

LARYNX.

Davidson (Liverpool).—*Remarks on Vertigo.* “Liverpool Med. Chir. Jour.,” January, 1890.

IN the course of a short and interesting paper upon vertigo, Dr. Davidson calls attention to the vertigo which arises from other causes than actual disease of the semi-circular canals, and which should properly be called “aural vertigo,” and not “Menière’s disease.” The cases described by Menière were mostly, if not all, cases of disease of the semicircular canals themselves. Anything that leads to undue pressure (chronic catarrh of the middle ear, wax in the external meatus pressing on the tympanum, syringing the ear, etc.) may lead to vertigo. Contradictory sensations are conveyed by the two labyrinths to the brain, and consequent giddiness results. As brains differ in sensitiveness, vertigo does not occur in every case. He does not consider the vertigos described as “laryngeal” and “nasal” to be true *peripheral*, but rather to be *cerebral* vertigo. In all such cases it will be found that there has been prolonged and violent sneezing or coughing, which has disturbed the circulation in the brain so as to have *directly* by congestion irritated the centre for equilibrium. Possibly some of the nasal cases may really be cases of labyrinthine vertigo through the Eustachian canal.

R. Norris Wolfenden.

Editor of “British Medical Journal” (London).—*Hernia and Diseases of the Upper Air-Passages.* “Brit. Med. Jour.,” Nov. 2, 1889. (An annotation referring to a paper on this subject by Dr. W. Freudenthal at the Annual Meeting of the American Medical Association, in June, 1889).

THE author found that sedentary occupations and certain causes which predisposed men to post-nasal catarrh and other diseases of the upper air-tract decidedly predisposed to hernia. The author attributes the rarity of hernia in women as compared with men to the weaker stress used in pressing down the intra-abdominal contents during the act of hawking or clearing the throat.

Hunter Mackenzie.

Kitchen.—*The Causation of Diseased Conditions in the Larger Respiratory Passages.*—“New York Med. Jour.,” Mar. 29, 1890. New York Academy of Medicine.

THE author first referred to hereditary and intra-uterine influences as productive causes of many of the diseases of the upper air-passages. He made a distinction between hereditary and intra-uterine causes. The former might be considered the result of structural and functional peculiarities in both parents, while the latter may be judged to be due to maternal influence alone. There was no fact better established than that structural and functional peculiarities were transmitted from parent to child. Again, the normal peculiarities of structure of the larger respiratory passages tended to produce disease. That the peculiar functions as

well as the structure of these parts did conduce to the diseases so frequent in these organs was quite evident. The angle formed by the vault of the pharynx was well calculated to retain excessive secretion, which then became a source of further trouble. These bunched folds of mucous membrane, the tonsils, were also, by their form, when inflamed, productive of considerable disturbance by pressure. The very complexity of the laryngeal apparatus tended to produce disease. But probably the most generally predisposing cause in these passages was malnutrition, by which was meant insufficient rather than defective nutrition in its broadest sense. The almost innumerable faulty hygienic, sanitary, dietetic, and social conditions and influences which tended to bring about such malnutritive stasis of the body generally also affected those parts under consideration, and rendered their component tissues delicate. Not so frequently did super-nutrition or plethora act as a cause. Such a condition would be sure to bring about catarrhal troubles of the respiratory passages. Faulty excretion usually went hand in hand with plethoric conditions. Many sore throats and bronchial irritations were, without doubt, of rheumatic origin. Abnormality of structure was, in many cases, a very noticeable cause. One pathological condition induced other disordered states, as acute attacks produced chronic conditions. Reflexes of various irritations were no doubt causative agents. Mouth-breathing was frequently mentioned as a cause, but the speaker was inclined to look upon it as primarily the effect of disease rather than the cause. In the light of present knowledge, there was no doubt that germs played an important part in the causation of this class of diseases. The treatment of these troubles referable to the larger respiratory passages was found to be most efficacious where the principal etiological factors were taken into consideration and efforts made to obviate them first.

Dr. JARVIS and Dr. RICE discussed the possible relation which heredity and other influences bore to subsequent development of diseases in the upper air-passages. *R. Norris Wolfenden.*

Heymann.—*What should we Call the True Vocal Cords?* Laryngol. Gesellsch. zu Berlin, Feb. 21, 189c.

