

of a few weeks, if suppuration is not arrested or notably diminished, it is preferable to advise the patient to undergo a second operation, rather than submit him to irrigations for several months with uncertain results. *R. Norris Wolfenden.*

**Vansant.**—*Operation for Synechia of the Nasal Fossæ.* “The Philadelphia Polyclinic,” Jan. 25, 1896.

RECOMMENDS the excision of the whole of the cicatrix. The cicatricial band is seized with a pair of strong clamp forceps, and crushed, the attachments being then severed with the knife or scissors; the raw surface is then touched with trichlor-acetic acid, and a solution of cocaine prescribed. In some cases a diaphragm of ivory or celluloid is inserted. *StGeorge Reid.*

## LARYNX. TRACHEA, &C.

**Angelesco.**—*Epithelioma of the Epiglottis.* Soc. Anat., Paris, Dec. 20, 1895.

A WOMAN, aged sixty-three years, was admitted into hospital for some difficulty of respiration and deglutition, and with bronchitis. There was a tumour of the epiglottis the size of a nut, irregular, dense, and without glandular infection. Extirpation by subhyoidan laryngotomy, after preliminary tracheotomy. Death on the twelfth day from broncho-pneumonia and pulmonary gangrene. The tumour was an epithelioma. A small cretaceous mass in the trachea, at the bronchial division, was also seen. *A. Cartaz.*

**Bunch, J. L.**—*A Case of Bilateral Paralysis of the Abductors of the Vocal Cords, due to Syphilis.* “Lancet,” Feb. 29, 1896.

SHORT review of the subject, with some bibliography, and account of a case where a final acute attack necessitating tracheotomy had been preceded by three others during the previous eight months, from all of which the patient recovered without surgical interference. He had no symptoms during the intervals. The signs of secondary syphilis were obvious on admission to hospital. It is probable that some cases recorded as spasm of the glottis were really cases of abductor paralysis. *StClair Thomson.*

**Cheyne, W. Watson.**—*The Objects and Limits of Operation for Cancer.* “The Medical Society’s Transactions,” Vol. XIX., 1896. “Lancet,” Feb. 22, and Mar. 14, 1896. And the Lettsoman Lectures.

As compared with the breast, cancer in the mouth and throat is more favourable as regards the glandular deposits, for the glandular area is more exposed to view and metastatic deposits are quite infrequent. With regard to cancer in the tongue, if the disease is superficially and laterally placed, it is sufficient to remove half the organ. When the tongue is deeply infiltrated it should be removed in its entirety, together with the large lymphatic plexus, which is not unilateral, so that enlarged glands are frequently found on both sides. In all cases it is well to take away the sublingual and submaxillary glands on the affected side, along with the lymphatic glands so closely connected with them. Hence in the cases of superficial cancer he ties the lingual artery in the neck and clears out these glands and the fat, even although no glands can be felt, and then clips out the tongue from the mouth. In these cases the wound in the neck does not communicate with the mouth and remains aseptic. In the deeper form of tongue cancer Kocher’s operation is advised. The limits of the operation for cure are: very extensive infiltration of the tongue muscles, especially downwards towards the hyoid bone.

extensive affection of the jaw in addition to the tongue; extension to the upper part of the larynx; and involvement of the carotid artery and vagus nerve in the large glandular mass.

