

LARYNX.

Tratman, Frank—A Case of Fibroma of the Larynx. "Australasian Medical Gazette," August 21, 1911.

A man, aged fifty-four, suffered from hoarseness with dry cough. The whole of right vocal cord was red, and had on its middle a swelling as large as a pea, sessile and not ulcerated. The whole of the right cord with the growth and the contiguous part of the thyroid cartilage to which it was adherent was removed by thyrotomy. Tracheotomy tube removed at once and wound sewn up in whole length. A section showed the growth to be a pure fibroma. Patient left the hospital in eight days. [As "malignancy was not suspected," one wonders why so radical an operation was considered necessary.—Ref.] *A. J. Brady.*

Oppikofer, E. (Basle).—Necrotic Inflammation of the Larynx, Trachea, and Œsophagus in Scarlet Fever. "Archiv für Laryngol.," vol. xxv, Part 2.

A downward extension of the necrotic process in severe scarlatinal angina has been hitherto regarded as very exceptional, and many of the text-books refer to this complication either very briefly or not at all. The author found among the records of 128 *post-mortem* examinations in scarlet fever cases, carried out at the Pathological Institute at Basle between the years 1874 and 1911, 92 instances of inflammation in the larynx, trachea or Œsophagus; and in 66 of these the process was definitely necrotic. A short description is given of the condition found in each of the 66 cases, from which it appears that the laryngo-tracheal and œsophageal disease is probably always secondary to, and a downward extension of, a severe scarlatinal angina. The parts about the entrance to the larynx were most often attacked, but extension to the interior of the larynx was not infrequent; in 14 cases the trachea and in 3 the bronchi were also involved. Ulceration was found in the œsophagus in 15 cases, in all except 3 of which the larynx was also affected. Of the 66 patients 37 were males and 29 females, and the ages varied between a half and twenty-five years. Severe necrotic inflammation of the larynx and œsophagus was much more frequent in the earlier than in the later years of childhood, but even adults were not completely exempt. The author believes that in spite of the great rapidity with which destruction of tissue takes place in scarlet fever an early and rational local treatment may be of value in such cases in limiting the necrotic inflammation to its primary seat in the pharynx. The paper includes a detailed review of the literature. *Thomas Guthrie.*

EAR.

Weil, Arthur J.—Acute Otitis in Measles, Diphtheria and Scarlet Fever. "New Orleans Med. and Surg. Journ.," vol. iv, p. 210.

The author discusses frequency, and gives the origin of acute otitis thus: Scarlet fever—(1) Toxins of the disease; (2) extension from the throat; (3) general weakness and emaciation. Diphtheria affecting—(1) External auditory canal; (2) internal ear, analogous to post-diphtheritic paralysis of the soft palate, etc.; (3) Eustachian tube and middle ear; (4) middle ear similarly to the affections caused by scarlet fever or measles. *Ætiology, prophylaxis, diagnosis, bacteriology, treatment and prognosis* are separately dealt with in a useful paper. *Macleod Yearsley.*

Grazzi V. (Florence).—The Organ of Hearing in Connection with Railway Management. Congress of Medical Officers of Italian Railways, Florence, 1910.

Prof. Grazzi, in his remarks, prefixed a few considerations on the fact, not very easily to be comprehended, that the organ of hearing, one of the most important of all the senses, and one which plays so great a part in regulating the movements of railways, should have been, at any rate in Italy, completely neglected up to the present time, while in some nations among various railway companies the institution of official aurists has been in existence for many years past. Dr. Grazzi then briefly recorded the history of the establishment of a medical service for the care of the ear in connection with the railway. He explained the damage which is suffered, both by travellers and by employes, closely related with the working of trains, through the transgression of certain rules of hygiene concerning the principal respiratory passages and the organs of hearing themselves.

As a remedy for such great inconveniences he advised the diffusion of otological knowledge among medical men and the public. For the first of these it would be necessary to render the teaching of otology obligatory in all the universities, whereas at present in Italy there are few colleges set apart for this most important branch of general medicine. To obtain the second he recommends the diffusion of elementary facts concerning the hygiene of the ear and of the principal respiratory passages by means of practical manuals to be distributed gratis among the employes of the railways, and of suitable advice printed on sheets to be affixed in the waiting-rooms of the stations for the instruction of travellers.

Finally, to obviate the various dangers which the organ of hearing undergoes, not only in those who are immediately connected with the working of trains but also in those who travel, Dr. Grazzi believes it would be of great use and of immediate effect to lower, as far as is possible, the tonality of various acoustic signals actually in use upon the railways. By lowering, with due precautions (suggested by physical and suitable experiments), the acuteness of whistles, bells, sirens, etc., as is done in many steamers, their efficiency would not be diminished and the acoustic organs of the employes and of travellers themselves would be spared immeasurable damage. W.

Holmes, E. M.—A Case of Vertigo cured by Treatment of the Eustachian Tube. "Boston Med. and Surg. Journ.," June 15, 1911, p. 848.

A woman, aged fifty-two. Symptoms followed a cold in March, 1910. Deafness, low rumbling tinnitus, and increasing vertigo. Both membranes retracted and thickened. Treated by regular catheterisation from September 8, 1910, to January 5, 1911, without improvement. Tests gave middle-ear reactions. The naso-pharyngoscope showed the right Eustachian tube moderately swollen and injected, the left tube much swollen and its movements restricted, the posterior boundary of the left Rosenmüller's fossa in contact with the Eustachian cushion, but no adhesions. Applications of argyrol (15–20 per cent.) were made every other day, reducing the swelling, curing the vertigo, and causing the membrane to lose its markedly retracted appearance. Treatment was continued to March 16, 1911 (commenced January 5). The case is carefully reported, and is important as showing the great value of the naso-pharyngoscope.

