

**Chénieux.**—*Naso-pharyngeal Polypus—Preliminary Tracheotomy.* Congrès de Limoges, August, 1890.

THE patient was seventeen years old. The polypus had existed five years, and had successively invaded the left nostril and maxillary sinus, and the right nostril; severe losses of blood occurred and there was exophthalmus. Operation was urgently required. Knowing that several patients had succumbed in the course of surgical interference in consequence of hæmorrhage, by the passage of blood into the air tracts, and, possibly, also in consequence of the severe pain, chloroform not being safely employed, the author thought it expedient to perform preliminary tracheotomy. But hardly had the inhalation of chloroform commenced before tracheotomy, in the ordinary manner, than the patient ceased to breathe for ten minutes. The canula having been inserted, artificial respiration was resorted to, and the patient was with difficulty restored. Five days later the operation was performed through the naso-maxillary passage; and the author was able to have chloroform administered without danger, and to extirpate without fear of accident the polypus by the aid of thermo-cautery and of the scalpel.

*Joal.*

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## LARYNX.

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**Alpiger** (Wien).—*Anatomical Study of the relations of the Vagus and Sympathetic Branches to one another in the Region of the Larynx—Contribution to the Explanation of Shock following Extirpations of the Larynx.* “Langenbech's Archiv.,” *bd.* 40, heft 4.

LAST year Stoerk declared that death by shock following upon extirpation of the larynx is caused by disturbances of the innervation of the heart. By section of the ramus cardiacus the regulation of the heart is interrupted and paralysis cordis follows. For the clearing up of these points the author has examined nineteen cadavers. He describes the appearances met with in individual cases, and concludes—(1) Anastomosis of the laryngeus superior with the cardiacus superior n. sympathici is very often observed. Sometimes only an unilateral anastomosis is found, and in such cases one cardiacus superior n. sympathici failed. (2) The ramus cardiacus superior n. sympathici is relatively often missing, especially on the right side. It is probable that the ramus anastomaticus has depressor fibres, and that if these fibres are cut, accelerated action of the heart is the consequence. The paralysis cannot be explained by the result of these anatomical researches.

*Michael.*

**Clemens** (Frankfurt-a-M.). *Nervous Hysterical Aphonia cured by Galvanization of the Muscular Nerves of the Accessorius.* “Therap. Monats,” heft 1890, No. 8.

THE author has cured a case of hysterical aphonia by faradization of the accessorius Willisii.

*Michael.*

474 *The Journal of Laryngology and Rhinology.*

**Richards.**—*Abscess of the Larynx.* "The American Journal of the Medical Sciences," May, 1890.

THIS is a very good *résumé* of what has been published respecting these cases, and the diagnosis between abscess and croup, laryngeal œdema, perichondritis and cysts, and retro-pharyngeal abscess and new growths is discussed. Treatment consists in early incision, followed, if necessary, by soothing or stimulating applications by means of the brush.

*B. J. Baron.*

**Rosenberg** (Berlin). *Laryngeal Œdema following the use of Iodide of Potassium.* "Deutsch. Med. Woch.," 1890, No. 37.

A GIRL, twenty-one years old, had been hoarse for half a year. Iodide of potassium in a solution of two and a half per cent. was prescribed. Having taken two spoonfuls of this solution, the patient became dyspnoic during the night. The next morning she also was feverish and had headache. The laryngoscope showed great swelling of the sub-glottic mucous membrane. A cure resulted in a few days by treatment with ice. The treatment with iodine should always be commenced with small doses.

*Michael.*

**McDonagh.**—*Obstructive Laryngitis—Tracheotomy—Continuance of the use of the Tracheotomy Tube a Necessity—Intubation—Recovery.* "The Canadian Practitioner," Apr. 16, 1890.

THIS was a case of a child who had some inflammation in the larynx, and who became choked whilst eating raisins. Tracheotomy was found to be necessary to relieve the dyspnoea, and it was only after the introduction of an intubation tube that the canula could be dispensed with.

*B. J. Baron.*

**Mayer** (New York).—*Two Cases of Stenosis of the Larynx—Rapid Tracheotomy—Divulsion—Recovery.* "Medical Record," Sept., 1890.