Cancer of the pharynx commences in sixty per cent. of the cases on the surface of the tonsils. Causes little trouble in its early stages, and hence is apt to be extensive before advice is sought. Full records given of cases, and a study of various points connected with the operation. With regard to the methods of gaining access to the parts, no definite rules can be laid down. With regard to preliminary tracheotomy, it is an advantage to manage without it if possible. When it is required there is nothing gained by performing it three or four days before the major operation. As to the control of hæmorrhage, the external carotid might be tied in a preliminary operation, or its branches tied, or the bleeding controlled by temporary compression of the artery during the removal of the tumour. Whether glands are met with or not the lymphatic area ought to be cleared out. With this purpose in view the skin incision should be very free, running from the mastoid process above down to the middle of the thyroid cartilage along the anterior border of the sterno-mastoid muscle. This gives free access to the tissues under the sterno-mastoid, where recurrence is so apt to take place, and also to the internal jugular, which should without hesitation be ligatured and resected if any glands are adherent to its sheath. The indications for division of the jaw are considered, and it is pointed out that marked increase in the space is secured by simply dividing the posterior belly of the digastric and stylo-hyoid muscles. As regards subhyoid pharyngotomy—*i.e.*, division of the thyro-hyoid membrane close to the hyoid bone—it secures no particular advantage in most cases. As to the treatment of the wounds, it is important to carry out antiseptic methods carefully, although of course these cases are not amenable to aseptic treatment. Free drainage, cleanliness and care of the teeth, and packing with cyanide gauze sprinkled with iodoform are the principles of after-treatment.

In severe cases the stomach tube is generally introduced at the time of the operation and left in for three or four days, and then passed whenever necessary.

Lastly, with regard to results: these are tabulated very fully in various tables. The three principal divisions give the following statistics. Group I. consists of cases where the disease was removed from the mouth with or without splitting the cheek, and with or without tracheotomy—where, in fact, there was no wound in the neck communicating with the mouth. Group II. is formed of cases of disease of the pharynx where the internal wound communicated with a wound in the neck. Group III. includes cases where the disease involved both pharynx and larynx.

	No. of Cases.	Mortality per cent.	No Benefit per cent.	Benefit per cent.
Group I. ....	23	8.6	30	52
Group II. ....	91	29	54	17
Group III. ....	58	55	81	12

As regards Group I., the author thinks there can be no question as to the advantage of the operation; and several cases in it would have had a much better chance had the operation been more extensive, and had they thus come into Group II. As regards Group II., the results are encouraging—for the mortality of twenty-nine per cent. is evidently reducible. The results in Group III. show that, although all such cases need not be excluded from operation, most of the patients will be better if left alone.

*St. Clair Thomson.*

**Chapuis.**—*Metastatic Epithelioma of the Larynx.* “Lyon Méd.,” Mar. 31, 1896.

DESCRIPTION of a rare case of metastatic epithelioma of the larynx. The patient, sixty-one years old, had an epithelioma on his leg, necessitating amputation.

Three weeks later laryngeal troubles, with oedema, supervened. Intubation, and secondarily, tracheotomy, were not sufficient to relieve the respiratory difficulty. At the necropsy: Epithelioma of the epiglottis and vocal band. From the absence of laryngeal troubles before the amputation the author concludes it to be a metastatic cancer. *A. Cartaz.*

**Knight, C. H.**—*Tubercular Laryngitis.* "Internat. Clinics," Vol. IV., Fourth Series.

A CLINICAL lecture. The patient should inhale every hour during the day vapour of menthol (twenty grains to the ounce of fluid albolene). Solution of iodoform in ether should be applied to ulcers. Krause's treatment by curetting and lactic acid is applicable "only to a certain small proportion of cases in which the pulmonary disease is still very limited and not in active progress." Extirpation of the epiglottis when ulcerated, and when the ulcer is certainly limited to the epiglottis, is justifiable; but extirpation of the whole larynx "probably will not be attempted—at least, not in this country." *A. J. Hutchison.*

**McBride.**—*Clinical Fragments of Laryngology.* "The Med. Chron.," Feb., 1896.

I. *Three Cases of Lupus of the Throat.*

1. A boy, aged fourteen. The treatment consisted in scraping and painting with lactic acid solutions (up to sixty per cent.). Result, very good.

2. A patient, aged thirty. The uvula was removed and stated to be "undoubtedly tuberculous." Other parts were scraped, and treated with lactic acid and the electric cautery. Creosote internally was given. The results in the throat were better than in the nose.

3. A girl, aged fifteen. Here scraping with Heryng's curette and sharp spoon, and applications of lactic acid, also removal of a tubercular mass with Krause's forceps, was the treatment.

II. *Malignant Disease of the Larynx at an Early Age.*

This was the case of a girl, twenty-four years old, who died of epithelioma.

