

same time that the loop is drawn home, and by the same action. In this way the aid of an assistant to work the indispensable rheostat (or other modifying means) is avoided. He further recommends that the cautery wires instead of passing through complete tubes, in which the amount of friction is enormous, should lie exposed except at the points where they may go through small guiding rings. He is in favour of the use of the galvano-caustic snare for the removal of enlarged tonsils. A simplified method for the adaptation of the public electric light installation to galvano-caustic purposes is described in the same paper. (Dr. Macintyre, of Glasgow, devised a means for minimizing the increase of heat during the shortening of the cautery loop, by which the copper leads were drawn back, and not the cautery wire alone.) *Dundas Grant.*

Ullmann (Berlin).—*Treatment of Whooping Cough.* "Archiv für Kinderheilk.," Band II, Heft I.

CHILDREN should be as much as possible in the fresh air.

Michael.

PHARYNX, ŒSOPHAGUS, LARYNX, &C.

Foster, Hal.—*The Use of Local Applications of Guaiacol in Diseases of the Throat.* "Arch. of Ophthal. and Otol.," April, 1895.

PURE guaiacol is advocated as a local application in tonsillitis and tubercular ulcers of the pharynx. *K. Iakc.*

Goschel.—Aerztlicher Verein in Nürnberg, Meeting, July 4, 1895.

THE author showed a specimen of *Cancer of the Tongue and Epiglottis*. The patient, thirty-six years old, suffered from pains in the throat and loss of weight. The examination showed the epiglottis to be cancerous, and also that the posterior part of the tongue was affected. The operation of pharyngotomy was performed, and the cancer removed, including the epiglottis and a piece of the tongue. Three weeks later sudden death occurred from hæmorrhage. The *post-mortem* examination showed that an aneurism of the aorta had perforated the œsophagus.

Bauer also relates a case of *Cancer of the Œsophagus combined with Aneurism of the Aorta.* *Michael.*

Dumstrey (Leipzig).—*Dermoid Cyst of the Tongue.* "Deutsche Med. Woch.," 1895, No. 35.

FROM a patient, twenty-seven years old, the author extirpated a tumour of the size of a fist, situated under the tongue. Examination showed it to be a dermoid cyst. *Michael.*

Gouguenheim and Ripault (Paris).—*On Peri-Tonsillar Abscesses.* "Annal. des Mal. de l'Oreille, etc.," Sept., 1894.

THESE authors consider the intra-tonsillar (folliculo-cryptitic) abscess to be much more common than the peri-tonsillar, of both of which they give a clear description. They refer to the rare occurrence of "repeating" peri-tonsillar abscesses, which may leave a sinus of obstinate character, calling for extensive opening. The now recognized site for puncture external to the tonsil is described, and in case of doubt as to the position of the pus, aspiration, by means of a hypodermic syringe, is recommended. They never have recourse to bromide of ethyl or to cocaine. [Our impression is that the peri-tonsillar form is the more frequent. We

always employ cocaine before incising. It permits of a more complete examination of the abscess, which occasionally points behind the tonsil instead of in the single locality mentioned.—ED.] *Dundas Grant.*

Adler (Breslau).—*The Innervation of the Velum Palatinum.* "Jahresb. der Gesellsch. für Vaterländ. Cultur," 1894.

IN a case of syringomyelia the author observed paralysis of the left side of the soft palate, and cadaveric position and atrophy of the left vocal band. *Michael.*

Sachsaler (Graz).—*Pemphigus Conjunctivæ.* "Klin. Monatsbl. für Augenheilk.," 1894, No. 8.

THE author describes a case of conjunctival pemphigus combined with eruptions, of the same character on the soft palate, uvula and pharynx. *Michael.*

Hand, A.—*A Case of Retro-Pharyngeal Abscess.* "Arch. Pediat.," July, 1895.

AN account of a case which was secondary to an attack of parotitis. *R. Lake.*

Buss (Bremen).—*Etiology of Œsophageal Strictures, and the Origin of Pneumo-thorax by Internal Trauma.* "Deutsche Med. Woch.," 1895, No. 23.

THE author refers to the result of the *post-mortem* examination of a patient who died from pneumo-thorax. The latter arose by perforation of the strictured œsophagus with a probe. The stenosis was caused by enlarged caseous glands compressing the œsophagus. *Michael.*

Marwedel.—*On Resection of the Œsophagus.* Naturhistorischer Medizinischer Verein zu Heidelberg, Meeting, June 25, 1895.

IN a patient, thirty-five years old, suffering from a cancer of the œsophagus, situated in the cricoid region, Czerny performed resection of the diseased part. After-treatment consisted of the use of the œsophageal bougie. The patient could swallow without difficulty, but during the night she had to wear the bougie to prevent the contraction of the cicatrix. *Michael.*

Brasch (Magdeburg). — *Clinical Researches on Disturbances of the Voice.* Inaugural Dissertation. Berlin. 1894.

