

**Lathuraz.**—*Naso-Pharyngeal Polypus.* "Lyon Medical," June 10, 1894.

CASE of naso-pharyngeal polypus removed by evulsion with Loewenberg's forceps. Cure in eight days. *A. Cartaz.*

**Knight, C. H.**—*A Case of Torticollis following Removal of Adenoids, etc.* "Annals of Ophthal. and Otol.," April, 1894.

THE torticollis came on twenty-four hours after the operation, and lasted ten days; three suggestions as to its cause are given, the last being preferred. (1) Wound of the rectus muscle. (2) Contusion of the muscle. (3) Nerve lesion, causing a reflex torticollis. *R. Lake.*

**Grönbech** (Copenhagen).—*Deformity of the Palate in Adenoid Vegetations of the Naso-Pharynx.* "Hospitals-Tidende," 1893, No. 10.

THE author has examined the shape of the hard palate in seventy-seven cases of adenoid vegetation of the naso-pharynx, and found it normal in only ten cases. In sixty-seven cases (*i.e.*, in eighty-seven per cent.) there was some abnormality of one kind or another, and in ten of these the palate exhibited signs of rickety deformity. In the remaining fifty-five cases the author found an abnormal increase of the palatine arch, a section through it forming either a polygon or a Gothic arch, often also a decrease of the distance between the right and left alveolar process, and an irregularity in the position of the teeth, especially the front teeth. In all these cases the inferior maxilla presented a normal appearance, a circumstance on which the author lays great stress, as being a proof that the abnormality of the upper jaw in the fifty-five cases was not of rickety origin, but caused by deficient development of the nasal cavity, the normal pressure of the septum decreasing in intensity. The oral breathing, according to the author, also influences the development of the deformity, the air of expiration pressing against the palate of the infant, and thus augmenting the result. *Holger Mygind.*

**Hajek** (Wien).—*The Diseases of the Ethmoidal Bone.* "Internat. Klin. Rundschau," 1894, No. 19.

FROM the anatomical researches of Zuckerkandl it is certain that caries of the ethmoidal bone is a rare event. It is therefore impossible that in life it can be present as often as is said by some authors, especially by Grünwald. If we examine with a probe we always touch bone if we enter in the space of the ethmoidal bone; therefore that symptom cannot be viewed as characteristic of caries. Only when there is pus in the middle meatus, and suppuration of all the accessory sinuses can be excluded, may we believe that there is disease of the ethmoidal bone. *Michael.*

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## LARYNX.

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**Tansk.**—*The Relation of Thoracic Aneurisms to the Recurrents.* "Pester Med. Chir. Presse," 1893, No. 27.

OF forty-one cases of aneurisms seen in the clinic at Pest, hoarseness was observed in twenty-two, and paralysis of the recurrents in nineteen. Most

of these nineteen cases were aneurisms of the arch. Compression and degeneration of the nerve cause this paralysis. Usually the paralysis is on the left side. Bilateral paralysis is very rare in cases of aneurism.

*Michael.*

**Finley, F. G.**—*Enlarged Glands pressing upon the Trachea in a Case of Hodgkin's Disease.* "Transactions of the Montreal Medico-Chirurgical Society," Oct. 20, 1893.

THE disease had lasted seven years. The earliest symptom was the occurrence of urgent attacks of dyspnoea. After an interval of two years these attacks recurred, and enlargement of the cervical glands was observed. The removal of some glands from behind the sternum gave relief. In 1891 there was stridor and dyspnoea, with enlargement of the cervical and axillary lymph glands, the size of which varied considerably from time to time. In December, 1892, the inguinal glands enlarged.

*Post-mortem*, the trachea was found to be surrounded by a cluster of enlarged glands as big as a foetal head. The lumen of the trachea was compressed to a mere chink, and the mucosa was eroded.

*George W. Major.*

**Freudenthal, W.**—*Is Laryngitis Sicca and Stoerk's Blenorrhœa one and the same Disease?* "Annals of Ophthal. and Otol.," April, 1894.

