

## LARYNX.

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**Frankel, B.**—*Diseases of the Upper Air Tract following Influenza.* “Deutsch. Med. Woch.,” No. 28. (Cf. the report on the Berliner Laryngologische Gesellschaft. *Michael.*

**Le Noir.**—*Ulceration of the Vocal Cords occurring in the course of Influenza.* “Annales Maladies Oeilles,” March, 1890.

OF 130 cases of influenza which were observed, four presented symmetrical ulcerations at the anterior portion of the vocal cords; these ulcerations rapidly healed; according to the author they were of infectious origin.

*Joal.*

**Koch, P.**—*Laryngeal and Pharyngeal Manifestations of Influenza.* “Annales Maladies de l’Oeilles,” March, 1890.

THE naso-pharynx was always very suddenly attacked; inflammation of the mucous membrane was considerable, and nasal respiration greatly embarrassed. Had there been no other assignable cause, one would have thought of syphilis. The mucous membrane, of a violet-red colour and very œdematous, closely resembled idiopathic erysipelas of this region; the reddened, swollen uvula, often displaced by a unilateral œdema, in this way simulated a symptom of albuminuria. Paralysis of the first period from inflammation was very rare, but paralyses affecting the larynx and the soft palate are met with later on.

*Joal.*

**Botey.**—*Influence of Pregnancy upon several Forms of Dry Laryngitis.*

“Archivos Internacionales de Laringologia, Otologia, y Rinologia,” No. 1.

THREE patients, who suffered for a long time from chronic rhinopharyngo-laryngitis, with a thick secretion, but without œœna, and previously rebellious to all treatment, were cured completely as soon as they were pregnant, but the affection reappeared during the weeks following parturition or miscarriage. *Ramon de la Sota y Lastra.*

**Luc.**—*Contribution to the Study of Combined Syphilitic and Tubercular Lesions of the Larynx.* “Archives Laryngologie,” Feb., 1890.

FOLLOWING Schnitzler and Cardone, Luc publishes four cases proving that tubercular lesions of the larynx have followed syphilitic lesions. It is not right to speak of the co-existence of the two affections; between them there exists the relationship of cause and effect. It appears as if tertiary syphilis prepares the ground and renders it receptive of the bacillus of Koch, which enters the organisms by the ulcerated surfaces. *Joal.*

**Neumann (Pesth).**—*Laryngeal Tuberculosis.* “Pesther Med. Chir. Presse,” 1890, Nos. 27, 28, 29.

THE author reports on the effects of the different methods of treatment in Navratil’s clinic, and recommends the surgical treatment of the disease. *Michael.*

**Uchermann, V.** (Christiania).—*On the Treatment of Laryngeal Phthisis.*  
 "Ferhandling paa det 31ie Norske Laegemöde," Bergen, 1890.

CONTAINS a review of the modern treatment of laryngeal phthisis, and the results of the author's own experience. He advocates strongly the treatment with curette and lactic acid, having obtained perfect healing of tubercular ulcerations in three out of ten cases treated with curette and solutions of lactic acid in increasing strength from 10 to 60 per cent.  
*Holger Mygind.*

**Trow.**—*The Diagnosis and Local Treatment of Tubercle or so-called Phthisis of the Larynx.*—Ontario Med. Assoc. "The Canadian Practitioner," July 1, 1890.

THE paper dealt generally with the symptoms of laryngeal tuberculosis, and advocated the usual methods of treatment. In the discussion which followed, Dr. Price Brown emphasized the statement that amelioration could and ought to be attained, and he believed that in some cases actual cure could be accomplished. He also held that the occurrence of voice changes such as the falsetto on phonation were aids to diagnosis. Dr. Palmer deprecated the use of the ordinary curette, but advocated that of the double curette, on the ground that the latter cuts and does not injure or bruise the tissues. Dr. Ryerson regarded the prognosis as always bad—that amelioration was possible, but not cure.