THE author read a paper upon this subject. Krakauer, B. Fraenkel, Schadewaldt, Grabower, and Scheinmann took part in a discussion of the paper, but no uniformity of opinion was arrived at. *Michael.*

Meyer, Sandemann, Scholtz, Landgraf, B. Fraenkel, Krakauer, and Schadewaldt.—*Pachydermia Laryngis.* Laryngol. Gesellsch. zu Berlin, Feb. 6, 1889.

MEYER showed eleven cases of pachydermia, and spoke of the symptoms of the disease, recommending iodide of potash internally.

SANDEMAN had observed a lenticular enlargement of the right vocal band, which was ulcerated, in a patient thirty-three years of age. It was cured by curetting.

LANDGRAF had seen a good many cases, and had often observed difficulty of swallowing and dyspnoea. He recommended the internal use of "Weilbacher Schwefelbrunnen."

B. FRAENKEL had only seen temporary benefit from this, but had observed good results from iodide of potash and surgical treatment.

KRAKAUER reported two cases of perichondritis following upon pachydermia.

B. FRAENKEL believed that the difficulty of swallowing and diminished mobility of the vocal cord are pathognomonic of the disease.

SCHOLTZ remarked that pachydermia is the same as what was formerly called catarrhal ulcer.

SCHADEWALDT proposed the name of "chorditis posterior pachydermica."
Michael.

Scholtz.—*Laryngeal Carcinoma.* Laryngol. Gesellsch. zu Berlin, Dec. 6, 1889. A PATIENT, forty years of age, was shown with this condition. A tumour of the size of a walnut was present upon the dorsal aspect of the epiglottis. Microscopical examination proved it to be carcinoma. Extirpation of the tumour with a piece of the thyroid cartilage was performed by Hahn. The patient left the hospital as "cured," but upon the same day the author was enabled to state a recurrence of a tumour of the same size as formerly. The tumour soon increased to the size of an apple. By applications of electrolysis he succeeded in reducing it to the size of a bean, and diminishing the pain of the patient. *Michael.*

Hammer.—*Case of Primary Sarcoma of the Mediastinal Lymphatic Glands perforating the Air Tube.* "Prager Med. Woch.," 1890, No. 7.

THE patient showed, *intra vitam*, the symptoms of stenosis of the left bronchus, and died with increasing dyspnoea. At the autopsy was found a tumour of the size of a fist, situated in the mediastinum, and adhering to the vertebral column. The trachea and oesophagus were dislocated by the tumour, which perforated the trachea and the left bronchus, and obstructed their lumen. The microscopic examination showed that it was a giant-celled sarcoma of the lymphoid glands. *Michael.*

Loomis.—*Angioma of the Larynx.* New York Path. Soc. "Med. Record," April 5, 1890.

THE author presented a specimen showing angioma involving one side of the neck, face, and tongue, and the larynx. The patient was a woman, sixty-two years of age, who first came under observation last March, suffering from chronic rheumatism. At this time there was observed a tumour, as large as an English walnut, projecting from the side of the tongue. Another mass involved the left side of the pharynx, and both tumours were continuous with a third one extending from the inferior maxillary bone to the clavicle. The tumours were of a purple colour, soft, and the tumours of the pharynx and tongue could be enormously increased in size by compressing the tumour in the neck. The woman said that these tumours had existed from birth. She came under observation a second time last November. She was then in a critical condition. The tumours of the tongue and pharynx had increased to the size of a lemon; there was an enormous cervical tumour extending from the level of the orbit to the clavicle. Abdominal ascites and oedema of

the legs were marked. The abdominal lymphatics, especially in the inguinal region, were enlarged to the size of the little finger. The face was cyanotic, and the dyspnoea was so intense that the patient could not lie down. The voice was not changed, but the speech was thick. There was hypertrophy of the heart, and a loud mitral regurgitant murmur was heard. The woman died four weeks after admission to the hospital. Six hours before death she passed about sixteen ounces of blood from the bowel.

