certain affections general treatment is indicated. In syphilis, especially with collateral œdema, it would be a grave error to submit the patient to surgical operation without previous general treatment; he injects fifteen centigrammes of calomel and gives corrosive sublimate sprays, delaying operation as long as possible. He has seen severe stenoses disappear. In chronic stenoses Schrotter's tubes have lost their value since the practice of intubation, especially with Massei's modified tubes. In cicatricial stenosis they are most valuable after previous dilatation. If this form of stenosis resists dilatation and intubation, it is better to proceed at once to thyrotomy and excision of the cicatricial tissue. In stenoses due to tumours (not malignant), when these are removed by instruments sudden death may occur from asphyxia, so that it is necessary to be in readiness for immediate tracheotomy should danger arise; it is better than intubation. He relates such a case from his experience. He cites Massei's opinion that in children especially tracheotomy should precede attempts to remove laryngeal growths. He disapproves of the prolonged wearing of the canula for several months in the hope of spontaneous resolution, without an attempt being made by laryngotomy to clear the larynx. In tubercular stenoses Egidi cannot advise intubation, as recommended by Massei, Dillon-Brown, and others. He prefers tracheotomy, and his experience has been that the rest thus given to the larynx causes disappearance of infiltration, and even of tubercular vegetations, and it is especially beneficial in primary forms. If instrumental interference is necessary later on, this is more effective after tracheotomy. He refers to three cases of Massei's in which laryngeal tuberculosis was completely cured by tracheotomy, and he is only a very guarded advocate of curetting, etc.

In stenoses from abductor paralysis tracheotomy must be preferred to intubation. In acute stenoses treatment is identical in all forms except croup. In those due to œdema, phlegmonous laryngitis, erysipelas, laryngeal abscess, perichondritis, etc., which perhaps last only a few days, and the danger is only a question of a few hours, intubation is the treatment to be preferred. In croup, while serum treatment softens the membranes and assists their expulsion, intubation prevents the asphyxia and is preferable to tracheotomy in most cases. *R. Norris Wolfenden.*

Lack, H. L.—*A Contribution to the Operative Treatment of Malignant Disease of the Larynx, with Special Reference to the Danger of Cancerous Wound Infection.* "Lancet," June 13, 1896.

THE object of this paper is, first, to direct special attention to the possibility of the dissemination of cancer by means of direct transplantation, as distinguished from dissemination by means of the blood and lymph channels; secondly, to the danger of infecting a wound with cancerous material in operations for malignant disease generally; and, thirdly, to consider the importance of these facts in relation to local recurrence after operations for malignant disease of the larynx. Thirty-five cases are quoted in support of this thesis, of which four occurred in the practice of the author in the last four years. The conclusion is that it seems very advisable

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that in all cases of malignant disease the growth should be removed in one piece, all incisions being made in healthy surrounding tissues, and, where this has not or cannot be done, that the wound should be cleansed afterwards by cauterization.

StClair Thomson.

Marsh, F.—*Cicatricial Stenosis of Larynx.* "Brit. Med. Journ.," April 25, 1896.

AT a meeting of the Midland Medical Society the author showed a female patient of five years who had been unable to dispense with a tracheotomy tube inserted some months previously. Under an anæsthetic cicatricial stenosis of the larynx was detected. The cicatrix was divided with Heryng's knife, an O'Dwyer tube inserted, and the tracheotomy tube removed. Nine days later the O'Dwyer tube was found still to be indispensable, and on account of an attack of typhoid was allowed to remain *in sitû* for three months. On removal both respiration and phonation were easily performed. *Ernest Waggett.*

Otto, C. (Copenhagen).—*Remarks on Erysipelas of the Larynx.* "Bibliothek for Laeger," April 1, 1896.