THERE are two cases given at length—one of undoubted laryngitis sicca, which progressed until it was to all intents a case of blenorrhœa, and one which presented all the characteristics of this disease at the commencement. With this as the foundation, he follows up the argument, giving especially the site of election for the crusts as the anterior commissure, the part of all others least likely to receive crusts from the naso-pharynx, and the cases reported in which there was no nasal affection. *R. Lake.*

**Siebenmann.**—*Foreign Bodies in the Air-Passages.* Medicinische Gesellschaft der Stadt Basel, Meeting, March 1, 1894.

1. In the first case a piece of walnut shell lodged in the right bronchus of a child six years old, and was expectorated by coughing thirty-five days after it was inspired. Tracheotomy was not performed because there was no fever or dangerous symptoms.

2. A piece of money was swallowed by a child aged one year. The child was in pain, could not sleep, and had strong nasal stertor. The foreign body was found in the post-nasal fossa pressed against the soft palate.

*Michael.*

**Simonin (Paris).**—*Ulcerations in Catarrhal Acute Laryngitis.* Thèse de Paris, 1894.

THE author thinks that acute laryngitis may be accompanied by ulcerations; he has seen that complication twice in sixteen cases. These ulcerations are generally superficial, and symmetrically disposed on the vocal apophysis, the inter-arytenoid fold, and the anterior commissure. They are caused by the continual pressures on the inflamed mucous membrane; the voice and cough cause immoderate movements of the cords and surrounding tissues. Simonin admits Heryng's theory

as to these ulcerative manifestations. He treats these ulcerations by local applications of carbolized glycerine, one in thirty. *A. Cartaz.*

**Neumann** (Mülheim an der Ruhr).—*Blunt Operative Method of Tracheotomy.* "Deutsche Med. Zeitung," 1894, No. 28.

THE author recommends after the incision of the skin to cut as little as possible, to work with the finger or blunt instruments. It is the method used largely by all tracheotomists. The proposal of the author contains nothing new. *Michael.*

**Cnopf** (Nürnberg).—*Indications for Tracheotomy.* "Münchener Med. Woch.," 1894, No. 19.

IT is sometimes not easy to give an exact indication at what time tracheotomy should be performed in diphtheritic children. The author has discovered a new indication, in the position of the diaphragm. When there is stenosis the type of the respiration changes. The upper walls of the thorax and the accessory inspiratory muscles work vigorously; the deeper parts of the thorax do not participate in the respiration; therefore the diaphragm does not stand on the same place as usual. In children its normal plane is that of the eleventh rib. During stenosis we find it at the ninth or tenth rib. This position is an indication for tracheotomy. A short time after operation the diaphragm is found at its normal place. *Michael.*

**Kraus, Eugen** (Paris).—*On Artificial Voice after Extirpation of the Larynx; Reconstruction of the Speech after Excision of Five Tracheal Rings of the Cricoid Cartilage and the Malignant degenerated Thyroid Gland; A New Artificial Larynx.* "Allgemeine Wiener Med. Zeitung," 1894, Nos. 19 and 20.

A PATIENT, forty-one years old, from whom Pean had removed a hypertrophied lymphatic gland in 1892, one year later had a recurrence. The second operation showed a malignant tumour of the gland, which was connected with the larynx. The gland, the cricoid cartilage and five tracheal rings were removed. In May, 1893, the author saw the patient. The laryngoscope showed an intact epiglottis, the whole larynx filled with granulations; but without a canula she became dyspnoic. By galvanocautery the laryngeal canal was cleansed of the granulations and an artificial larynx introduced. The laryngeal tube of the artificial larynx was made of a spiral coil, so that it could be compressed and easily introduced and follow the movements of the neck without causing irritation. The patient could speak with a good voice and expectorate by the mouth. *Michael.*

**Allen, A.**—*Speech without a Larynx.* "Medical News," March 17, 1894.

THE larynx as far as the second ring of the trachea, which was stitched to the skin, was removed by Dr. J. Solis Cohen, a fistulous tract remaining at the upper end of the scar, and from the mouth the sac was funnel-shaped. Tracings by levers working on a drum are given of various letters and sounds. The movements of the tongue in phonation were proved to be normal by inserting false palates whitened with chalk.