A MAN, aged twenty-five, came to the hospital suffering intense dyspnoea. There was a history of syphilis. The pharynx was extensively cicatrized. A mere chink represented the rima glottidis. Tracheotomy was advised without anæsthetic, but the patient refused operation unless anæsthetic was administered. He was anæsthetized, and the operation commenced, but before it was half completed respiration ceased, and he became deeply cyanosed. The trachea was firmly seized, and the operation completed with one incision. Respiration was immediately re-established. Large doses of iodide of potassium were given. Under this treatment the laryngeal induration quickly subsided, and at the end of eight weeks the use of the tube was discontinued, and the wound healed. This case occurred in 1884, before the employment of cocaine as a local anæsthetic, and thus, as the author says, there was no choice in the manner of operating, as immediate tracheotomy was imperative.

A second case of stenosis of the larynx was that of a male, aged thirty-eight, who attended in July, 1890. For the previous six months he had suffered from cough, noisy inspiration and difficulty of breathing at night. Later, this difficulty became pronounced also by day. The dyspnoea had become much worse during the two weeks preceding attendance. There was a history of syphilis. The larynx was in a condition of sub-

acute inflammation; the vocal cords were pink in colour, and did not move in phonation; the rima glottidis was represented by a chink about one-twelfth of an inch in width. Under cocaine anæsthesia, a small-sized Schrötter's tube was introduced between the ventricular bands, and withdrawn. The stenosis was found to be due to a firm crescentric band stretching across the trachea, immediately below the vocal cords, and preventing the separation of the ventricular bands. The introduction of the tube had separated the cords, and torn the membrane. Tubes of larger dimensions were successfully introduced at intervals of two days. This was continued for three weeks. Afterwards the largest tube was introduced weekly. The first introduction of the tube relieved him greatly, and after three weeks there was no evidence of dyspnoea, and he returned to his work. He was treated with large doses of iodide of potassium.

The author points out that in such cases as the one he describes dilatation should be gradual, and that an advantage of the treatment is that deglutition is not interfered with.

*B. J. Baron.*

**Lincoln.**—*Report of the Evulsion of a Laryngeal Tumour which returned twenty-two years after removal by Laryngotomy.* "New York Med. Journ.," Feb. 22, 1890.

THIS large growth was removed from a young lady's larynx by Elsberg, and it was thought to be either an epithelioma or sarcoma. It recurred, and was then removed thoroughly by Elsberg by laryngotomy. For twenty-one years nothing was felt of any growth, and then the patient caused her throat to be examined, and a growth the size of a "large kernel of corn" was seen growing from the posterior third of the right vocal cord. It was completely removed, and was found to be a papillema.

*B. J. Baron.*

**Baldwin.**—*Case of Papilloma of the Larynx cured by Intubation.* "Med. Record," Mar. 8, 1890.

THIS is a novel use of intubation, but the author appears to have greatly removed by the pressure of the tube a large papillomatous growth from the larynx of a child, aged eight years; also he found that tuberculous growths in phthisis laryngea can be decreased in size in a similar way.

*B. J. Baron.*

**Cox.**—*Report of a Case of Papilloma of the Vocal Cord, with some Considerations upon Intra-Laryngeal Growths and their Removal.* "New York Med. Journ.," Apr. 12, 1890.

THIS is a report of the removal of a papilloma from the right vocal cord, near the anterior commissure, with Mackenzie's forceps. Chronic acid was applied to the base of the growth several times, and the cords were painted with a solution of nitrate of silver, 40 grs. to ʒj, with complete success so far as the recurrence is concerned, but voice was not completely restored owing to the thickened condition of the cords. Some useful practical hints on the treatment of laryngeal growths are also given.

*B. J. Baron.*

**Bergengrün.**—*A Case of Pachydermius Laryngis.* Gesellschaft Prak. Aerzte in Riga. Meeting, April 18, 1890.

THE patient, fifty-four years of age, was hoarse for two years, but afterwards his voice became normal. On both processus vocales were yellow prominences of the size of half a pea. The mucous membrane at their circumference was red. The right prominence had a cleft, in which the left one could lie, so that the closure of the glottis was restored.

*Michael.*

**Bergengrün.**—*Verruca dura Laryngis.* "Virchow's Archiv.," Bd. 118, Heft 3. DESCRIPTION of a rare case of true warty growth of the larynx. In the regio arytenoidea were some white prominences of the size of a pea, of hard consistence, broad-based, and easily removable. There was normal mobility of the larynx. The mucous membrane was in a state of chronic catarrh. The microscopical examination showed the condition to be a true verruca.

