LARYNX.

Burkart (Bonn).—*On the Centripetal Conduction of the Vagus Nerve, especially of the Nervus Laryngeus Inferior.* "Berliner Klin. Woch.," 1892, No. 39.

POLEMICAL article directed against Burger. *Michael.*

Chiari (Wien).—*On the Existence of Glands in Polypi and Nodules of the Vocal Cords.* "Prager Med. Woch.," 1892, No. 37.

IN another publication the author has described cysts in polypi (see the report in this Journal). In one of three cases now observed he always found a cyst arise from a gland, the duct of which was closed.

Michael.

Rethi (Wien).—*The Act of Swallowing and its Relation to the Larynx.* "Wiener Med. Presse," 1892, Nos. 16 to 19.

PHYSIOLOGICAL experiments performed by the author gave the following results:—The bolus, being prevented from moving forward, is pressed backwards by the action of the mylohyoidei. The larynx is closed by contraction of all its muscles. Details must be read in the original.

Michael.

Shaw, E. A. (Wakefield).—*Aphasia and Deafness: Cerebral Wasting of the corresponding Cortical Areas.* "Brit. Med. Journ.," Feb. 27, 1892.

THE above conditions were noted in the case of a female (widow) aged seventy-two, supervening on a fit which deprived her of speech and the use of both right limbs. This attack was preceded by an apoplectic seizure from which she recovered, and after which a deafness, from which she had suffered since six years of age, disappeared. With the second seizure deafness returned. (No record of examination of ears.) Amongst other lesions of the several cortical areas there was observed orange-red softening of the superior and part of the middle left tempero-sphenoidal convolutions. The author suggests the term kophemia (κωφος, deaf, and φημη, speech), to express failure of cortical perception for spoken words.

Wm. Robertson.

Bach, James A. (Milwaukee). — *Hysterical Aphonia, with Special Reference to a Plan of Treatment, and a Report of Cases.* "New York Med. Journ.," Oct. 22, 1892.

THE etiology of hysterical aphonia is somewhat similar to that of other hysterical affections. It is less a local than a general trouble manifesting itself locally. In many cases no definite cause is apparent. The voice may disappear either gradually or suddenly. Central nerve stimulation appears to be lost, and the muscles of phonation are practically paralyzed. This condition is frequently accompanied by paresis of the tongue and pharynx. In addition, partial or complete anæsthesia of the larynx is generally present. In some of the severe forms of hysterial aphonia

patients lose their power of whispering, even although the tongue retains its power of motion. Since whispering, however, is not a function of the vocal cords, there is no good reason for such a complication unless these organs be paralyzed, which, however, is generally not the case. Patients can usually be convinced of this fact, and hence confidence is gained. The treatment the author advocates is to teach the patient inductively to regain control of the larynx, to innervate properly the muscles of the vocal cords, and so to produce voice. When inability to whisper is apparent the patient should be directed to inhale deeply, and to blow out again with a puckered mouth, and after this to blow with the tongue pressed against the upper teeth, producing the sound "s." Should the patient try to evade the production of whispered sound in this manner by holding his breath, a sudden pressure upon the chest, sufficiently hard to expel the air, will at once get him over this fault, and he will in a few moments be able to whisper. In order to get the patient to produce the first tone some mechanical or chemical irritation of the larynx is required so as to excite cough. When intra-laryngeal anæsthesia is great some more irritating fluid—*e.g.*, warm water—may be injected into the larynx in order to produce cough. In connection with this cough, it is well to make the patient close the mouth, and produce a rasping movement in the throat, as though trying to free it from mucus, while at the same time the physician, supporting the larynx with his hand, exerts some lateral pressure. After having repeated the cough five or six times the patient will have gained sufficient control of central stimulation to produce a cough. It now becomes a simple matter to continue this cough, and to produce the vowel "a" at each effort; then "e," and so on until all the vowels have been coughed. Consonants may then be added —*e.g.*, "ad," "ed," "id," etc. In this way the patient is gradually taught to utter words, and then sentences. Several cases are reported to illustrate the satisfactory results attained by practising this procedure.

W. Milligan.

Green, J. T. (Tucson, U.S.A.).—*Absolute Rest of the Parts the Best Treatment for Lesions of the Vocal Cords.* "Med. Rec.," July 9, 1892.

DIFFICULT as it is, absolute rest is to be insisted on. Unfortunately, it is almost impossible to obtain it. Even whispering has been observed to produce obvious deleterious effects. Out of twenty patients to whom the author ordered this absolute dumbness one alone had force of will sufficient to practise it, but the result was most brilliant. This patient was a physician, who, during the necessary period, carried on his practice by means of slate and pencil.

Dundas Grant.

Holden, E. H. R. (Birmingham).—*Foreign Body in the Larynx; Laryngo-Tracheotomy; Removal; Recovery.*

IN the case of a boy, aged fourteen months, a hook, becoming suddenly disengaged from the mother's dress, fell into the child's food and became engorged in its larynx, causing stridor and cough. After dividing the cricoid (twenty-five hours after the accident) and introducing a probe upwards, a metallic body was felt and could be seen by separating the edges of the

cricoid. With sinus forceps the dress-hook was readily extracted, the patient leaving the hospital in twenty days. *Wm. Robertson.*

Heymann.—*On Traumatism of the Larynx.* Verein für innere Medicin in Berlin. Meeting, Oct. 24, 1892.

