

Escat.—*Phlegmonous Lingual Amygdalitis*. "Rev. de Laryng.," Feb. 1, 1896.

THE author relates notes of a case occurring in his practice, and makes the following diagnostic points, which distinguish the condition from palatine tonsillitis, glossitis, phlegmon of the floor of the mouth, and Ludwig's angina.

1. Evolution of a unilateral phlegmonous inflammation occurring as a complication on the decline of an acute general catarrh.

2. Very clear semiology—*e.g.*, intense dysphagia, with sensation of a foreign body in the lower pharynx; dyspnoea of pharyngeal origin; unilateral suprahyoid pain localized over the great cornu and exaggerated on pressure; swelling of lateral submaxillary glands and median suprahyoid glands especially; affection of speech; immobility of the tongue on the floor of the mouth and swelling of its base without phlegmonous infiltration of the sublingual region; existence of a unilateral, red, smooth, phlegmonous tumour on the lingual tonsil, seen by laryngeal examination.

Negative signs: integrity of pharyngeal and palatine tonsils, of the larynx, and absence of the inflammatory projection of a sublingual phlegmon.

The condition will be less rare if the laryngoscopic mirror is more frequently used and localization of these purulent foci is more carefully made.

R. Norris Wolfenden.

Grumach (Reisenberg).—*A Hairy Pharyngeal Polypus*. Inaugural Address, Königsberg, 1895.

THE author removed a soft, round tumour, which was attached to the left side of the arcus palatinus. It was removed with the galvano-cautery snare. It consisted of a layer of epidermis, with rete malpigi, epidermal glands, hairs and ereciores pilorum, containing as *substantia propria* fat and muscle.

Michael.

Piergilli, Dr. B.—*A Case of Alarming Hemorrhage after Tonsillotomy*. "Arch. Ital. di Otol., Rinol., Laring.," July 3, 1896.

A CASE of alarming hæmorrhage, which necessitated ligature of the right common carotid (by Prof. Durante), is reported by Piergilli. The tonsillotomy was performed by another surgeon and hæmorrhage appeared, recurring four or five times with intervals of five days, and so abundantly that, other remedies having failed, it was decided to tie the carotid. Soon after the patient became aphasic and had convulsions, but both these symptoms disappeared, and after two months recovery was complete.

Massi.

LARYNX.

Ëbstein (Vienna).—*Leucæmic Infiltration causing Laryngeal Stenosis*. "Wien. Med. Woch.," 1896, No. 22.

THE patient was affected with an abscess of the neck three years ago, and since then had suffered from hoarseness. He proved to be leucæmic; his arytenoids and ventricular bands were infiltrated. Three months later the swelling had increased, and the supra-glottic region was also invaded and covered with a yellowish secretion. Stenosis became so severe that tracheotomy was necessary. He succumbed five days later, after a temporary improvement. *Post mortem*: The whole larynx was infiltrated, the vocal bands appearing as cylindrical masses. Microscopical examination showed sub-epithelial infiltration by leucocytes.

Michael.

Habermann, J. (Graz).—Contributions to our Knowledge of Chronic Laryngitis with Pachydermia. Separat-Abdruck aus der "Zeitschrift für Heilkunde," Band XVI., 1895.

IN a short introductory account the author traces the development of our knowledge of this subject, passing in review the various advances that have been made from the publication of Virchow's article in 1860 to the most recent utterances of Chiari.

The greater part of this paper is occupied by very detailed reports of the microscopic examinations of fifteen larynges affected with pachydermia. This collection of material included larynges in which there were only traces of the cup-like formation, and in which the initiatory stages of the process were studied; and others which presented appearances in the anterior parts of the vocal cords similar to the cup formations, and which various writers, notably Krieg, have termed pachydermia. Cases of tuberculosis and syphilis in which pachydermia occurred secondarily, and Virchow's circumscribed variety, which laryngologists are agreed is best classed with the papillomata, were excluded from the investigation.

