Abstracts.

LARYNX.

Fallas, A.—*A Case of Laryngeal Stenosis.* "La Presse Oto-Laryngologique Belge," April, 1906.

A long account of a case of acute œdematous laryngitis, with the formation of an abscess, accompanied by severe dyspnœa, which made tracheotomy necessary. The inflammation was followed by gradually increasing stenosis of the larynx, which did not yield to persevering treatment by means of dilators.

The improvement after laryngo-fissure was very partial, and further measures were in contemplation when the patient was lost sight of.

The author discusses at length the etiology and treatment of this obstinate condition, and concludes with a bibliography.

Chichele Nourse.

Henrici (Aachen).—*The Indications for "Curative" Tracheotomy in Laryngeal Tuberculosis.* "Archiv für Laryngol.," vol. xviii, Part I, 1906.

The author records four cases of laryngeal phthisis which were completely cured after having tracheotomy performed, not to relieve dyspnœa, but simply to put the larynx at rest. All were in children from eleven to thirteen years of age, in whom the laryngeal disease appeared to be primary, as there was no evident lung disease to be detected in any of them. The permanent nature of the healing is shown by the fact that it remained complete at periods of nine months, two years, three years, and five years after the tracheotomy.

The three indications for "curative" tracheotomy which the writer deduces from his experience are:

(1) Youthful age of the patient; this he thinks may be regarded as extending throughout the whole period of bodily development up to the age of twenty.

(2) The absence of, or only very slight, disease in the lungs.

(3) A relatively benign form of laryngeal disease, a tendency to tumour-formation and infiltration without much ulceration.

In all the four cases the disease had continued to progress, notwithstanding ordinary endo-laryngeal treatment, before tracheotomy was performed.

Middlemass Hunt.

Boenninghaus, G. (Breslau).—*On a Peculiar Condition of Sensory Irritability of the Superior and Inferior Laryngeal Nerves.* "Archiv für Laryngol.," vol. xviii, Part II, 1906.

During the past seven years the author has observed a distinct group of cases characterised by the following symptoms: pain in the throat, varying greatly in intensity, sometimes radiating towards the ear or towards the chest, increased on swallowing saliva (this symptom almost pathognomonic), rarely made worse by swallowing food or by loud speaking, and always attended by tenderness on pressure at certain points in the course of the superior or inferior laryngeal nerves. There are four of

these "pressure points," an upper and lower on each side, and one or more of them may be found to be tender. The upper are situated on each side of the thyro-hyoid membrane, where the superior laryngeal nerve passes through the membrane; the lower are close to each side of the trachea and just above or behind the clavicle. In nearly every case the patients suffered from chronic pharyngitis and laryngitis, and the pain usually commenced during an acute exacerbation and continued for months if its true nature was not recognised. In none of the cases was there any evidence of hysteria.

The diagnosis is based on the absence of any local condition in the pharynx or larynx to account for the pain, and on the discovery of one or more of the tender spots mentioned above. The following directions are given for discovering these tender spots: For the upper, stand behind the patient, whose head is bent forwards, place the right thumb on the thyro-hyoid space and the left forefinger on the opposite side, then make short, energetic pressure on both sides at the same moment. This is, of course, disagreeable to any patient, but what is characteristic of this affection is the marked tenderness of one side when equal pressure is applied to both. To discover the lower the thumbs should be placed at the back of the neck on each side, while the tips of the middle and forefingers are pressed deeply in at each side of the trachea and just above the clavicles, till one feels the bodies of the vertebræ. Equal pressure should be applied on both sides and the amount of tenderness of the two sides compared.

The author regards the affection as a neuritis of the superior and inferior laryngeal nerves, secondary to an inflammation of the mucous membrane of the larynx and trachea. Of course, he holds that the recurrent is a mixed nerve and thinks his observations furnish another proof that the nerve contains sensory fibres.

Treatment is very satisfactory, as external massage appears to be always successful. Details of eighty-two cases are given.

Middlemass Hunt.

EAR.

Eagleton, W. P. (Newark, N. J.)—*Circulatory Disturbances following Ligation of the Internal Jugular Vein in Sinus Thrombosis, with Report of a Case.* "Arch. of Otol.," vol. xxxv, No. 2.

The case was a chronic one; the typical symptoms of otitic pyæmia supervened. Blood examination revealed malarial plasmodia, but temperature rose again, in spite of malaria. The mastoid, on operation, was normal; no bleeding came from the diploetic veins. The sinus was exposed at the "knee," and looked normal, but was blackened lower down, and a drop of pus oozed from the lowest part of the wall. The jugular was ligated, and this was immediately followed by profuse hæmorrhage from the upper wound, both soft parts and bone, thought to come chiefly from below. Firm plugging was necessary. Double optic neuritis, not previously present, supervened, and in a few days there was a general septic condition, the veins over the whole of the scalp and the upper part of the chest being very much distended. The patient lived for two months, in the course of which he had a cerebral hernia, symptoms of cerebellar abscess, vomiting, vertigo, loss of co-ordination on left side of both arm and leg. The cerebellum was twice explored, but nothing was