THE author examined a patient with the laryngoscope some hours after a fracture of the cricoid cartilage. He found the right arytenoid cartilage œdematous; the cricoid cartilage was cleft; the right vocal cord was mobile; both ligaments were red and thickened. Treated with ice cure followed twelve days later. The author also observed a patient who had been hoarse since his sixth year, when he was tracheotomized for diphtheria. The incision had cut the thyroid gland, and produced fixation of the left vocal cord by a cicatrix.

OPPENHEIMER showed a revolver ball, extracted from the nose of a syphilitic man who had shot himself in the head twelve years before. *Michael.*

Moritz (Manchester).—*Primary Lupus of the Larynx.* "Brit. Med. Journ."

IN a man aged twenty-five, where the voice had become rough and husky a year ago, without cough or expectoration, pain slight, history good, lungs and other organs healthy, no bacilli in sputum; laryngoscopically part of the epiglottis was destroyed, the rest thickened and covered by nodules. Both ary-epiglottic folds were converted into nodular masses, the right with a loss of substance. A large inter-arytenoid loss of tissue was found. The ventricular bands were represented by nodular masses, while the vocal cords were nearly gone, the remaining parts thickened and nodular. The laryngeal mucosa was thickened and red. *Wm. Robertson.*

Gebb.—*On Benign Neoplasms of the Larynx.* Inaugural Dissertation, Würzburg, 1892.

A REPORT of twenty-one cases observed in Seiffert's ambulatorium. There were (1) seven fibromata; (2) nine cysts; (3) one angioma of the right sinus Morgagni, occurring in a patient sixty-five years old; (4) four papillomata. Of these two were children, and one of them died after tracheotomy. *Michael.*

Kulenkampt and Noltenius (Bremen).—*Cancroid of the Larynx cured by Unilateral Extirpation.* "Berliner Klin. Woch.," 1892, No. 35.

A PATIENT, fifty-nine years old, was rather hoarse. The right vocal band was red and enlarged. There was no marked disturbance of mobility. Some months later pain in the head was complained of. Carcinoma was suspected. Galvano-caustic treatment was adopted. Three months later complete immobility of the right vocal band occurred. A little piece was excised and examined by Prof. Heller, who found thickened epithelium, with no certain evidence of cancer, but said that cancer could not be excluded. Prof. Krause, who also examined a piece, diagnosed carcinoma. The clinical diagnosis was made by the unilateral nature of the affection while the whole larynx was normal, the early occurrence of headache and radiating pains, and the immobility. No enlargement of glands existed. Operation was undertaken, viz., tracheotomy

and tamponing of the trachea with extirpation of the half of the larynx. Eighteen days later cure resulted. Ten months later the voice was rather hoarse, the general health normal, and there was no recurrence.
Michael.

Galatti (Wien).—*On Intubation.* "Wiener Med. Woch.," 1892, No. 22.

REPORT of fifty cases, with remarks. Nothing new. *Michael.*

Bokay (Buda-Pesth).—*My Experiences with O'Dwyer's Intubation.* "Jahrb. für Kinderheilk.," Band 32, Heft 3.

SEE the report of the meeting of the Pesther Med. Chirurg. Gesellschaft in this Journal for 1891. *Michael.*

Ewart, Wm. (London).—*Remarks on Tracheal Tugging, and on its Clinical Value.* "Brit. Med. Journ.," March 7, 1892.

A PHENOMENON, according to the author, observed in twenty-eight per cent. females and fifty per cent. males, in the absence of aortic disease, its demonstration being favoured by cardiac excitement and forced inspiration. In considering the value of tracheal tugging in the diagnosis of thoracic aneurism, the author instances cases where at one time it was confirmatory and at another nugatory. As to the supposed mechanism of tracheal tugging, any increase of or bulging, posteriorly or inferiorly, of the aorta passing over the left bronchus would cause the tugging. If, for example, the left vocal cord were paralyzed without tugging, then the probable conditions might be no posterior bulging, but some anterior enlargement of the arch of the aorta. The author *inter alia* attributes the slighter forms of tracheal tugging to the sphere of the pulmonary artery. *Wm. Robertson.*

THYROID GLAND AND NECK.

Cristiani (Geneva).—*Researches on the Thyroid Gland of the Rat.* "Rev. Méd. de la Suisse Romande," Nov. 20, 1892.

I. *On Thyroidectomy in the Rat.*

The rat and rabbit are exceptions to the general rule that morbid symptoms follow total extirpation of the thyroid gland. In the rabbit, M. Gley has lately proved that two small accessory organs exist, placed below the thyroid gland, which, in the absence of the thyroid, develop and can replace the latter. Their ablation, along with or after ablation of the principal thyroid organs, determines the death of the animals. The author has studied the effects of thyroidectomy in the rat in forty-six cases, and concludes :—

(1) Total thyroidectomy causes death in from a few hours to some days, with symptoms like other animals, especially the cat.

(2) In cases in which the animal survives, which are numerous, extirpation of the organ has not been complete ; subsequent operation has