The following is a brief summary of the conclusions arrived at by the author. In every case there were changes in the connective tissue of the mucosa and submucosa of the true and false cords which appeared as a hypertrophy, and which varied greatly in degree and form in each instance. As a rule, this was confined to the superficial layers, and only occasionally were the strands of connective tissue between the upper layers of the internal thyro-arytenoid muscle involved. In the former case the elevations assumed the shape of elongated swellings, or polypoid or papillary excrescences at different parts of the true and false cords. On the true cords, the elevations usually ran from before backwards on the upper surface, and rarely appeared on the edge or lower side. Similar prominences, but often of a more papillary nature, were frequently found on the lower part of the outer wall of the ventricle. Polypoid outgrowths, or such as might even be designated polypi, were very often seen in the appendix. These occasionally descended almost to the surface of the vocal cord. Had they been larger they might have projected from the opening of the ventricle over the cord into the lumen of the larynx, and thus given rise to appearances which were formerly termed "prolapse of the ventricle."

Increased development of the papillary body of the vocal cords was always associated with the thickening of the connective tissue. At some places, especially the vocal process, also the posterior wall, and more rarely the *pars libera*, individual papillæ developed into papilloma-like growths.

In the majority of the cases examined the cup-like prominences on the vocal processes were present. In the more marked of these the connective tissue presented a typical arrangement. The depression in the middle corresponded exactly to the point of the hyaline process. Its inner side was covered by more or less thickened connective tissue, from which strands radiated upwards and downwards, terminating at the surface in papillæ, and covered by thick layers of pavement epithelium. In this way papillary excrescences originated above and below the point of the hyaline process, which at the same time formed the boundary of the cup-shaped prominence. The author favours B. Fränkel's view as to the development of the cup-shaped structure—viz., that it results from the pressure exercised by the vocal processes upon one another during phonation.

On the posterior wall of the larynx the changes in the connective tissue corresponded on the whole to those in the vocal cords. Besides a general hyperplasia of the connective tissue, in some cases papillary and small polypoid excrescences were found.

Changes in the Epithelium. The author's investigations did not reveal any striking abnormalities in the distribution of the two varieties of epithelium in the larynx.

The cylinder-celled epithelium had proliferated only in a few instances, while the flat-celled showed a thickening in all cases. This was proportionate to the other pathological changes, and, as a rule, the flat-celled epithelium was thicker where the underlying connective tissue had proliferated. The flat-celled epithelium attained its greatest development on the vocal processes and posterior wall.

A true horny layer was generally found over a considerable area, and as a rule specially thick, on the vocal processes particularly, on the free edges of the vocal cords, and at some parts of the posterior wall. This layer was developed especially in those places that had been exposed to pressure during life, and this explained the great thickness of the layer in the middle of the cup-like formation.

Ulcers.—In the fifteen larynges examined, twenty-one erosions and ulcers were found. These occurred most frequently on the vocal processes (eight times on the right, seven left, five both); less often on the pars libera of the vocal cords (four right, two left, two both). When examined more closely, it must be confessed that, from the pathological changes in the ulcers themselves and in their vicinity, it was evident that the majority may have originated comparatively shortly before death. In a number of cases, however, it can be positively stated that the ulcers were of longer duration. In all the ulcers examined it could be proved that they had developed from the surface. Nothing in the pathological changes in the larynx or in the *post-mortem* examination of the rest of the body indicated that the ulcers were of a tubercular or syphilitic nature.

Œdema.—The author's observations confirmed the association, already pointed out by other writers, of pachydermia and ulceration with diseases which cause general congestion—*e.g.*, pulmonary emphysema, cirrhosis of the liver.

Leaving out of account the epiglottis and ary-epiglottic folds, which were not examined histologically, the œdema extended over the ventricular bands, in which it was comparatively slight, and attained its greatest development usually on the upper surface of the vocal cords, extending to their inner margins. The true cords were thus transformed into thick œdematous swellings, in which the connective tissue fibres were forced far apart, leading to the formation of fairly large spaces filled with fluid. Œdema was found only once in the connective tissue to the inner side of the vocal process.

A. B. Kelly.

Heryng, Theodor.—*On Sulpho-ricinæ of Phenol, and its Use in Tubercular and Chronic Diseases of the Pharynx, Larynx, and Nose.* "Therap. Monats.," July, 1896.