A HEALTHY man, aged thirty-seven, had for three weeks had a slight cold in the head and a cough. Three days before he was admitted to the hospital he had become hoarse, with some difficulty in breathing, these symptoms by degrees increasing in intensity, and the last four hours there had been repeated attacks of dyspnœa. On admission to the hospital the temperature was 100·6°, and there was cyanosis of the face, stridulous respiration, recession of the jugular and the lower parts of the chest-wall, and general collapse. The urine contained a large quantity of albumen. The pharynx presented a normal appearance, while laryngoscopy revealed the existence of a considerable œdema of the mucous membrane of the epiglottis and the ary-epiglottic folds. Tracheotomy was now performed under slight chloroform-narcosis and the respiration became free. Thirty-six hours later the temperature, which had not since risen above 101·9°, rose to 103·5°, and the patient began to collapse without any considerable dyspnœa; clonic spasms of the lower extremity began to appear, the collapse increased rapidly, and death occurred. At the *post-mortem* examination the ary-epiglottic folds were found considerably œdematously swollen, injected, and ecchymotic, the swelling extending to the pyriform sinus and the posterior wall of the pharynx, and upwards to the anterior face of the epiglottis and the base of the tongue, while the trachea was only injected. The peritracheal muscles were infiltrated with a greyish fluid, and small abscesses filled with yellow pus were scattered about. Similar abscesses were to be found in the submucosa of the sinus pyriformis. Besides, the *post-mortem* examination revealed the existence of an endocarditis and of parenchymatous degeneration of the myocardium, the liver, and the kidneys. The pus from the small abscesses of the larynx contained numerous masses of staphylococci, and no streptococci were to be found. Although there was no history of infection from erysipelas, the author thinks himself justified in considering the case described above as one of erysipelas laryngis, laying stress upon the result of the laryngoscopy, the remittent course of the disease, and the result of the *post-mortem* examination.

Holger Mygind.

Peck, G. A.—*Gangrene of the Ear and Face complicating Pertussis.* "Arch. Pediat.," April, 1896.

THE patient, aged twelve months, developed severe pertussis in November, 1894, which became complicated with a thin, blood-tinged discharge from the left ear. On January 9th, 1895, signs of inflammation about the left ear became manifest,

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œdematous swelling of the canal obstructing the exit of an offensive watery discharge. On January 11th the swelling anterior to the meatus was punctured. On the 13th sloughing was noticeable about the wound, while the membrana tympani was seen to be intact. From this date sloughing rapidly progressed, and at the time of death (on January 25th) a circular patch of gangrene, five inches in diameter, occupied the left parotid region. *Ernest Waggett.*

Ward, E.—*Laryngectomy.* "Brit. Med. Journ.," May 16.

The author described the operation of laryngectomy, by means of which the organ was removed from below upwards without preliminary tracheotomy, and the opening into the pharynx subsequently sutured. The tracheal orifice was stitched to the skin flaps, suitably pared, and no tube was necessary. No communication remained between the air and food passages. He had operated on a man of sixty-four with epithelioma, a man of forty-two with dyspnœa and dysphagia, and a child with laryngeal papillomata. The author claimed that the operation as thus performed would reduce the mortality, shorten convalescence, add to the comfort of the patient, and would justify attempts at radical cure in some cases which were at present considered inadmissible. *Ernest Waggett.*

EAR.

Clark, Gaylord P.—*The Equilibrium Function of the Ear.* Trans. Medical Society of the State of New York, 1896.

Much evidence has been accumulated from experimental operations upon animals and pathological conditions in man that the ear is concerned in the maintenance of body equilibrium. Although operations and pathological conditions alike have injured the structure of the ear, sometimes extensively and even diffusely, yet the results observed indicate a specialization of function in the different parts of this complex organ. Lee, of Columbia, has recently carried on a series of experiments upon the ear of the dogfish, and his results are of special value in that they define the nature of this specialization. His method has enabled him to throw certain parts of the ear—for example, different semicircular canals—into or out of function without coincident injury to their structure. He has observed that rotation of the body of an uninjured fish is accompanied by certain movements of the eyes and fins, which are characteristic of the direction in which the fish is turned. The eye movements are those which tend to retain the visual impressions of the resting position. The fin movements are those which tend to resist the turning. He has exposed and stimulated by pressure the uninjured ampullæ of the different semicircular canals, and called out eye and fin movements similar to those accompanying rotation of the uninjured fish, and which are just as characteristic of the ampulla stimulated as in turning they are of the direction of the turning. He has divided the ampullar nerves just before their entrance into the ampullæ and thrown the semicircular canals out of function; then the above-mentioned effects of physiological and artificial stimulation could no longer be obtained. His experiments show that each semicircular canal functions not only in movements in its own plane, but also in planes at angles with it, but less so as the angle increases up to a right angle. He has found that the anterior and posterior vertical semicircular canals of one ear function together in lateral rotation in planes between them and towards that side; and that the same is true of the two anterior vertical semi-

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