The reviewer, while agreeing as to the serious character of such cases, cannot allow the present opportunity to pass without recording his experience as to the good results frequently obtained by local treatment. He can recall to mind several living examples of local cure, in individuals whose cases admitted of no doubt as to their exact nature. In other cases the laryngeal conditions were entirely removed before death took place. In his hands the sub-mucous injection of lactic acid has afforded the most satisfactory results.  
*George W. Major.*

**Jonquière** (Berne).—*Third Contribution to the Knowledge of Aphonia Spastica.*  
 "Monats. für Ohrenheilk.," June, 1890.

DETAILS of a case cured by pressure on the ovaries. *Michael.*

**Major, George W.** (Montreal).—*Complete Bilateral Abductor Laryngeal Paralysis.* Montreal Med. Chir. Soc.'s Trans., May 16, 1890.

THE patient, a lad of seventeen, had been under observation for two years. He gave the following history:—When a child he had suffered from cerebro-spinal meningitis during the prevalence of an epidemic of that disease. He was confined to bed for six months, and during three months of that period opisthotonos was a marked symptom. He lost the sight of the right eye, but no wasting of the eye-ball resulted. After convalescence a lateral curvature of the dorsal spine was observed. During the two subsequent years he enjoyed a fair share of health, when (what he termed) a relapse occurred. During this second illness the right eye-ball underwent wasting, and the patient was maniacal for three months. For three years there were no aggravations, when the right arm became paralysed. The lower limbs at this time were strong, and there

was no stumbling gait. He now contracted a cold, when hoarseness developed—this gave him no particular annoyance for eighteen months: then the breathing became laboured, and three months later tracheotomy became necessary. When the dyspnoea commenced there was associated with it great difficulty in swallowing—especially of liquids. Taste and hearing were unimpaired. Sensation in the larynx was diminished, and the cough, which was more or less constant, resembled that of a dog when choking. Knee-jerk was wanting, sensibility of the feet diminished, gait was unsteady, and the patient unable to stand with closed eyes or when walking backwards.

The larynx when examined was anæmic and wasted-looking. The vocal cords were lying in a position of extreme adduction. The patient wore a tube continuously up to the time of his death, which was the result of displacement during sleep. Unfortunately, no *post-mortem* examination was permitted.

*George W. Major.*

**Bassols y Prim.**—*On a Case of Dysphonia.* “*Revista de Laringología y Rinología,*” March, 1890.

AFTER a few remarks upon phonetical mechanics, and upon the physiological phenomena of speech, Bassols refers to a case of a young man who spoke with a slightly hoarse voice, or suddenly became aphonic. Examination with the laryngoscope showed an infiltration of the aryteno-epiglottidean folds. Conjecturing that the condition was produced by a deficient development of the vocal cords, Bassols advocated treatment directed to the training of the voice by suitable exercises.

*Ramon de la Sota y Lastra.*

**Desvernine** (Gulbos).—*Congenital Polypus of the Larynx.* “*Annales Maladies de l’Oreille,*” April, 1890.

CASE of a child, aged seven, in whose larynx were seven new growths, absolutely independent of one another. The operation of tracheotomy was performed high up and the tumours were removed with Mackenzie’s forceps. But the author having ascertained the existence of a sub-glottic growth, performed laryngo-fissure, removed the tumour with the curette, and complete cure resulted.

*Joal.*

**Major, George W.**—*Subcoral Laryngeal Growth removed by Endo-Laryngeal Method.* Montreal Med. Chir. Soc.’s Trans. May 16, 1890.

THE patient, a bricklayer by trade, gave a previous history of sub-acute laryngitis. The growth was situated beneath the right vocal cord, well forward, and was removed with Mackenzie’s antero-posterior cutting forceps. Dr. Wyatt Johnson, who examined the growth, reported it to be a simple papilloma. A similar growth was removed from the right anterior faucial pillar in the same man.

*George W. Major.*

**Cisneros.**—*Tumour of the Vocal Cord.* “*Revista de Medicina y Cirugia Prácticas,*” July 7, 1890.

A MAN, aged fifty-seven years, had on the superior surface of the left vocal cord a white, flat tumour, the size of a lentil. Notwithstanding the small size and position of the tumour, the patient was aphonic. He was a great smoker, but not a drinker, and without pathological antecedents.