*Michael.*

**Smith.**—*Lupus of the Larynx.* Roy. Acad. of Med. in Ireland. New York Med. Journ., Aug. 9, 1890.

THE author exhibited the larynx of a man who had died of pneumo-thorax consequent upon extensive tubercular disease of the lungs. There was also amyloid degeneration of the liver, spleen, kidneys, and intestines. Fourteen years previously Dr. Bennett had successfully performed the Indian operation for an artificial nose, owing to the destruction effected by old-standing lupus of the face. At the *post-mortem* examination both lungs were found riddled with vomicae. Tubercle bacilli were found in their contents. The larynx was involved to a considerable extent. The free edge of the epiglottis had nearly disappeared; what remained was thickened and irregular. There was no ulceration of the cords, true or false. Between the arytenoids were several pyramidal outgrowths, projecting above and below the rima glottidis. The case illustrated the supervention of tubercular phthisis upon cutaneous lupus, and was compared with Leloir's case of lupus of the face, tongue, and larynx, published in the *International Atlas of Rare Skin Diseases.* R. Norris Wolfenden.

**Scheunmann** (Berlin).—*Pyoktanin in Tuberculous Ulceration of the Larynx and Nose.* "Berlin Klin. Woch.," 1890, No. 33.

THE author applies the new medicament by melting it on a probe; with this he brushes the ulcers, which are previously rendered anæsthetic by cocaine. After one or two applications the ulcer begins to heal. He has thus cured some cases of laryngeal phthisis, and also tuberculous ulcers of the nose.

*Michael*

**Simanovsky, Prof. Nikolai P.** (St. Petersburg).—*Styron and Peruvian Balsam in Laryngeal Tuberculosis.* "Vratch," No. 37, 1890, p. 841.

THE author states that, at his suggestion, Dr. A. M. Gorodetzky undertook in his clinic a series of experiments with the object of testing the therapeutic value of styron and Peruvian balsam in laryngeal phthisis. Up to the present the following effects have been noticed:—"The application of either of the drugs decidedly produces a revivifying

“action on atonic tubercular ulcers. Inflammatory œdema of tissues considerably subsides, tension of the mucous membrane decreases, and, what is the most important, the amount of viscid and frothy muco-purulent discharge, covering the tumefied tissues, distinctly lessens. As may be expected, such decrease of swelling and irritant discharge markedly diminishes the irritability of affected parts, in consequence of which the agonizing sensation of dryness, so frequently experienced by such patients in spite of the said profuse secretion, is alleviated to a considerable extent.” The author, however, has never yet observed a complete healing of the ulcers. *Valerius Idelson.*

**Hinrichs** (Berlin).—*Removal of a Needle from the Trachea per vias naturales.* “*Deutsch. Med. Woch.*,” 1890, No. 37.

THE patient, nineteen years old, had inspired a needle with a feather attached. He could hold the feather, but it was not possible to extract the needle. Dr. Schorler saw the needle impacted near the bifurcation. On that day it was impossible to extract it, but the following day Dr. Schorler was able to move it with a probe, so that it could be extracted by the feather. *Michael.*

**Keferstein** (Alt-Dobèrn).—*Case of Foreign Bodies in the Air Passages.*

A PATIENT, fifty-eight years old, suddenly had the feeling of a foreign body in the chest after having eaten soup. Since this time she often had paroxysms of coughing and a great pain about the sternum. Some weeks later the foreign body was coughed out. It was a piece of bone of the size of 8 by 5 by 4 mm. *Michael.*

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## NECK, &c.

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**Corning, Leonard.**—*On the Nature and Treatment of Exophthalmic Goitre.* “*New York Med. Journ.*” Sept. 13, 1890.

THE author briefly reviews the symptoms, causes, and pathology, and deals at length with the treatment. The phenomenal disturbance of the circulation, and the profound constitutional impairment, are factors which stand out. He recommends placing the patient in a warm bath for three-quarters of an hour, or more, at least once a day. The legs are to be bandaged with elastic straps if the derivative action of the bath is insufficient; they are adjusted so as to interfere more or less with the venous, and not with the arterial circulation. The thyroid is treated with a special preparation of styptic collodion, along with a carefully adjusted elastic truss. The eyes may be bandaged during immersion. The tumour is daily galvanized, using an electrode of potter's clay, moistened with iodine, and large enough to envelop the whole thyroid. This is connected with the positive pole, the negative pole of the battery being placed upon the neck. The applications last from ten to twenty-five