

parts are dried by dipping in alcohol. Schech is content with thorough brushing with soap and water, followed by washing in five per cent. carbolic. He refers to his twenty-five years' entirely successful experience of this method.

*William Lamb.*

## LARYNX.

**Avellis, Georg** (Frankfurt).—*What is the so-called Inspiratory Stridor of Infants?* (Congress of South German Laryngologists, May, 1898.) "Munchener Med. Woch.," Nos. 30 and 31, 1898.

THE symptoms of this affection are constant inspiratory stridor, which lasts for months and varies in degree from time to time. There is drawing in of the episternal notch and ribs. Fever cough and hoarseness are absent: the larynx shows no visible changes; the child thrives and is well nourished. Over the etiology many diverse views have been given. Lori was the first to give an explanation of these cases. He states that the vocal cords come quickly together towards the end of inspiration, that the rima glottidis is closed for a moment, and that the cords go apart again in expiration.

Thomson has described five cases, which McBride examined laryngoscopically without definite results. Thomson ascribes the condition to a neurosis of co-ordination, and considers the noise to originate in the larynx. Satisfactory examination is difficult. Avellis could see neither œdema nor inflammation in the arynx; the free edges of the epiglottis were not drawn together.

Lack and Sutherland described two cases, where the epiglottis was infolded and the aryepiglottidean folds approximated during inspiration. As age advanced the larynx developed further, and the symptoms disappeared; the formation of the epiglottis remained the same. The stridor lasts during the whole of inspiration, and could not be caused by momentary closure of the vocal cords. Avellis suggests that the stridor may be tracheal and caused by pressure of the thymus. In 1852, Billiet observed a moist, gurgling tracheal stertor in children of seven to ten months old, which only disappeared momentarily when the children were quiet. He considered it due to irritation or swelling of the tracheal mucous membrane.

Siegel described a case where tracheotomy was done without benefit, and the stridor was only overcome by introducing a long tube into the trachea. The thymus was brought forward and stitched to the external fascia; the tube was removed, and the stridor ceased. Gloichler has seen three cases where, in long-standing dyspnoea, the cause of death was an enlarged thymus. The clinical symptoms in these cases were the same. In favour of tracheal stenosis are the age of the child, the frequent spontaneous recovery in the second year, congenital occurrence, the mode of recovery (stridor recurs on movement), temporary cessation when the position of the body is changed, negative laryngeal appearances, the high position of the larynx, the entrance of air being greater into one bronchus than the other, and operative results. It is possible that stenosis might also be caused by enlarged bronchial glands. To clear up this, further investigation, which might be helped by Roentgen rays, is required.

In the discussion which followed, Pröbsting agreed that thymus hypertrophy was the cause of the stridor. He has seen preparations in which the cause of the stridor was proved to be compression of the lower part of the trachea at the bifurcation.

Killian obtained such a good direct tracheoscopy, in a child two years of age

he found no change in the air passage, and thought he could exclude pressure from a thyroid or thymus gland.

*Guild.*

**Besold, Gustav.**—*Laryngeal Phthisis in Cases of Phthisis Pulmonalis.* "Munchener Med. Woch.," No. 26, 1898.

THE author examined three hundred and forty-six new cases received into the Falkenstein sanatorium in Taunus; sixty-nine showed certain signs of laryngeal tuberculosis such as ulcers and tumours; twenty-four were suspicious, *i.e.*, they exhibited unilateral swelling and hyperæmia, slight ulceration as paresis of one cord. Of these sixty-nine, fifty were men, and in thirty-eight the disease was of a severe type. Treatment may have a curative effect or it may limit the progress of the disease. To insure rest he forbids both speaking and whispering. Cough should be controlled as much as possible. Appropriate treatment should be applied to nose and pharynx, if necessary, as catarrh may be the cause. Cough due to tracheal ulceration may be overcome with injections of morphia. Where there is dysphagia he has found orthoform the best drug, and now uses it to the exclusion of morphia. In laryngeal treatment he uses powders of iodol or orthoform, of fluid applications menthol in oil is the best, lactic acid should be used strong, and only applied locally to ulcers, if this is not sufficient the curette is applied. Of the sixty-nine cases of certain laryngeal disease, twenty-two were cured, and twenty-six improved. He considers those cases cured where the ulceration has cicatrized, or where infiltration has almost or quite disappeared; eleven were seen two to four months, ten were seen six to eighteen months afterwards; the other one died of hæmoptyses.

Better results are to be expected in sanatoria as the patients are under more favourable conditions for treatment.

*Guild.*

**Bottome, F. A.**—*Treatment of Hoarseness in Singers and Speakers.* "N. Y. Med. Journ.," July 2, 1898.

THE first indication is to relieve the local laryngeal congestion; and this the writer does by rest in bed, a hot mustard foot-bath, calmol (gr. x.) to the robust, aconite pushed to its physiological effects, and an ice-bag or Leiter's coil to the larynx. During this treatment the patient must refrain from using his voice. In twelve, or, at most, twenty-four hours, the larynx should show a decided improvement, and the line of treatment is now altered to a distinctly tonic character. Before the patient gets up, an alcoholic bath and a brisk rubbing should be ordered, and then a strong tonic given—preferably, tinct. ferr. mur., in three-grain doses in glycerine in water, after meals, and continued in diminishing doses till recovery. Topical applications may now be employed, as Argent. nitr. (gr. x. ad. ʒi.), preferably as spray. The patient may now be allowed to use his voice, but very gradually—commencing in the middle register, and, by degrees, working up and down the scale.