In this, the third, paper on the above subject, Heryng describes shortly seven cases of tubercular disease of the larynx, and the results obtained in them with phenol. He has to record "improvement" much more often than "cure," but for this he blames chiefly the smallness and overcrowded state of his ward, and the absolutely hopeless class of case that constitutes his hospital material. Four of the seven cases were healed in his ward. In Cases II. and III., diseases of the vocal cords, brilliant results were obtained. In Case II. the tubercular growths on the vocal cords disappeared in two weeks, and in four weeks all the pathological changes had disappeared and the voice was clear and loud. Case III., a tubercular affection of both vocal cords, improved in a very short time; the voice became clearer and the cough ceased. In Case I., an infiltration of the pars arytenoidea as large as a hazel-nut was reduced to one-third its volume in eighteen days. The remainder was removed, at the patient's urgent request, by surgical methods. In Cases IV., V., VI., VII., in which all parts of the larynx, except

the epiglottis, were involved, the chief complaint was of dysphagia and dysphonia. Both symptoms improved in a relatively short time and the infiltrations shrank to "a minimum."

In a large number of hospital patients with advanced laryngeal phthisis and serious affections of the lungs (even hectic cases), quite unexpectedly good results were obtained with phenol as regards both ulcers and infiltrations.

The effect on tuberculosis of the epiglottis varied much, according to the nature and stage of the disease. One-sided infiltrations, not tending to break down, gave the best results. The less marked the inflammatory symptoms (redness and œdematous swelling) the quicker could the process be stopped. The epiglottis and the false cords were the worst parts to treat; improvement was obtained, but no cure, without first having resort to surgical procedures. After operating, a two per cent. pyoktannin solution should be applied to the raw surface, and no phenol used till eight or ten days later. During that time Heryng recommends the use of inhalations of menthol with tinct. opii and sodii brom., and a five to ten per cent. spray of cocaine before eating.

"Phenol sulpho-ricinate is no specific for laryngeal phthisis; but by removal of the inflammatory symptoms, by stimulating the absorption or elimination of the tubercular infiltrations and their products, by rapidly diminishing the dysphagia, it gives the larynx, in certain cases, its best chance of restoration of function. Combined with surgical (if necessary), hygienic, dietetic, and climatic treatment, it forms a notable addition to our means of combatting tuberculosis of the larynx, and also tubercular ulcers of the nose and pharynx."

Turning next to the treatment of various chronic conditions, Heryng reports satisfactory results in four cases of chronic hypertrophic rhinitis, where the swelling was not reduced by cocaine. Twenty to thirty per cent. phenol was rubbed gently on to the hypertrophied parts. The hypertrophy disappeared in two to three weeks, and free nasal respiration was restored. The accompanying retro-nasal catarrh and pharyngitis sicca improved at the same time.

Phenol was used in three cases of rhino-pharyngo- and laryngo-scleroma, producing considerable improvement, viz., a diminution in size of the infiltrations, and consequently decrease in the stenosis of the nose and larynx. Very good results were also obtained in cases of pharyngitis lateralis hypertrophica, both simple and syphilitic, and again in chronic, atrophic, or subacute pharyngitis with swelling and redness of the mucosa.

In the larynx it was found to be a very effective preventive of the recurrence of papillomata after operation; further, in some cases a few applications of the phenol were found sufficient to cause the papillomata to disappear completely without any surgical interference.

Arthur J. Hutchison.

Koschier (Wien).—*On Tracheal Tumours.* "Wiener Klin. Woch.," 1896, No. 24. A FORTY-SIX years old patient, who had suffered for two years with dyspnoea, constantly increasing, came complaining of severe attacks of suffocation. Laryngoscopic examination showed diminished mobility of the left vocal cord, and in the trachea two red excoriated tumours were seen, which nearly occupied the whole lumen of the trachea. After a preliminary tracheotomy the trachea was split longitudinally and the growths removed, their bases being cauterized. The microscopic examination showed that they were cylindromata.

Michael.

Krebs, G.—*The Treatment of Chronic Catarrh of the Pharynx and Larynx.* "Therap. Monats.," July, 1896.

(Continued from p. 172.)

