LARYNX.

Curtil, **M.**—*Primary Arytænoid Abscess.* "Annales des Maladies de l'Oreille, du Larynx, du Nez, et du Pharynx," October, 1910.

A woman, aged twenty-two, by trade a furrier, complained of acute pain on deglutition and very marked dyspnœa. There was nothing of note in her family history. She had never before suffered from her throat. No history of syphilis. The onset was insidious. Pricking sensations were at first experienced very low down on the right side of the neck, which were shortly afterwards succeeded by severe pain on deglutition and deep respiration. Lancinating pains were also felt radiating up to the right ear. Deglutition became almost impossible, save for fluids. Spontaneous pain was absent. At the commencement of the second week the temperature rose slightly and the voice became raucous, at times bi-tonal and finally aphonic. The general health was good. Laryngoscopic examination: The right arytænoid was swollen, red, and œdematous; it extended backwards and also overhung the glottis, but not to the extent of interfering with the breath-way. The right vocal cord, normal in colour, was stationary in the middle line. The left cord was in every respect normal. Anterior rhinoscopy revealed enlarged inferior turbinated bodies. There was partial nasal obstruction. Posterior rhinoscopy showed that the naso-pharynx was slightly congested. After anæsthetising the arytænoid with cocaine, it was incised with the galvano-cautery over its most prominent part; thick yellow pus escaped and the abscess cavity was partially emptied. Microscopic examination of the discharge revealed the presence of diplococci and streptococci. On the following day deglutition became possible and the voice returned to some extent. Laryngoscopy showed that the arytænoid was much reduced in size, less red, and that the right cord was slightly mobile. The lungs and heart were normal and there had been neither sugar nor albumen in the urine. The auther remarks on the rarity of arytænoid abscesses. Usually the local infection is preceded by a general one: pneumonia and influenza are often followed by benign laryngeal abscess. At other times abscess formation has been a sequel to acute laryngitis or the inclusion of foreign bodies in the mucosa, *e.g.* fish-bones, etc. In the present case the writer holds the vitiated atmosphere in which the patient worked responsible for the infection. Finally, attention is drawn to the fact that the abscess was submucous, and that the perichondrium was not involved, as was evidenced by the rapid return to normal of the affected region. *H. Clayton Fox.*

McCardie, W. J.—*Death due to Inspiration of Gummatous Material from a Gumma which had Burst during Chloroform Anæsthesia.* "Proc. Roy. Soc. Med." (Anæsthetic Section), March, 1911.

The patient, male, aged forty-three, suffered from hernia of the testis, and also from bronchitis. Chloroform was administered by the house-surgeon, and the patient was nervous and struggled. During the act of lifting the patient on to the operating table the face became suddenly cyanosed and respiration stopped, although the pupils were normal, the corneal reflex active, and the pulse easily felt. In spite of tracheotomy and artificial respiration the patient died. *Post-mortem*, a broken-down gumma was found at the bifurcation of the trachea, and the main bronchi on both sides were blocked with pus. *J. S. Fraser.*

https://doi.org/10.1017/S1755146300186597 Published online by Cambridge University Press

Koenig, C. I. (Paris).—*Treatment of Singers' Nodes and other Excrescences of the Cords by Galvano-cauterisation; "A New Guarded Cautery."* "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," November, 1910.

The author considers removal of singers' nodes and polypoid excrescences by the galvano-cautery preferable to ablation by forceps or the double curette. By this method the amount of tissue removed can be more exactly gauged. Moreover, the sealing of the vessels and lymphatics does much to prevent post-operative infection. He works with a specially constructed cautery-burner. The platinum is for the most part protected by a sheath of copper, but at one point projects through the sheath in the form of a bead, which constitutes the cautery point. When the current is on this bright little sphere stands out prominently against the copper background under reflected light, greatly facilitating precision during operation. *H. Clayton Fox.*

TRACHEA AND ŒSOPHAGUS.

Large (Secord H.).—*Some of my Mishaps in Seventy-five Cases of Tracheo-bronchoscopy and Œsophagoscopy.* "Laryngoscope," November, 1910, p. 1050.

Four fatal cases are reported:

(1) Child, aged eighteen months, inhaled the kernel of a pea-nut. Owing to delay the patient was *in extremis* before any attempt was made to remove the foreign body. Removal was rapidly and successfully accomplished, but the child died.

(2) Child, aged two. Diagnosis of foreign body in the bronchus made from the physical signs in the chest. Upper bronchoscopy was tried and the foreign body seen, but it was too large to enter the tube. A low tracheotomy was then performed, and the foreign body, a bean, removed. The child was suffering from pneumonia at the time of the operation, and died some hours later. Like the first case the fatal issue would have been avoided if the child had been seen earlier.

(3) An œsophageal case in an adult. The patient was only able to swallow liquids, and that with difficulty. Cancer was diagnosed, and the œsophagoscope was passed in order to obtain a specimen for examination. The piece of "growth" removed was found to consist of lung-tissue. The patient died twenty-four hours later. A *post-mortem* was not obtained. The author used no pressure in inserting the tube, and is unable to explain why he got lung-tissue, unless the carcinoma had ulcerated through into the lung.

(4) Child, aged eighteen months, with a penny in the œsophagus just below the cricoid. The author tried to pass the œsophagoscope, but the opening of the œsophagus was very tight and hyperæmic, and as he feared to use force the attempt was given up. Œsophagotomy was resolved upon, but the child died before the operation.

In cases of foreign body in children the author follows Jackson's rule of first attempting removal without any anæsthetic whatever, local or general. The article concludes with several valuable practical hints.

Dan McKenzie.

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