REVIEW. *Michael.*

Paulsen (Kiel).—*On the Singing Voice of Children.* "Archiv für die gesammte Physiologie," Band 61.

THE author has examined three thousand children in the schools of Kiel as to their singing voice, and gives the results in carefully-arranged tables. The interesting details of his investigation must be seen in the original. *Michael.*

Schlotman. — *Four Cases of Peripheral Paralysis of the Accessory Nerve.* "Deutsche Zeitsch. für Nervenheilk.," 1894, No. 6.

THE author concludes that the larynx is innervated both by the vagus and by the accessory nerves. *Michael.*

Weinbrand (Strasburg).—*Two Cases of Syringomyelia combined with Paralysis of the Posticus Nerve and Atrophy of the Cucullaris.* "Deutsche Zeitsch. für Nervenheilk.," 1894, No. 6.

CONTENTS indicated in the title. *Michael.*

Priester (Gradendorf).—*Case of Protracted Atypical Spasmus Glottitis, Tetanus Laryngis.* "Wiener Med. Woch.," 1895, No. 29.

CASE of laryngismus stridulus infantum without interest. *Michael.*

Landessen.—*Two cases of Acute Laryngitis.* Aerzte Verein in Reval, Meeting, Nov., 1893.

1. A PATIENT, forty years old, suddenly had an attack of suffocation; the laryngoscope showed subglottic swelling. Application of ice resulted in cure.

2. A young lady, affected for some days with influenza, suddenly got attacks of suffocation. Application of ice resulted in cure. *Michael.*

Reich (Elberfeld).—*Laryngeal Syringe for Submucous Injections.* "Deutsche Med. Woch.," 1895, No. 24.

HERYNG'S syringe, with covered needle. *Michael.*

Brown, Dillon.—*A New Extractor for the Removal of Intubation Tubes from the Larynx.* "Med. News," July 6, 1895.

A STIFF wire loop is attached to the head of the tube transversely, and bent back to follow the curve of the head of the tube, and a groove is cut in the head beneath its centre. The extractor is a simple hook fastened by an ingenious method to the finger. *R. Lake.*

Baurowicz (Krakau).—*On the so-called Chorditis Vocalis Inferior Hypertrophica.* "Wiener Klin. Woch.," 1895, No. 20.

IN numerous cases examined by the author he always found the disease to be caused by scleroma. *Michael.*

Grünwald (Munich).—*Anal Fistula—Tuberculosis of the Skin—Tuberculosis of the Cricoid Cartilage—Laryngeal Sequestrum.* "Münchener Med. Woch.," 1895, No. 22.

IN a tuberculous patient, forty-five years old, suffering from dyspnoea, the author saw swelling and immobility of the left arytenoid cartilage. He performed tracheotomy, laryngotomy, and extirpation of the necrotic part of the cricoid cartilage. There resulted cure of the wound, but a stenosis of the larynx remained. Sudden death occurred, some months later, from hæmorrhage. The *post-mortem* examination showed on the left side of the larynx a hard white cicatrix, an abscess of the thyroid cartilage, and œdema of the glottis. In another case of laryngeal tuberculosis, operated upon four and a half years before, the patient is still in good health. The author recommends the operation. *Michael.*

Conway, J. R.—*Creosote as a specific in Tuberculosis when used in large doses.* "New York Med. Journ.," June 1, 1895.

THE author has treated four hundred cases with this drug, and says although this list comprises laryngeal and other complications, he has so far not been disappointed in a single instance. He insists, firstly, on the quality of the drug used, and the method of administration; he gives it in capsules with cod-liver oil in the proportion of one to two. The stomach can be made to tolerate doses of close on half a drachm, which are administered immediately after meals, one patient having thus taken 30,000 minims in three years. If gastric disturbance is present it must be allayed before treatment by creosote is commenced. The initial dose is two minims *ter in die*, increased every fourth day by two minims until twelve

minim doses are arrived at. The effect is watched, and the dose increased necessary up to twenty minim doses. This applies to acute cases; chronic require a less rapid increase, and not so high a dosage. *R. Lake.*

Levy, R.—*The Treatment of Laryngeal Tuberculosis.* "New York Med. Journ.," July 20, 1895.

THE paper commences with an elaborate *résumé* of approved treatments, and concludes with a tabular list of forty-two cases treated at Colorado, and two cases in full—one a case in which the laryngeal disease preceded the pulmonary manifestations by two months; the other, a case in which the epiglottis was largely destroyed, was cured by the application of lactic acid after curettement. *R. Lake.*

Clark, J. Payson.—*Tubercular Tumours of the Larynx.* "Amer. Journ. Med. Science," May, 1895.