A portion of the tumour having been removed with Fauvel's forceps, was examined microscopically, and found to be a papilloma. The patient did not wish to be operated upon, but some time after he had returned home he suffered so severe an attack of dyspnoea that he wished to be operated on immediately. Tracheotomy was performed the same day, and a few days later thyrotomy, all the tumour being removed. The wound was cured rapidly, and the patient continued well, his voice being a little hoarse.

Dr. Uruñuela believed that it would have been better in this case to have removed the growth *per vias naturales*, for thus the patient would not have been exposed to two severe operations, and the result with regard to the voice would have been more satisfactory.

*Ramon de la Sota y Lastra.*

**Périer.**—*Extirpation of the Larynx without preliminary Tracheotomy.* Société Chirurgie, March 19, 1890.

A MAN of sixty-six submitted lately to the operation of extirpation of the larynx without previous tracheotomy. His history is as follows: In the month of September, 1888, he first complained; in the month of May, 1889, he consulted a specialist, who noted immobility of one of the vocal cords, without any other morbid change. At the end of 1889 he was admitted to the Lariboisière under M. Gouguenheim, who found at the level of the left inferior vocal cord a polypoid mass, proliferating, the diagnosis of which could not be in the least doubtful. Three partial extirpations were performed on the 6th, 11th, and 15th February, 1890, respectively; the portions removed were examined, and the microscope confirmed the diagnosis of epithelioma. M. Gouguenheim communicated with the speaker, who, finding no local or general contra-indication, decided to perform ablation of the larynx. A transverse incision, a finger's breadth above the cricoid cartilage, was made extending from one sterno-mastoid to the other. This incision terminated at the superficial aponeurosis. Then a second transverse incision was made at an equal distance from the hyoid bone and the thyroid cartilage, this incision also extending from one sterno-mastoid to the other, and including all the soft parts down to the thyro-hyoid membrane. These incisions, carefully carried out at the sides and behind the larynx, allowed the trachea to be grasped and a thread of silk in a holder to be passed under it, by the aid of which it was easily controlled. It was then attempted with a Cooper's needle to turn round the posterior aspect of the trachea, but this proceeding, easily performed on the dead body, presented great difficulties in the case of the patient. The trachea, supported by the thread, was divided between its first ring and the cricoid cartilage; a conical canula, fixed by the thread supporting the trachea, allowed the administration of chloroform to be continued at a distance. The larynx was dissected away from below upwards to the level of the epiglottis absolutely entire; above this level it was cut transversely. This ablation finished, copying a practice adopted by M. Tenier, the trachea was sutured to the lower part of the wound, then the dissected integuments were reunited in the median line; finally the upper wound was closed, an orifice being left so that an artificial larynx

could be placed in position in communication with the cavity of the mouth, and thus render possible the articulation of sounds. Unfortunately, the patient, who during the rest of the day and the first part of the night had done well, succumbed very rapidly sixteen hours after the operation.

SCHWARTZ remarked that the operation performed by M. Périer was extremely interesting, and that he was not aware of the previous performance of such an operation. New facts acquired subsequently will enable its value to be determined; he wished merely to make two observations relative to the operation of M. Périer. The first was that the cancer, being limited to the ventricular cavity, to the left vocal cord and slightly to the left ventricular band, partial extirpation, an infinitely less serious proceeding, would have sufficed. The speaker's second observation was a declaration in favour of the old method of operation, which has the advantage of accustoming the patients to breathe by their canula, inasmuch as tracheotomy has already been performed.

TENIER said that under similar conditions he had performed extirpation of the larynx. This case also was one of cancer, diagnosed by M. Gouguenheim, who referred the patient, a man aged fifty, to the speaker. On the 24th June, 1889, he came under his care, with extreme suffering from paroxysms of coughing, which were very painful, from incessant salivation, and the constant secretion of very abundant mucus. Unfortunately, the preliminary tracheotomy had been performed very high up, which interfered seriously with the dissection of the trachea and the removal of the larynx. On 26th July, 1889, extirpation of the larynx was performed, the canula of Trendelenburg being employed, which acted so badly that it was necessary to remove it, and rapidly to divide the trachea. The subsequent proceedings were simple enough; but the speaker called attention to an incident occurring on the first day, and which illustrates well the necessity of the greatest precaution being observed in the surrounding of these patients.