THIS paper takes up the local treatment of chronic pharyngeal catarrh. Counter-irritants applied to the skin of the throat and cold water fomentations are antiquated

and of but little value. Of gargling the same may be said, whatever method is used. Opinions differ as to inhalations; some consider them useful, while others think they render the throat more delicate and liable to take fresh colds. Alkalis, astringents, narcotics, and various pine oils are useful in different cases.

More trust is placed in insufflations, sprays, and pigments. Only mild, non-caustic substances may be used as powders. A caustic powder is not rendered less caustic by being mixed with some bland powder, such as starch, etc.: it is spread over a larger surface, but each grain of the active powder still retains its original caustic power: consequently, while some parts of the mucous membrane receive no treatment at all, other parts are strongly cauterized. Thus the only powders suitable for insufflation are such as boracic acid, tannin, calomel, or zinc sozoidol (Schmidt).

For painting the throat, the best drug is a solution of silver nitrate, commencing with daily applications of a two per cent. solution, gradually increasing the strength to ten per cent., and at the same time diminishing the frequency of the painting. Bresgen and others have given up the use of this drug. Zinc chloride, one to two per cent. in water, or two to ten per cent. in glycerine, is highly spoken of (Mackenzie, Jurasz). Others prefer tannin in glycerine. There is also great difference of opinion with regard to the value of iodine solutions, Scheel, Jurasz, and others recommending them in marked swelling of the mucosa; B. Fränkel and others in the atrophic form; while Gottstein, Stoerk, and others get no result from them in either case. Massage of the mucous membrane is another doubtful procedure.

Granulations on the posterior pharyngeal wall exist both with and without chronic catarrh. There is no means of deciding in a given case whether the granulations are to be considered normal or pathological, therefore to remove them may or may not do good; to replace them by cicatrices must do harm. On the other hand, the hypertrophic lateral bands require energetic, but not too extensive, treatment.

Tonsils that remain hypertrophic after puberty generally call for tonsillotomy. Uvulotomy is only required when the uvula reaches the epiglottis, and so causes constant irritation.

Pachydermia diffusa laryngis is then dealt with, but the author gives no opinion of his own on the subject, quoting instead the summary of O. Chiari's paper read at the Tenth International Congress at Rome.

Arthur J. Hutchison.

Mager (Wien).—*Case of Leucemic Infiltration of the Larynx.* "Wiener Klin. Woch.," 1896, No. 26.

A FIFTY-EIGHT years old patient affected for one year by leucemia became dyspnoic. The laryngoscope showed immobility of the right half of the larynx; the whole mucous membrane red and swollen; the swelling seemed to be a hard infiltration; the vocal bands were swollen. Death followed tracheotomy in a few days. The *post-mortem* examination showed perichondritis and necrosis of the right arytenoid cartilage. The histologic examination of the mucous membrane showed leucemic degeneration of the tissues.

Michael.

Massei.—*Recurring Laryngeal Papillomata.* "Arch. Ital. di Laring.," April, 1896.

THE author presented to the Naples Academy of Medicine a girl who, notwithstanding a thyrotomy performed for diffuse papillomata of the larynx, had lost her voice. Recurrence had taken place on the inferior surface of the left vocal cord. He emphasizes his opinion already expressed that when it is not possible to

operate by endo-laryngeal methods for laryngeal papillomata, on account of dyspnoea, simple tracheotomy may be sufficient; not only because there are well authenticated cases of spontaneous disappearance of the growth, but also because thyrotomy (as in the case presented) may not prove sufficient for a complete cure.

Mason.

Moure.—*Nodular Laryngitis of Children.* “*Rev. de Laryng.*,” Feb. 8, 1896.

THIS condition is well known in adults, but for some years Moure has observed that these lesions were more frequent in small than large larynxes—e.g., in tenors and females. Nodules are rare in baritones and exceptional in basses. They are more common in persons speaking or singing in a deep register. Analogous affections are frequently met with in children of seven to ten years of age. Children are often brought to the physician hoarse, or speaking in a deep voice, or aphonic. The voice is uncertain, raucous, bitonal, or aphonic, as in acute catarrh, but the condition persists for weeks or months. The redness and roughness of the cords is attributed to the onset of change of voice, but careful examination reveals the fact that emission of head or falsetto register, so easy to the child, has become impossible; the voice is diphthonic, and under the mirror the cords are seen to touch only at a point in their anterior third at a sort of rounded swelling, which leaves a small elliptical orifice in front and a larger one behind, and this explains the hoarseness and double sound on emission of the vowel *E*.