The author considers, with Dr. Cohen, a cicatricial band at the posterior edge of the sac would be the vibratory band, but was unable to explain an undoubted connection between the respiratory movement and phonation.

*R. Lake.*

**Grayson, C. P.**—*Carcinoma of the Larynx with consecutive Epithelioma of the Lip.* "Med. News," April 7, 1894.

THE question of contagion and of metastasis is discussed, the author leaning towards the former.

*R. Lake.*

**Lanz (Bern).**—*Extirpations of the Larynx in the Surgical Clinic of Bern.* Inaugural Dissertation. Berlin: Schulunach. 1892.

TWELVE cases—six partial extirpations and six total extirpations—in four of which a part of the pharynx or œsophagus had been removed. Three of the partial extirpations were performed on account of cancer—one four years without recurrence. Of the six total extirpations, only one of the patients is alive—free from recurrence six months after operation.

*Michael.*

**Jay (Paris).**—*Intra-Tracheal Injections of Menthol in Pulmonary Tuberculosis.* Thèse de Paris, 1894.

THE author introduces into the trachea by a laryngeal syringe an oily solution of menthol, one in twenty. He injects once or twice a day five cubic centimètres of that solution. The antiseptic and analgesic effects of the menthol give an immediate relief in the tuberculous subjects, and a constant amelioration of cough and expectoration.

*A. Cartaz.*

**Solly, S. E.**—*Report upon Cases of Tubercular Laryngitis treated in Colorado Springs.* "Therapeutic Gazette," Nov. 15, 1893.

THE author deals with a large supply of material, and only gives cases which have been under observation for two years and upwards. He expresses his conviction that the majority of cases of laryngeal infection are of deep origin, and only the minority are infected by the passing sputum. He draws a favourable comparison between the high altitude of the springs (six thousand feet) and low altitudes in these cases. Out of two hundred and fifty cases of pulmonary disease the larynx was infected in eight per cent. The relative positions of the ulceration are stated. Those on the arytenoids and false cords alone showed an entire absence of improvement. Of the non-ulcerative, six were cured, eleven improved, five died, and three became worse. Of the ulcerative, two were cured, three improved, and fifteen died.

*R. Lake.*

**Hajek.**—*Case of Laryngeal Tuberculosis cured by Extirpation of the Epiglottis.* Gesellschaft der Aerzte in Wien. Meeting, March 9, 1894.

THE author removed the epiglottis in a case of severe tuberculous ulceration. The wound was touched with lactic acid. There was also infiltration of the right ventricular band, which the author extirpated by Krause's curette. This wound also was treated by lactic acid. Both wounds healed. Some weeks later the larynx was cured, the catarrh of the lung disappeared, and the weight of the patient increased nineteen pounds.

*Michael.*

**Seney** (Budapest).—*Foreign Body in the Trachea—Tracheotomy.* "Pesther Med. Chir. Woch.," 1894, No. 12.

A GIRL, six years old, swallowed (two weeks before she came under observation) a piece of wood. This was followed by attacks of suffocation, especially in the evening. When seen the child had stertorous respiration, attacks of suffocation, and dyspnoea on movement. Tracheotomy was performed, and followed by free respiration, so that it was presumed that the foreign body was lying over the opening of the trachea. Immediately following operation she suffered with general bronchitis. By laryngoscopic and tracheoscopic examination no foreign body could be found. Respiration remained free, so that it was believed that the foreign body had been expectorated unobserved. The tube was removed a month later, and was followed by a sudden attack of coughing, lasting twenty minutes, and ending by the expectoration of a piece of wood eleven millimètres long and eleven millimètres broad. The cure was complete.