At the autopsy the lungs were found œdematous and congested, and there was hypertrophy with dilatation of the heart. There was a moderate amount of chronic diffuse nephritis, and the large intestine showed submucous capillary hemorrhages. In addition to the tumours of the neck, tongue, and pharynx, there were two angiomatic growths of larynx, one the size of a large pea projecting from the ventricle of the larynx on the left side, and the other the size of a cherry at the lowest part of the aryteno-epiglottidean fold. *R. Norris Wolfenden.*

Tolmotcheff, M. J. (Rüza). — *Extirpation of Hygroma of the Larynx.* "Meditzinskoïe Obozrenië," No. 11, 1889, p. 1093.

THE writer relates the case of a peasant woman, aged forty, with cervical enlargement of six years' standing. On examination there was found a subcutaneous, painless, soft, fluctuating tumour of the size of a hen's egg, firmly attached to the lower portion of the larynx. A puncture drew out some clear yellowish fluid. On extirpation the cyst was proved to start from a ring-shaped papilloma of the size of a shilling-piece, growing out from the external surface of the laryngeal wall. The new growth was stripped off with scissors, and the base touched with the thermo-cautery. The operation was accompanied by profuse hæmorrhage, which was ultimately arrested by means of tampons and ice. The wound healed about the twenty-sixth day. *Valerius Idelson.*

Behr, Achilles. — *Casuistic Contribution on Perichondritis Laryngea.* "Inaugural Dissertation," Munchen, 1889.

DESCRIPTION of a specimen of perichondritis with abscess and necrosis of the cricoid cartilage. The patient had suffered during life for four weeks from stridor and dyspnoea. With the laryngoscope a certain diagnosis could not be made. She died from intercurrent lung disease.

Michael.

Heymann. — *Perichondritis of the Larynx.* Laryngol. Gesellsch. zu Berlin, Feb. 7, 1890.

A CASE of syphilitic perichondritis of the capitula Santorini was shown by the author. *Michael.*

Schäffer (Bremen). — *Laryngitis Abscedens following Influenza.* "Deutsch Med. Woch.," 1890, No. 10.

A PATIENT, twenty-five years old, contracted influenza. Some days later sudden dyspnoea occurred necessitating tracheotomy. Next day aphonia occurred, and difficulty of swallowing with high fever. The laryngoscope

showed swelling of the ary-epiglottic folds ; on the right upper vocal band were two little abscesses ; a third was situated on the right arytenoid cartilage. The abscesses opened some days after the swelling disappeared, and the cannula could then be removed. Cure resulted.

Michael.

Neumann.—*Treatment of Laryngeal Tuberculosis.* "König. Gesellsch. der Aerzte in Buda-Pesth," Feb. 22, 1890.

A GENERAL review.

Michael.

Sokolowski.—*A Cured Case of Fracture of the Larynx.* "Centralbl. für Chirurgie," 1890, No. 5.

A GIRL, twenty years old, had the larynx fractured by a machine. The neck was œdematous, and the left half of the thyroid cartilage showed crepitation. The laryngoscope showed both upper bands transformed into large tumours. Tracheotomy was performed, and some pieces of cartilage of the size of a bean were extracted. As the tracheal cannula could not be removed, laryngotomy was performed some weeks later, but as the cartilages were destroyed and the anterior wall of the œsophagus filled out the trachea, nothing more could be done. One year later spontaneous improvement occurred, so that the patient could respire with closed cannula.

Michael.

Frier (Warrington).—*Intubation of the Larynx.* "Brit. Med. Jour.," Nov. 16, 1889. North of Ireland Branch B.M.A., October 31, 1889.

NOTES of six cases of croup were read, with two recoveries. The dyspnœa and noisy croup were relieved in all.

Professor SINCLAIR mentioned two cases of intubation for diphtheria in children two and a half years old. No difficulty occurred in the introduction of the tube, but in one case feeding was carried out with much trouble. The method favourably impressed all concerned, the tube being well tolerated, and the relief quite as marked as after tracheotomy.

Hunter Mackenzie.

Andersen, A. N. (Copenhagen).—*A Case of Difficulty in Removing the Cannula overcome by Intubation.* "Hospitalstidende," February 19, 1890.

A CHILD, aged two-and-a-half, on whom tracheotomy had been performed for croup, was attacked by suffocation on the removal of the cannula. Intubation by O'Dwyer's method was tried. The tracheotomy wound healed, and after ten days the O'Dwyer's tube was removed and respiration through the larynx became free. There seems to have been no laryngoscopic examination performed.