Macleod Yearsley.

Dortu, P. (Liège).—Abscess of the Cerebellum, and Chronic Suppuration of the Labyrinth Complicating Chronic Otitis Media. "Rev. Hebd. de Laryngol., d'Otol., et de Rhinol.," February 11, 1911.

The case recorded occurred before the method of testing the labyrinth was understood. The patient, a boy, aged eleven, had a severe rigor, followed by pains in and around the left ear, and discharge. Four days later another rigor occurred, this time followed by vertigo, nausea, and repeated vomiting as well as increased pain.

On admission to the hospital, eight days after the onset, the boy was seriously ill. The head was strongly bent towards the left shoulder by a painful torticollis. In the left auditory meatus was a small quantity of fetid pus, and a large granulation springing from a perforation in the attic. There was left facial paralysis. The gait was uncertain and staggering, with a tendency to deviate away from the side of the lesion. There was intense vertigo and nausea. Romberg's sign was pronounced. The pulse 100 and the temperature 98.7° F. Examined by lumbar puncture the cerebro-spinal fluid was normal.

A radical mastoid operation, performed the next day, gave great relief, but two days later severe occipital pain came on, with drowsiness and asthenia. The pulse fell to 54. The left arm and leg became paretic, with exaggeration of the patellar reflex. There was mydriasis and commencing papillitis. The cerebellum was explored, but no pus was found. The following day the patient suddenly became comatose and died.

At the autopsy a fistula was found in the left external semicircular canal, the whole of the left labyrinth was suppurating, and there was an abscess in the left lobe of the cerebellum. *Chichele Nourse.*

Pommerehne, F. (Brunswick).—Abscess of the Left Temporal Lobe with Sensory Aphasia, etc. "Arch. f. Ohrenheilk.," Bd. lxxxii, Heft 1 and 2, p. 25.

The patient was a woman, aged twenty-five, with chronic suppuration in both ears. General malaise, apathy, somnolence and inability to answer questions were noted, and severe headache radiating from the left ear gave the clue to the side of the brain affected. The interesting feature in the symptom picture exhibited by the case lay in the presence of complete ophthalmoplegia affecting the left eye, together with partial paralysis of the muscles of the right eye. [In the title of the article the paralysis is called "oculo-motor," but as the globe was fixed motionless in the median position all the motor nerves of the eyeball must have been involved.—*Abs.*] The abscess, a large one, was opened through the roof of the aditus ad antrum. Recovery followed.

The author suggests that the paralysis of the left eye was due to the direct pressure of the abscess on the orbital nerves at the base of the brain, and that the partial paralysis of the right eye was due to pressure upon the nucleus of the third nerve. *Dan McKenzie.*

Bauer, Julius, and Leidler, Rudolf.—The Effect of Removal of Various Parts of the Brain on the Vestibular Eye-Reflex. "Monats. f. Ohren.," Year 45, No. 8.

Stimulated by the already large amount of literature on this subject by various writers, reference to which precedes the article, the authors give the result of their own investigations carried out on seventeen rabbits as follows:

(1) If the vermis be removed the duration and intensity of the nystagmus after rotation is considerably increased.

(2) A lesion limited to one side results in a raised excitability on the homolateral side alone. In bilateral lesions of unequal severity the excitability on either side varies directly with the intensity of the stimulus.

(3) The over-excitability generally disappears in from five to ten days.

(4) Removal, or lesions, of the cortex of the vermis alone do not produce such results.

(5) Removal of one hemisphere alone, that is without a lesion of the vermis and its nuclei or of the fibres of the eighth nerve, does not cause any pathological changes in respect of the vestibular apparatus.

(6) Rotation in cases where such over-excitability had been induced evokes a correspondingly increased intensity of the nystagmus, whilst certain other individual variations may also be observed.

(7) General anæsthetics reduce this excitability, which, however, reappears when the effect of the drug has worn off.

(8) After removal of the small brain, including the vermis and both hemispheres, no spontaneous nystagmus is ever seen.

As regards their experiments on other parts of the brain the authors are able to state that complete removal of the cerebrum including the thalamus and extensive destruction of the mid-brain together with most probably the oculo-motor centres does not prevent the production of vestibular nystagmus.

Alex. R. Tweedie.

MISCELLANEOUS.

Schamberg, J. F.—An Epidemic of Chancres of the Lip from Kissing.

"Journ. Amer. Med. Assoc.," vol. lvii, x.

This paper deals with a most unfortunate epidemic, which teaches all of us a lesson, and draws attention to the dangers of the promiscuous kissing either between those of the opposite or of the same sex. Physicians are reminded of the responsibility resting on them in safeguarding the public from luetic patients under their care. The author thinks that instructions given to patients are too often perfunctory and unimpressive.

A coterie of young men and women varying in age from sixteen to twenty-two years gave a minstrel performance as a benefit. Following this a party, and later a banquet were given, at which juvenile kissing games were indulged in. One of the participants, a young man of twenty-two, had a sore on his lip, the nature of which he avers he did not know. Six young women kissed by him developed chancres of the lip. A young man present at the affair likewise developed a chancre of the lip apparently from the virus deposited on the lips of one of the young women, for he did not come into contact with the original source. In addition, a young woman kissed by the offender at a third social function likewise developed an initial sclerosis, making in all eight labial chancres from the one source. The original offender was examined by the author, and gave the following history: He first noticed a sore on the left side of the lower lip about February 12, 1911. On March 3 he consulted a physician, who did not inform him of the contagious nature of the lesion. The physician, on being interrogated, declared that he advised the young man to take all precautions; there is, therefore, a question of veracity between the patient and his physician. The Wassermann reaction was strongly positive in all cases.

Perry Goldsmith.