Inquiry elicits the fact that the child is made to sing at school in chorus. A certain number of children are made to sing the lower parts; the pieces are not chosen intelligently, and a child sings energetically. He soon becomes hoarse—at first temporarily, then permanently. Moure has often observed this sequence of events in school children. Chorus singing should be forbidden to every child who is hoarse, and the voices should be classed with more care. Rest and chloride of zinc applications and electrization do some good, but a certain amount of hoarseness persists, often only to disappear at the breaking of the voice towards twelve or thirteen years of age.

R. Norris Wolfenden.

Whistler, W. McNeill.—*Syphilis as it Affects the Larynx.* “*The Clinical Journ.*,” July 15, 1896.

THE usual division of syphilis of the larynx into secondary and tertiary is unsatisfactory. It is better to divide into three stages: (a) earliest manifestations, viz., catarrhal congestions and mucous patches; (b) an intermediate period, the signs of which are diffuse redness, thickening, and ragged ulceration, especially of the vocal cords—“relapsing ulcerative laryngitis”; (c) later manifestations—(1) acute gummatous inflammation, (2) relapsing laryngitis of the tertiary period, (3) chronic fibroid.

The congestion of early laryngeal syphilis may be diffuse or distinctly patchy. The latter, though very suspicious, is not absolutely characteristic. Mucous patches are not so rare in the larynx as some observers have thought. They vary in appearance according to their situation, but in their primary state they are all more or less papular. This serves to distinguish them from the erosions of ordinary catarrh. The intermediate stage may be the immediate outcome of the catarrhs and mucous patches of the early period, or it may show itself three or four years after the primary sore, or even later. The ulcers of this period are small and irregular in outline, with ragged thickened edges, often multiple, and the cords on which they are situated look as if pieces had been torn out. The ulcers are, however, comparatively superficial, and not usually accompanied by the perichondritis and necrosis of cartilage of the tertiary period.

Middlemass Hunt.

Winkler (Bremen).—*Contribution to Pathology of Stuttering founded on Examination of Stuttering School-children.* "Wiener Med. Woch.," 1896, Nos. 17, 18, 19.

IN the majority heredity could not be proved, and spontaneous cure is rarely observed. Physical shock caused stuttering in two cases. In sixteen per cent. the habit is acquired at school, and it is supposed that imitation is the cause, especially if there is physical depression. Seventy stuttering children had between them one hundred and thirty-six younger brothers and sisters with normal phonation. In some of the patients the disease appeared with development of speech, in others it followed acute disease, as scarlet fever or measles. In most of these cases hypertrophy of the tonsils or adenoid vegetations existed. In some cases the patients believed that the stuttering had a traumatic origin. Scrofula was found in several cases; in others various neuroses; and in some phimosi and balanitis was present. The formation of the skull, sometimes believed a cause of stuttering by some, was not borne out by these observations. In a few cases only was the intelligence diminished, or the expansive power of the thorax diminished. In fifteen cases the stuttering was complicated by other defects of speech. Stuttering of vowels was only observed in six cases, and the consonants were stuttered in the remainder.

Michael.

Massei.—*A Foreign Body in the Windpipe and another in the Gullet.* "Arch. Ital. di Laring.," July, 1896.

A CHILD, nine years old, who was keeping a gourd seed in the mouth, inspired it, and was suddenly seized with symptoms of suffocation, which subsided entirely in a few days. After several alterations in breathing the patient applied to the author, who discovered the grain at about the third or fourth tracheal ring. Tracheotomy was proposed but not accepted, and the child became worse for some days, when he suddenly improved. The foreign body was not seen, and supposed to have been coughed up. Five days later a fresh attack of dyspnoea, the patient's life in danger; and when the author saw the child he feared he would die in his consulting-room. The grain was lower down in another position; at the third attempt at extraction with laryngeal forceps, although displaced to the seventh tracheal ring, it was successfully removed, and breathing instantly became normal. The reporter, emphasizing the great advantages of operation *per vias naturales*, does not advise it always, as tracheotomy, in many instances, is not only necessary, but urgently demanded.