Holger Mygind.

Fleiner.—*On the Causes of Tracheal Stenoses in Tracheotomised Children.* "Virchow's Archiv.," Bd. 16, p. 154.

THE author refers to the *post-mortem* examination of a child who died by suffocation, having worn a cannula two years, and then speaks of the causes preventing the removal of the cannula. They are (1) paralysis of the muscles of the glottis, (2) stenoses of the air tube. Such stenoses may be produced by granulating wounds, acute and chronic inflamma-

tions of the mucous membrane, destruction of the cartilages and false position of the cut tracheal ring. It may be caused by diphtheria itself, or by the operation of tracheotomy. Sometimes granulations cover the wound. If the incision is too large or too little, or not in the median line, the cartilage may be pressed into the trachea, or may be curved. The same events may be produced by a bad cannula which produces decubitus of the posterior wall.

Michael.

Meyer.—*Co-ordinate Spasm of the Glottis.* "Münc. Med. Woch.," 1890, No. 4.

THE patient, twelve years old, suddenly lost the voice. The laryngoscope showed that when the patient tried to phonate, the arytenoid cartilages and the upper vocal bands pressed against one another so that no sound could be produced. A cure was effected by exercises and moral treatment.

Michael.

Williamson (Ventnor).—*Laryngismus with Tetany.* "Brit. Med. Jour.," Nov. 16, 1889. Southern Branch, Isle of Wight District, B.M.A., Oct. 24, 1889.

THE author submitted two cases and "laid great stress upon the necessity of attentive care to the dieting of such patients, and illustrated the necessity by referring to the causative influence of dietetic errors in the cases in question. The value of certain nervine sedatives as adjuncts to treatment was commented on."

Hunter Mackenzie.

Suckling.—*Hysterical Laryngismus.* "Lancet," Mar. 29, 1890. Midland Med. Soc.

THE author showed a girl, aged eleven, who, a few days previously, had been seized with peculiar convulsive attacks. In the attacks the eyes were turned upwards, and the respiration became stridulous. The attack ended with sobbing. Dr. Suckling found that an attack could be brought on by sternly ordering the girl to go off into an attack, and that an attack could be cut short by a similar method. The girl was anæmic, and had been overworked at school. The girl's mother stated that any emotional disturbance at once caused an attack. There was no loss of consciousness.

R. Norris Wolfenden.

Krakauer.—*Recurrent Paralysis.* Laryngol. Gesellsch. zu Berlin, Feb. 7, 1890.

A CASE was shown of paralysis of the right recurrent nerve following upon influenza, and the speaker also mentioned a case where paralysis of the recurrent followed upon an operation for goitre.

HEYMANN related a case of paralysis of the velum palati after influenza.

HERZFELD mentioned a case of influenza, followed by temporary loss of hearing and speech.

Michael.

Fraenkel, B.—*Hysterical Aphonia.* Laryngol. Gesellsch. zu Berlin, Feb. 7, 1890.

A CASE of hysterical aphonia, combined with spastic dyspnœa, the so-called "perverse action of the vocal cords," was shown by the speaker.

Michael.

Fraenkel, B. — *The Case of Hysterical Aphonia.* Laryngol. Gesellsch. zu Berlin, Feb, 21, 1890.

THE case previously shown was again exhibited. Some days after the last demonstration the condition had changed. At every inspiration the vocal cords approached one another; at every expiration they separated from each other. The movements of the cords being quite free, there could, therefore, be no paralysis of abductors. *Michael.*

Dreyfus. — *Laryngoscopic Examinations in Tabes Dorsalis.* Laryngol. Gesellsch. zu Berlin, Feb. 7, 1890.

HE had examined twenty-two patients with tabes dorsalis, but only in two could he find any anomalies. In these there was a commencing paralysis of the posterior crico-arytenoid muscles. *Michael.*

Saundby, R. (Birmingham).—*A Case of Bilateral Paralysis of the Abductors of the Vocal Cords.* "Birmingham Med. Rev.," 1890.