III. *Fibro-mucous Polypi of the Naso-Pharynx.*

The snare used through the nose is considered by this operator as the least satisfactory way of removal. A palate hook and a bent snare passed up behind the palate, with or without the guidance of the mirror, is often successful.

Kuhn's forceps, however, are especially serviceable.

IV. *Removal of Foreign Body from the Tympanum.*

This consisted of a locust bean in a child five years old, which was immovably wedged in the tympanum; and after the usual methods of removal had failed Zaufal's operation was practised, the cartilaginous meatus was partially cut through, and some chiselling of the posterior and upper wall of the meatus also had to be performed in order to get room. The case did very well. *Barclay J. Baron.*

**Tilley, Herbert.**—*Case of Functional Aphonia; Treatment, etc., with special reference to so-called Varicose Veins at the Base of the Tongue.* "Lancet," Feb. 15, 1896.

CASE of functional paresis of the abductors, in which patient had been treated for the veins referred to without relief, recovering under electricity and tonic treatment. Doubts the existence of varicose veins at the base of the tongue or their connection with throat symptoms. *StClair Thomson.*

**Wagner, Clinton.**—*Thyrotomy, with Report of a Series of Cases operated on during the past Twenty Years.* "Med. Record," Jan. 4, 1896.

THYROTOMY is always justifiable in cases of malignant growths (in these thyrotomy or exsection of the half or whole larynx is required) and in occlusion of the larynx in very young children.

The difficulty of cutting through a thyroid in which ossification has taken place is overcome by the use of a small file-cut wheel saw, made to revolve by the electro-motor. A sharp-pointed knife or scissors should never be used, because of the danger of perforating the posterior wall of the larynx, and so causing a laryngo-oesophageal fistula.

To maintain the cut edges of the thyroid in close apposition no deep sutures are required, but only a few skin sutures, aided by plaster.

The author reports ten cases—five adults, five children. The adult cases were as follows:—

1. Epithelioma—Tracheotomy and thyrotomy. Removal of growth, October, 1875; recurrence, November, 1876; operation repeated, June, 1877, and at three subsequent dates (at patient's request); death, June, 1879.

2. Epithelioma—Tracheotomy and thyrotomy. Recurrence within four weeks; death in three months.

3. Papilloma—Intralaryngeal operation, soon followed by tracheotomy and thyrotomy (the growth reported to be papilloma on inflamed base). A few months later, recurrence, necessitating use of tracheal canula; later, thyrotomy (growth reported to be epithelioma); recurrence within four months; exsection of right half of larynx; death, fifteen days later.

4. Epithelioma or Papilloma (?)—Tracheotomy (piece of growth removed by endolaryngeal method, reported to be epithelioma). Fifteen months later, thyrotomy and removal of growth (reported to be papilloma); death, about ten weeks later, of some acute pulmonary trouble.

5. Ecchondrosis—Tracheotomy had been performed elsewhere, and canula worn for a year. Thyrotomy performed, but growth too hard to be removed; no change fourteen months later.

Of the cases in children, three were cases of papilloma; result good. Two were the results of diphtheria: one reported well twelve and a half years later; the other, a very complicated case, was operated on last October, and is still wearing the tube; voice is returning, and probably the canula will soon be dispensed with.

*A. J. Hutchison.*

## THYROID, NECK, &c.

**Barclay-Ness, Middleton, and Finlayson.**—*Three Cases of Sporadic Cretinism, with (in two) Gratifying Results from Thyroid Treatment.* "Glasgow Med. Journ.," Feb., 1896.

*A. J. Hutchison.*

**Hawthorne.**—*Malignant Mediastinal Tumour with Secondary Growth in the Liver, having Unusual Features.* "Glasgow Med. Journ.," Feb., 1896.

THE chief interest in this case lay in the abdominal symptoms, but it is interesting to note that a temporary improvement in the voice took place, although the hoarseness was due to paralysis of the left vocal cord, due to pressure of the tumour on the left recurrent nerve.

*A. J. Hutchison.*