*Michael.*

**Caven, John, and Weir, Thomas.**—*Foreign Bodies in the Stomach and Trachea.* "Canadian Practitioner," Feb., 1893.

THIS is a detailed statement of the case of an insane man who swallowed a silver-plated knife, silver-plated fork, and silver-plated spoon. On the following morning the patient complained of nausea, and when examined the articles could be felt through the abdominal wall, and on manipulation a distinct clinking could be heard in the stomach. Until within a week of his death (three months after swallowing the table utensils) his condition was much the same as it had been previously. At the autopsy a piece of glass, flat and four-sided, measuring thirteen-sixteenths, thirteen-sixteenths, four-sixteenths and fifteen-sixteenths of an inch on the different sides, was found lodged at the bifurcation of the trachea. During the life of the patient there had been no indications of a foreign body in the air passages. The glass had evidently been there for some time, as the mucous membrane was scarred by the sharp edges of the object. The stomach was found to be strongly adherent to the ileum and transverse colon, the surface embraced in the adhesions being about the size of a half-crown piece. The point at which the stomach was involved was about one and a half inches from the pylorus on the great curvature; ileum four inches from the ileocæcal valve; colon nine inches from cæcum. The handles of the knife and fork could be felt passing down through the ileum from the point of adhesion, and their extremities lodged in the cæcum; the bowl of the spoon could be felt in the duodenum, concavity forward, and its tip had caused ulceration through the anterior wall of the duodenum with a slit-like perforation into the peritoneal cavity, three and a half inches from the pylorus. The measurements were found to be as follows:—Knife, nine and a quarter inches long; fork, seven and seven-eighths inches; spoon, five and seven-eighths inches.

*George W. Major.*

**Scherck, H. J.**—*A Case of Fractured Rib as a result of a fit of Violent Coughing.* "New York Med. Journ.," April 7, 1894.

THE title explains the communication.

*R. Lake.*

**Day, F. L.**—*Twenty-six Cases of Intubation of the Larynx.* “Boston Med. and Surg. Journ.,” April 12, 1894.

EIGHTEEN of the patients died, and eight recovered. *R. Lake.*

**Schlesinger.**—*On Laryngeal Symptoms in Tabes Dorsalis.* Vienna Med. Club, May 2, 1894.

IN tabes three forms of laryngeal complications are observed: (1) Paralyses, (2) laryngeal crises, (3) ataxic motions of the vocal cords. Sometimes also ictus laryngis (vertigo laryngis) is noticed. Sometimes the laryngeal symptoms occur in the beginning of the disease; more often they arise later. The most common is the bilateral paralysis of the postici. The author examined such a case *post-mortem*, and found the medulla oblongata, the nuclei of vagus, and accessorius normal, but there was in both recurrents a marked degree of degenerative neuritis, and progressive degenerative atrophy of the crico-arytenoidei postici. The laryngei superiores nervi were intact. For the laryngeal crises a certain anatomical cause could not be found. *Michael.*

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### THYROID GLAND.

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**Hurthle** (Breslau).—*On the Methods of Secretion by the Thyroid Gland.* “Deutsche Med. Woch.,” 1894, No. 12.

OF all the hypotheses concerning the secretion of the thyroid gland, that one is most universally preferred that holds the gland to have a specifically important rôle in the chemistry of the body, either by destroying excreted products, or by production of a specific secretion necessary for life. The hypothesis is proved by the symptoms arising after removing the gland, and by the possibility of curing these symptoms by the administration of thyroid gland. The specific secretion cannot yet be produced chemically. The morphology of the gland also seems to prove this hypothesis. The author's experiments show that there are two forms of secretion: firstly, secretion of the follicular epithelium, *i.e.*, colloid formation; and, secondly, that formed by destruction of the cells. The secretion has no proved connection with the nervous system; for faradic irritation of the nervi laryngei and the sympathetici, the nutritive nerves of the gland, the secretion is not influenced. If in animals a large portion of the thyroid gland is removed the remainder of the gland shows signs of increased activity, the colloid in the epithelium being increased. Colloid production is also increased by ligature of the ductus choledochus. The contents of the follicles is absorbed in two ways, either by rupture of the follicles, or through the intercellular spaces. *Michael.*

**Rehn** (Frankfurt-a-M.).—*On Morbus Basedowii (Graves' Disease).* “Deutsche Med. Woch.,” 1894, No. 12.

THE author believes that the symptoms of Basedow's disease are caused by auto-intoxæmia from excessive absorption of the secretion of the thyroid gland. In no case of the disease has total absence of the goitre been observed. Not only patients with tracheal stenosis, but all who have a