A WOMAN, fifty-three years of age, was admitted into the hospital on February 19, 1889. For a week she had suffered slight irritation about the throat, and a little difficulty in swallowing, but had neither caught cold nor had any injury to the larynx. The patient was markedly cyanotic, and suffering from urgent inspiratory dyspnoea. The vocal cords were seen to be close together, and were almost immovable, separating but slightly, and that only during the most violent inspiratory efforts. There was no evidence of bronchocele, or cervical, or thoracic tumour, or of any pressure upon the vagi or recurrent laryngeal nerves or of bulbar disease. The knee jerks and pupil reflexes were normal. Beyond weak breath and heart sounds nothing was discovered in the thorax. Tracheotomy was performed as soon as possible. On December 10 there was no improvement in the condition of the cords, and the patient was still wearing the tube. (While in the hospital laryngoscopic examination was made, and of one it was recorded, "ary-epiglottidean folds red and œdematous. Vocal cords, which are relaxed and swollen, move just as feebly as before, and within the same limits"; and twelve days afterwards it was mentioned that though "the cords separate more than before, they still look red and swollen." It was also mentioned that the patient could adduct the cords on phonation quite well, except at the posterior ends. Unfortunately no mention is made of the appearance of the arytenoid cartilage and joint. May the case be one in which movement was impaired by infiltration?)

It is suggested that the case may be of myopathic nature, such as was described by Mackenzie. *R. Norris Wolfenden.*

Leuch.—*Hysterical Mutism.* "Münch. Med. Woch.," 1890, No. 12.

(1.) A HYSTERICAL girl, nineteen years old, suddenly lost voice and speech from fright and an attack of (as she called it) "apoplexy." Such apoplexies were sometimes repeated. She then had hysterical attacks, and could speak at all. Cure was effected by hypnotism.

(2.) A girl, twelve years old, had chorea lasting eight days, and could not speak any word, or show the tongue. Spontaneous cure.

(3.) A lady, fifty-four years old, for three years had a hysterical clonic spasm of the masseters, with other hysterical symptoms. She became aphonic, and then completely mute. Some days later she had a dreadful dream which caused her to cry out during sleep. From this moment the voice returned.

Michael.

Strassmann.—*Case of Hysterical Aphasia in a Boy combined with Paralysis of the Facialis, Trismus, and Spasm.* "Deutsch Med. Woch.," 1890, No. 10.

A BOY, eight years old, who had always been healthy, suddenly became ill without any apparent cause. He could not speak, had dyspnoëic respiration, could not open his mouth, and the facial nerve was paralysed. The condition having lasted ten hours, disappeared as suddenly as it came.

Michael.

Semon and Horsley.—*On the Central Motor Innervation of the Larynx.* "Internat. Centrabl. für Laryngologie," Feb., 1890.

GERMAN translation of the paper in the British Medical Journal, December 12, 1889; cf. the report in this Journal.

Michael.

Semon, Felix, and Horsley, Victor (London).—*Last Word in the Controversy upon the Central Motor Innervation of the Larynx.* "Berl. Klin. Woch.," No. 7, 1890.

POLEMICAL article.

Michael.

Porter (Sheffield).—*Thoracic Aneurism.* "Brit. Med. Jour.," Nov. 2, 1889. Sheffield Medico-Chir. Soc., Oct. 24, 1889.

A MAN, aged forty-four, was shown, believed to be suffering from this disease. In 1885 he lost his voice, and the left vocal cord was found paralysed. There were no other signs of a tumour or pressure symptoms. Hæmoptysis, which recurred from time to time, always yielded to five-grain doses of succinate of potash.

Hunter Mackenzie.

Blackman, J. C.—*Laryngeal Stenosis from fixed Adduction of the Vocal Cords, following Cancer of the Œsophagus.* "Brit. Med. Jour.," April 12, 1890.

M. T., aged fifty-one, labourer, came under notice in September last. He stated that he had been ill four months (?), but his appearance betokened much suffering. His breathing was noisy, and during the consultation he had several paroxysms of dyspnoëa after coughing. His voice was very rough. Externally, the larynx was observed to make scarcely any respiratory excursion, and appeared enlarged on the left side. A swollen gland was felt near the posterior border of the left sterno-mastoid, and the thyroid was palpably enlarged. No dulness was found on percussing the chest, but on auscultation tubular breathing was slightly marked on the right side. There was much expectoration of frothy mucus, and great pain was experienced, especially on swallowing, which latter act was extremely difficult.