Towards the end of the first day the edges of the opening began to swell, and then very rapidly ensued intense dyspnoea, which would have certainly proved fatal if the assistant in charge of the case had not inserted a canula, which re-established respiration. The tumour histologically proved to be a squamous epithelioma. A month later the patient swallowed without much difficulty. Some months later the presence of a small gland situated laterally was discovered. The speaker removed it on 28th November. The patient's condition remained very satisfactory, when, on 14th December, he was attacked by influenza, with shivering and intense dyspnoea; in a few hours a general pulmonary congestion ensued, and proved fatal in a few hours. The palliative results of this operation have been severely criticized. This patient frequently stated that there was no comparison between his condition before and after the operation, and the speaker had been much impressed by the results. Thus, he said, "I am to-day a supporter of intervention in these tumours, and I willingly adopt the procedure just proposed by M. Périer."

LE DENTU remarked that at the end of the year 1887 he had seen a

patient in whom the possibility of accidents had led him to perform laryngotomy. The case was one of cancer, which was operated on in the month of February of the following year, after preliminary tracheotomy, the patient having been accustomed to bear the canula of Trendelenburg. The lesions were very extensive. It was necessary to remove the epiglottis, and even part of the base of the tongue. The immediate results were satisfactory, but six weeks later a relapse occurred, and the whole of the floor of the mouth was involved. It appeared to the speaker that suture of the trachea to the skin was a satisfactory procedure, but it had the disadvantage of causing accidents by the swelling of the edges of the wound, and of rendering the subsequent adaptation of an artificial larynx very difficult. He considered possibly preferable partial suture of the trachea. The speaker added, that if his memory served him, partial laryngectomies were always followed by relapses.

LUCAS-CHAMPONNIÈRE thought that preliminary tracheotomy was preferable to the operative procedure proposed by M. Périer, because it protected the trachea from the entrance of morbid particles in cases where it is necessary to clean out the laryngeal cavity; further, if any sudden dyspnœa supervened during the extirpation, it would be very embarrassing to have to rapidly perform tracheotomy, which had now become inevitable. As regards partial extirpation of the larynx, the speaker considered that in certain cases they were very advantageous, and did not share the opinion of M. Le Dentu on this point. *Joal.*

**Schaeffer** (Bremen).—*Foreign Body in the Larynx.* "Monats. für Ohrenheilk.," June, 1890.

A CHILD, aged four years, suddenly became hoarse, having eaten soup. Some time later dyspnœa supervened. The author saw a piece of bone fixed in the larynx, and the next day extracted it with forceps. The length of the bone was twelve millimètres; it was six millimètres broad, and eleven millimètres thick. One end was fixed in the inter-arytenoid fold; the other in the right sacculus laryngis. *Michael.*

**Semeleler** (City of Mexico).—*Wound of left Vocal Cord.* "New York Med. Record," Aug. 9, 1890.

A WOMAN, picked up by the police, was taken to the hospital, and seen by the author. She had been stabbed in the left side of the neck, between the hyoid bone and the thyroid cartilage, about three-quarters of an inch from the median line. The wound was about one inch long; there was but little hæmorrhage. The patient soon recovered, but remained hoarse. On laryngoscopical examination, the pharynx and upper part of the larynx were found to be inflamed, and the left vocal cord was divided transversely, between its median and posterior thirds near its inversion into the processus vocalis. The wound was completely cicatrized at the time of examination. *R. Norris Wolfenden.*

**Desvernine.**—*Laryngo-Tracheal Fracture—Vocal Cords united—Supplementary Glottis.* "Revista de Ciencias Médicas de la Habana."