The foreign body impacted in the gullet was a piece with two artificial teeth which a gentleman had swallowed while sleeping. A surgeon, who was soon consulted, pushed it into the stomach, and on the following day the patient (a man about fifty) applied to Massei, who, after being assured that really the foreign body was not in the gullet, advised a diet consisting almost absolutely of potatoes. At the twentieth day the patient expelled the teeth without any trouble. *Massei.*

Massei.—*Diagnosis and Treatment of Laryngeal Tuberculosis.* Paper read at the second Congress of the Italian Laryngological Association in Florence in September, 1895.

IN regard to the diagnosis, the author points to the difficulty of a positive bacteriological answer, and relates cases in which the microscopical examination demonstrated the true nature of the disease, from which he concludes a great want of recognition, as there are cases which clinically resemble chondritis, and are of primary tuberculosis of the larynx. It is, then, highly probable that primary laryngeal tuberculosis is more frequent than generally believed.

From the other side he relates cases in which few tubercular bacilli were found, and the course, the issue, and the symptoms were such as to exclude the tubercular nature of the disease. He recollects Knight's and Sharp's opinions on the subject, and mentions some studies he began since 1892 on the argument of the presence of tubercular bacilli in healthy subjects, and which remained sterile. He then insists upon the necessity of an accord among the bacteriological researches, the organic impairment, and the clinical form for a right diagnosis.

Treatment.—Cases of complete recovery are reported with simple tracheotomy, curettement, or simple application of the phenol sulpho-ricinate proposed by Kuault, of Paris. Causes have modified the first opinion of the author in regard to laryngeal phthisis. He relates the late opinion of Heyng, reported in this journal; but as regards promises and indications, the author is of opinion that we do not know the circumstances which allow us to assist to a cure. He does not deny the possibility of a complete recovery; he cannot give exact indications for foreseeing the issue of this terrible disease.

But in general a narrowing of the larynx without serious lung impairment and general good health, let us hope much in tracheotomy, as the polypoid form and the chondritis seem to be the most accessible to a local treatment.

An early interference, besides, also assists in a probable success; hence the necessity of an early diagnosis and the interest of the few remarks above made, and the necessity of help to the diagnosis, not only with bacteriological researches, but even with microscopic examination of small pieces removed, and inoculation in animals, if necessary.

Maschl.

THYROID, &c.

Finlayson.—*A Cretin under Thyroid Treatment.* "Glasgow Med. Journ.," May, 1896.

THIS is the further history of a child already described by Finlayson and referred to in the JOURNAL OF LARYNGOLOGY, May, 1896. Since October, 1893, the child had received thyroid treatment in hospital during four periods, amounting in all to nine months; the other seventeen or eighteen months the child had been at home and receiving no treatment. The total result was great improvement as regards growth, power of walking and of speech, appearance, condition of hair, mental condition, etc., etc. But it was noted that during residence in hospital improvement was marked and rapid, while during the intervals there was a certain amount of retrogression.

Arthur J. Hutchison.

Hodge, G.—*Myxœdema.* "American Medico-Surg. Bulletin," May 30, 1896.

A SHORT report of three cases. The first, occurring before 1885, was unrecognized during life. The second, the mother of two children, had always been healthy till onset of myxœdema; was treated without thyroid, and did not improve. The third, a girl of twenty-eight, had gradually grown ill during seven years, but myxœdema was not diagnosed till June, 1895 (prior to this the doctor had not seen her for eighteen months). She was then stout in limbs, body, and face, was irritable, dull, and took no interest in her work; complained of drowsiness and loss of memory; speech slow and hesitating, skin dry and hair falling out, and menstruation stopped. Under thyroid treatment (one grain of Armour's dried thyroid three times a day) and Blaud's pill with arsenic, she rapidly improved. By Christmas she was practically well. She then stopped taking thyroid, and the symptoms began to return.

Arthur J. Hutchison.