Laryngoscopic examination: Swelling of both ventricular bands, especially the left, which somewhat overlapped the vocal cord of that side. The vocal cords were fixed in the median position, and only about an eighth of an inch apart. The mucous membrane over the summits of the arytenoid cartilages was much swollen. The dyspnoëa, though marked,

was never sufficiently urgent to call for tracheotomy, the patient really dying from exhaustion. The necropsy revealed cancer of the upper portion of the œsophagus involving both recurrent nerves. The crico-arytenoid joints were fixed by the surrounding inflammatory thickening.

The author assumes that in this case the vocal cords primarily occupied the cadaveric position in consequence of bilateral paralysis of both the adductors and the abductors, but these latter undergoing tonic contraction, of a similar character to that noticed after severe facial palsy, caused the cords to take up the position in which he found them. The contraction, though affecting both sets of muscles, resulted, as in the case of spasm, in the adductors overpowering the abductors, possibly from mechanical advantage. The fixation of the vocal cords in their baneful position is accounted for by the condition of the crico-arytenoid joints found *post-mortem*.

R. Norris Wolfenden.

Knight, C. H.—*Foreign Bodies in the Air Passages.* "The Medical Analectic," March, 1890.

IN the course of an abstract of the recent literature of the subject, the author mentions the following cases. Several others are referred to (Massei, Moure, Hovell, etc.) which have previously been published in this Journal.

In the "Memphis Med. Monthly," February, 1890, W. A. Mewborn reports a case of cockle-burr in the right bronchial tube; expectorated after twenty-two months; the patient dying two months later in consequence of the damage to the lung. In the same journal H. W. Tate reports five cases. In two, spontaneous expulsion occurred; in two, life was saved by tracheotomy; and in one death ensued in spite of a tracheotomy, which was apparently done after respiration had entirely ceased.

O. B. Gross reports a fatal case in the "Medical Bulletin," the foreign body being a marrow-fat pea, which was found in the left bronchus, one and a half inches from the tracheal bifurcation.

In the "Glasgow Med. Journal," December, 1889, William Mac Ewen reports a case in which the shell of a hazel-nut was inspired, and became embedded in the posterior wall of the trachea. It was exposed and removed by means of a tracheotomy during an attack of extreme dyspnoea.

In the "Peoria Medical Monthly," November, 1889, F. E. Waxham cites an extraordinary case, in the course of an article on foreign bodies in the larynx. The patient was a child fifteen months old. Tracheotomy was done. The foreign body was a vertebra of the fish, with its two projecting spines. As the patient was still unable to breathe comfortably with the tracheotomy wound closed, he concluded to introduce an intubation tube, and to close the wound. The assistants held the wound open to facilitate the respiration while the tube was introduced. As this was done, a second vertebra was forced down through the larynx, and expelled through the tracheal opening.

After carefully searching the trachea, and making sure that there were no more vertebræ present, a drainage tube was inserted, the wound closed and dressed antiseptically, leaving the intubation tube *in situ*. The patient rallied well from the operation, nursed without difficulty, and

finally made a good recovery. The same writer reports in the "North American Practitioner," February, 1890, a case in which he successfully removed a shawl-pin which had been in the right bronchus for three months.

In the "Cincinnati Lancet-Clinic," January 4, 1890, J. A. Thompson gives the history of a case in which a piece of oyster-shell was expelled from the larynx by coughing, after having been retained three or four months.

In the "North Carolina Medical Journal," December, 1889, K. G. Battle describes a case in which he removed a "sand-spur," the prickly involucre of a species of grass found along the Atlantic sea-coast, from the larynx of a boy, who had inhaled the object four days before. Several attempts at removal had failed, but it was finally extracted with the Schroetter-Türk forceps under cocaine.