A YOUNG man struck the laryngeal region against a bar. Hæmorrhage from the mouth, severe local pain, dysphonia and slight respiratory

troubles immediately presented themselves, and several days later dyspnoea was so severe that tracheotomy was performed. Emphysema of the whole neck succeeded, and it was necessary to substitute a larger canula for the one at first employed. After that the patient continued well during fifteen years. Desvernine found him in the following condition:—Patient is a slightly-built man, feverish, with cough and muco-purulent expectoration, containing very many bacilli. Three or four years ago respiration was performed without a canula through a channel of about five millimètres diameter, the external orifice of which was kept open by the fibrous tissue of the margin. The voice was dysphonic, but intelligible. The laryngeal region was free from swelling, excepting the vocal cords, which were completely united, establishing a flat, even, red surface, with a small orifice near their anterior insertion.

This patient died several months later from tuberculosis.

*Ramon de la Sota y Lastra.*

**Cisneros.**—*Laryngeal Epithelioma—Extirpation of the Larynx.* “*Revista de Medicina y Cirugía Prácticas*,” July 7, 1890.

A MAN, aged forty-six years, had a red, ulcerated tumour, which covered all one side of the larynx, and involved the vocal cord of the other side, so that the glottis was much narrowed. Tracheotomy was performed, and three months later an operation that Cisneros described as extirpation, and Uruñuela partial resection of the larynx, but from the description it is impossible to say what was the nature of the operation that was performed. The patient recovered.

*Ramon de la Sota y Lastra.*

**Hahn.**—*Extirpation of the Larynx.* Berliner Med. Gesellschaft. Meeting, June 18, 1890.

THE author showed (1) a specimen of a case in which he performed, nine years ago, the extirpation of the larynx. Relapse occurred nine years after operation. (2) A specimen of laryngeal extirpation operated on a short time ago. Here a relapse followed in a short time after the operation, the tongue being involved. During two years the author has operated on six cases, all of whom have survived the operation. One of them died ten weeks later from pneumonia. He now only operates on those cases in which a partial operation is possible.

*Michael.*

**Schaeffer** (Bremen).—*Laryngeal Carcinoma.* “*Deutsch. Med. Woch.*,” 1890, No. 28.

THE author saw the patient first in 1885. He was fifty years old, and had an infiltration of the left ventricular band. Cure by local treatment. Eight months later hoarseness and infiltration of the left ventricular band covering the vocal cord. Extirpation of half of the larynx by Dr. Hahn in Berlin, 1887. Cure, with good voice. The extirpated tumour proved to be epitheliomatous. In March, 1890, a relapse occurred. The site of the operation was occupied by a large red tumour. Deep tracheotomy was performed. The patient is still living.

*Michael.*

**Glover.**—*Contribution to the Study of the Performance of the Operation of Tracheotomy in the Adult.* “*Annales Maladies de l’Oriettes*,” March, 1890.

THE author recommends that the cutaneous incision be made with the

bistoury, afterwards employing the grooved dissector and the thermo-cautery in order to obtain complete arrest of hæmorrhage.

**Fabiani, G.**—*Tracheotomy on Account of a Wound of the Larynx.* “Archiv. Ital. di Laring.,” July, 1892.

A MAN, twenty-seven years old, presented a wound produced by a revolver ball which penetrated the larynx through half the thyroid cartilage. Tracheotomy was necessary, on account of narrowing of the larynx the following day. Death ensued a few days later, on account of septicæmia.

At the autopsy, a perforation of the right half of the thyroid cartilage was found, the ball, passing through the left ventricular band and vocal cord, had broken the left arytenoid cartilage at its base; the crico-arytenoid ligament of the same side was lacerated; the orifice of exit was on a higher level than that of entrance at the posterior margin of the left sterno-cleido mastoid muscle. A narrowing of the larynx was produced by the arytenoid cartilage which acted as a foreign body. The autopsy confirmed the opinion that death was due to septicæmia.

*Massei.*

**Seifferts.**—*Intubation.* “Physikalisch Medecin Gesellschaft in Wurzburg.” Meeting, June 14, 1890.

THE author showed instruments for intubation. He has performed this operation on a child who had been operated on by laryngotomy for papillomata of the larynx, and in a child of one and a half years on account of diphtheria. He also reports the results at present attained in Germany with this operation.