PREVIOUSLY reported cases are reviewed, and the following case of the author's reported. The patient was a woman, thirty-one years of age, who had suffered with hoarseness for three and a half years; examination showed a smooth, sessile, dimpled growth, springing from the left ventricular band. This was removed with a snare. The patient gained twenty-five pounds in six months, and examination of the chest was negative. The growth was made up of miliary tubercles and submucous tissue. The affection is one of middle life, and affects males more frequently than females (23 to 9); only four out of forty-two cases had no pulmonary tubercle either before or after. They are of slow growth and sometimes multiple, and the symptoms hoarseness, often dyspnoea, more rarely dysphagia, and no pain as a rule. *R. Lake.*

Ambler, C. P.—*Perichondritis of the Laryngeal Cartilages.* "New York Med. Journ.," May 4, 1895.

THE author refers to the work of Bosworth and Von Ziemsen and then deals with the difficulty in diagnosis, until there is no longer room for doubt from thrown off cartilage, or an open fistula.

When the arytenoid is involved, deglutition is interfered with, but dyspnoea is seldom present; if the crico-arytenoid joint is involved, fixation of the joint will ensue, with hoarse voice. In perichondritis of the thyroid, the external symptoms are most marked; in that of the cricoid, laryngeal stenosis is most prominent, on account of the protuberance of the abscess. The prognosis is always guarded. The treatment at first is actively antiphlogistic, both local and general, and directed later to the relief of symptoms and removal of dead tissues, etc.

Four new cases are added by the author: (1) A boy, aged fourteen, with a fistula passing through the thyroid, which was not cured. (2) A female had had laryngeal trouble for some time, and had spontaneously evacuated an abscess of the left arytenoid one year before. The right was now involved, and that abscess was incised one month later, with the greatest relief. (3) A boy, aged eight, with a fistulous tract from the sterno-clavicular articulation to the cricoid cartilage; when a laryngoscopic examination was made, the probe appeared in the larynx. (4) One of arytenoid disease in a lady, aged fifty-four, with a subglottic growth, who improved under treatment; this case was probably tubercular. *R. Lake.*

Mandowzki (Greiz).—*Some cases of Foreign Bodies in the Air Passages.* "Deutsche Med. Woch.," 1895, No. 30.

1. A CHILD, three years old, inspired a needle. Since that time the child had much cough, and pains in the throat. In the nose and mouth no foreign body could be found. Laryngoscopic examination was not possible. On the left

lung moist sounds and rhonchi were observed. During the next few months the cough and the moist sounds increased; the child became feverish, and died four months after the event. The *post-mortem* examination showed chronic inflammation of the left lung. A needle six centimètres in length was found in the hilus of the left lung. The situation of the needle was one centimètre below the bifurcation, and its head closed a bronchus.

2. A child, seven years old, inspired a piece of thuja wood. There followed cough, fever, pain in the chest, moist sounds on the left side of the lung. Eight days later there occurred expectoration of half a litre of pus and the piece of wood. Slow convalescence followed, ending in cure.

3. A child, eight years old, inspired a corn spike. He had an attack of suffocation, and during the next few days pains in the left side of the chest, and a pleuro-pneumonia. Some days later the child coughed out a spike five centimètres in length. Cure resulted.

4. A patient, thirty years old, inspired a piece of an almond. During the next few days pains in the chest and severe cough occurred. Some days later the patient coughed out the foreign body and was cured.

5. A patient, sixty-four years old, died suddenly during eating. The *post-mortem* examination showed a piece of mutton impacted in the larynx and filling its lumen.

Michael.

Bors, L.—*Intubation, with forced Dilatation of the Larynx, lasting only a few minutes, for Diphtheria and Croup (with Description of Dilator).* "New York Med. Journ.," June 29, 1895.

FALSE membrane is said by the author rarely to recur more than once, and forced dilatation is recommended, if necessary, every two and a half hours for as long as two or three days.

R. Lake.

Young, H. H.—*Tracheotomy in Emergencies.* "New York Med. Journ.," April 27, 1895.

A DESCRIPTION of a case in which in the absence of a tracheotomy tube one was made of a bent glass tube, with a wooden cross-piece. The glass tube was wrapped in thread to prevent fracture.

R. Lake.

Buchholz (Riga).—*Two cases of Fatal Bleeding following Tracheotomy performed for Diphtheria.* "Petersburger Med. Woch.," 1895, No. 24.

1. A CHILD, one year and a half old, was tracheotomized for diphtheria. Ten days later severe hæmorrhage occurred through the tracheal wound, and ended in death. The *post-mortem* examination showed a perforation of the trachea communicating with the also perforated truncus anonymus.

2. A child, one year and nine months old, was tracheotomized during diphtheria. Three days later an arterial hæmorrhage occurred through the tracheal wound. Next day there was improvement. Three days later a second hæmorrhage was followed by death. The *post-mortem* examination showed perforation of the trachea communicating with a cavity in the truncus anonymus.

Michael.

Porcher, W. P.—*Thyrotomy for Epithelioma.* "New York Med. Journ.," July 13, 1895.

THIS case was reported on the twentieth day after the operation for an epithelioma, involving the left arytenoid and false vocal cord, and which was removed by curettement. The wound had healed when the case was reported.

R. Lake.