A case of tooth-plate in the laryngo-pharynx for sixteen days, the subject of a paper read by C. H. Knight at a meeting of the laryngological section of the New York Academy of Medicine, and reported in the "New York Medical Journal," November 23, 1889, is still under observation. It was supposed that the damage to the vocal bands was irreparable, and that aphonia would be permanent. It has been interesting to see, however, that the gap in the cords has become gradually effaced. On abduction it is quite apparent, but on adduction the cords meet almost perfectly, and the patient speaks with fair volume in a low-pitched, rather hoarse voice, which would be still better but for the presence at the anterior commissure of an excrescence or a neoplasm, the precise character of which has not yet been determined.

R. Norris Wolfenden.

Bondeson, J. (Copenhagen).—*A Case of Foreign Body in the Right Bronchus.*

Med. Soc. of Copenhagen Meeting, February 5, 1890.

A BOY, aged three, suddenly had difficulty in breathing whilst playing with some seeds of *ceratonia siliqua*. Twelve hours later (the child in the meantime having had attacks of dyspnoea with free intervals) deep tracheotomy was performed, without revealing any foreign body. Twelve hours later, as the dyspnoea became continuous, accompanied by cyanosis and collapse, and as the whole right lung was found to be out of function, a foreign body in the right lung was diagnosed. Pharyngeal forceps were introduced through the tracheotomy wound into the depth of the right bronchus, and a seed, which was much enlarged by swelling, was removed. Complete recovery in a fortnight.

Holger Mygind.

O'Neill, Henry (Belfast).—*Plumstone in Trachea.* "Brit. Med. Jour.," Nov.

16, 1889. North of Ireland Branch, B.M.A., Oct. 31, 1889.

THE patient was a schoolboy, aged six, who accidentally permitted a plumstone to pass down the trachea. He had a few severe attacks of coughing, but otherwise seemed quite well. Tracheotomy was performed. The patient was then turned heels upwards and patted sharply between the shoulders, when, during a fit of coughing, the stone dropped out of the wound, which had been kept open by a dilator. Recovery.

Hunter Mackenzie.

Kocher.—*Extraction of a Foreign Body from the Lung.* "Wien. Klin. Woch.," Nos. 7, 8, 9, 1890.

A CHILD, four years old, had inspired a little tube of metal. The event was followed by attacks of suffocation, but the patient became better shortly after. A few days later, the patient became feverish, and the position of the foreign body could be diagnosed by auscultation as situated in the right bronchus. Tracheotomy was performed. An endeavour was then made to extract the foreign body (which could be felt by a probe) with forceps and other instruments, but it was found to be impossible to move it. Some days later an endeavour was made to remove it with the spoon of Leroy d'Etiolles. With this instrument the body could be passed, then the movable spoon could be flexed, and extraction could be performed. The patient at first became better, but died some weeks after. The *post-mortem* examination revealed pneumonia and cerebral abscess. It is probable that the lung, and, indirectly, the brain, was infected by the foreign body. *Michael.*

THYROID GLAND.

Wright, G. A. (Manchester).—*Notes on Thyroid Asthma, and its Surgical Treatment.* "Manchester Med. Chronicle," March, 1890.

DURING the last seven years the author has had charge of five cases of what he calls "thyroid asthma," *i.e.*, "cases in which urgent dyspnoea has been caused by lateral pressure upon the trachea by an enlarged "thyroid gland."

In three cases the glandular enlargement was "simple hypertrophy;" in one case the patient was cretinoid, in one the glandular enlargement was coincident with all the symptoms of Graves' disease. In all cases the dyspnoea was due to direct pressure upon the sides of the trachea by the enlarged lateral lobes drawn tightly together by the isthmus, and the trachea was typically "scabbard-shaped."

Four cases were young adults; the fifth was a child of two or three years of age. In two of the cases tracheotomy only was performed, in two the isthmus only was divided, and in one case the trachea was opened and the isthmus divided twenty-four hours later. Four of the patients died, one (the child) from broncho-pneumonia, one from œdema of the lungs, the obstruction being only partially relieved, two from slipping of the tracheotomy tube in consequence of the depth of the trachea from the surface. The patient who recovered was the young man in whom division of the isthmus was performed in the interval between attacks of dyspnoea. Certain points seem to be fairly well established in regard to thyroid asthma, and some of them are illustrated by these cases. 1. The onset of the symptoms is often sudden, urgent, and spasmodic. 2. The symptoms are due to direct lateral pressure