*Michael.*

**MacDonnell, R. L., and Major, G. W.**—*Aortic Aneurism with urgent Dyspnoea.* Trans. Montreal Med. Chir. Soc.

MALE patient, aged thirty-five years, suddenly seized in the street with most intense dyspnœa. On admission to the hospital, intubation was performed by Dr. Major, with but partial relief. On day following, chest examination was made by Dr. MacDonnell, when weak breathing at left pulmonary base was the only physical sign perceptible. Dyspnœa returned with great intensity several times during the six days he was under observation. Death resulted from sudden syncope. At autopsy, an aneurism of the posterior part of the transverse arch of the aorta, which compressed the left bronchus from behind, was found. Rupture had taken place into the post-mediastinum, which was distended with blood, and this had travelled along the œsophagus and torn through its walls just above the cardiac orifice, through which a quantity of blood had passed, completely filling the stomach and six feet of the small intestines. There was hæmorrhagic infarction of the fibres of the left pneumo-gastric nerve, especially of its recurrent laryngeal branch. There were also multiple cicatrices of both lungs, the remains of spots of embolism, and a recent hæmorrhagic infarction of the left lung.

A laryngoscopic examination made shortly after admission showed left abductor paralysis, with intermittent spasmodic movements of the right vocal cord. The larynx was deeply situated in the neck, and was stationary. Vagus pressure was diagnosed, and subsequently confirmed

at the *post-mortem* examination. The case presented many very interesting as well as instructive features.

*George W. Major.*

**Gorodetzky, G.** (Bendery, Bessarabia).—*Penetrating Wound of the Trachea; Rapid Recovery.*—“*Vestnik Obshtchestvennoi Higieny, Südebnoi i Prakticheskoi Meditziny*, June, 1890, p. 97.

THE author records the following very interesting case. An athletically made artizan, aged twenty-five, while fighting in a drunken condition, received a stab with a jack-knife. When seen, within a few moments after the accident, the man was profusely expectorating blood, and had a violent hæmorrhage from a clean-cut wound measuring four centimètres in length, and situated horizontally on the anterior surface of the neck, at the level of the jugular fossæ. The wound proved to have slanting edges (from below upwards), and to penetrate the anterior wall of the trachea, somewhat to the right from the median line, the tracheal incision being similarly transverse and measuring one centimètre in length. It was found, further, that when the patient was holding his head in the “ordinary way,” the cutaneous wound was firmly closed, and the man was able to speak in a loud voice. In view of this fact, as well as in view of the quite recent character of the case, and the patient’s quite satisfactory general condition, Dr. Gorodetzky (having controlled the bleeding, which could be easily done by single pressure) resolved to at once close the cutaneous wound with sutures (four in number), after which an antiseptic dressing was applied. The patient was directed to lie quietly in bed, and to most strictly abstain from speaking, in addition, no food whatever was allowed during the first twenty-four hours; while subsequently only fluid food was given. The after-course proved to be surprisingly good. For four days there were observed a trifling local subcutaneous emphysema, some cough with blood-stained expectoration, slight headache, and pain about the neck and sternum. The temperature, however, never rose above 37·6 degrees, the frequency of the pulse did not surpass 82 per minute, the breathing remained easy and free. On the fifth day the wound healed *per primam*, and the sutures could be removed; on the sixth the man was practically well; and on the seventh he was discharged in the best possible condition.

The writer feels sure that so brilliant an issue of such a serious case must be attributed to very early medical aid.

*Valerius Idelson.*

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## THYROID, NECK, &c.

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**Cramer** (Buttstädt).—*Massage in the Treatment of Acute Catarrh of the Organs of the Neck.* “*Deutsch. Med. Woch.*,” 1890, No. 22.

IN some cases of acute catarrh the author has applied massage, and has observed that cure is accelerated by this method. He believes that by the pressure on the veins the circulation is improved. *Michael.*

**Joffery.**—*Psychical Troubles and Hallucinations in Basedow’s Disease.* *Société Médicale des Hôpitaux*, Mar. 26, 1890.

THE author communicates an interesting remark, which want of space