The sudden accumulation of mucous upon or between the vocal cords produces a temporary hoarseness very annoying. For this, deep inhalations of menthol in alboline, before using the voice, are very effective.

Temporary paralysis of the cords (not dependent on pressure) usually yields to Faradism externally and strychnine internally.

**Codd.**—*The Utility of Intubation of the Larynx.* "Birmingham Med. Review," Aug. and Sept., 1898.

TWENTY-SIX cases of diphtheria were intubated, of whom fourteen died and twelve recovered. The operator considers that intubation is a better operation than tracheotomy, because it is bloodless, requires no anæsthetic, is not so likely

to be followed by chest troubles, the cough is much more explosive and efficient, and no skilled nursing is required. In chronic stenosis it is invaluable, it being the only efficient method of permanently curing chronic strictures. *B. J. Baron.*

**Gorodecki, H.** (Kischenew).—*A Case of Foreign Body in the Trachea.* "Monats. für Ohrenheilk.," May, 1898.

A GIRL of fifteen swallowed a button and concealed the fact, for fear of punishment; so that the cause of her illness was unsuspected till she confessed, a fortnight afterwards. She had great dyspnoea, with well-marked laryngeal stridor. The laryngoscope showed a dark body, lodged in the trachea about one centimètre below the cords. The cricoid and upper tracheal rings were divided, and the edges held apart with hooks; but the body had changed its position, and could not be found. A tube was introduced, and the wound partly closed. Five days later, while search was being made for the foreign body, it was suddenly coughed up into view, and a few more vigorous coughs brought it within reach. It proved to be a horn button, twelve millimètres in diameter. *William Lamb.*

**Grimes, L. A.**—*Membranous Tracheitis and Laryngitis without the Presence of Diphtheritic Bacilli.* "Lancet," Aug. 13, 1898.

A BOY, aged four years and nine months, who was recovering from an attack of measles, was admitted on May 18th, 1898, with marked stridor and great sucking in of the episternal notch and of the lower thorax during inspiration. On examination nothing abnormal was found beyond slight injection of the tonsils. The symptoms becoming rapidly worse and the child being in great distress, tracheotomy was performed within half an hour of admission. Immediately the tube was inserted a large piece of membrane was coughed up. This membrane was of a greyish-yellow colour, and very tough. Dr. Ewart's method of introducing creosoted oil (one in twenty) into the trachea was at once adopted. Five minims every two hours had the effect of softening the membrane, thus enabling the child to cough it up more easily, and a fit of coughing was usually brought on immediately the oil reached the trachea. After twenty-four hours the dose was altered to ten minims every four hours. In two days the membrane became quite soft and muco-purulent looking. Bacteriological examinations were made by Dr. Slater on the first day and on three other occasions, but, though there were numerous bacilli, that of diphtherio was always absent. The membrane became gradually less from day to day, and the tube was finally removed on the twelfth day. The child made an uninterrupted recovery, and was discharged within the month. *StClair Thomson.*

**Rosenberg, A.** (Berlin). — *A Form of Pachydermia Laryngis ("Laryngitis Desquamativa").* "Monats. für Ohrenheilk.," June, 1895.

A MUSICIAN, of sixty-five, had been hoarse for a year. His left vocal cord was reddened, thickened, and had lost its sharp edge. On its anterior part were two snow-white nodular elevations about the size of a pea, raised about .5 millimètre above the surface of the cord. The two nodules joined on the upper surface of the cord: its mobility was unimpaired. When removed the white nodules were found to consist of epithelium, the upper layers of which were hardened and horny. Two and a half years later the cord was still red, and showed a white, irregular linear growth, forming a sort of ring on the cord. Inside the white ring one could see the reddened mucous membrane. The process is essentially one of epithelial out-growth from chronically inflamed mucous membrane. The superficial cells become horny.

In Von Stein's case the cells were arranged like the tiles on a roof, and the

growth had an irregularly serrated edge, like the comb of a cock. Pieces crumbled away from time to time, showing reddened mucous membrane beneath.

William Lamb.

**Shirley, E. L.**—*A Case of Epithelioma of the Larynx. Laryngectomy and Partial Pharyngectomy. Death on the Eleventh Day from Exhaustion.* "N. Y. Med. Journ.," July 16, 1898.

DETAILS of the operation are given; and a summary of the subsequent history of the case would indicate that exhaustion was the chief factor in the fatal issue, and not pneumonia or septicæmia—the usual sequelæ of such operations when not followed by immediate death from shock or hæmorrhage.

**Toeplitz, Max.**—*Mycosis Pharyngis Leptotricia.* "N. Y. Med. Journ.," June 25, 1898.

THE writer gives the varieties, clinical appearances, and differential diagnosis of this affection, and lays some stress on the fact that it may readily follow an acute follicular tonsillitis, or diphtheria. Many remedies have been used with varying success, and, in the writer's hands, the sharp spoon and galvano-cautery were very effective. An extensive bibliography of the subject is appended.

**Wright, Jonathan.**—*Some Critical and Desultory Remarks on Recent Laryngological Literature.* "N. Y. Med. Journ.," June 4, 1898.

THE writer supplies a pretty exhaustive article, giving a *résumé* of the more important papers on the subjects.

## THYROID.

**Goris.**—*Operation in a Peritracheal and Retrosternal Goître in Extremes. Cure.* "Ann. de la Soc. Belge de Chirurgie," Aug. 15, 1898.

THE case was that of a girl, nineteen years of age, who had had a goître since she was four years old. The tumour was enormous, and before operation she was nearly dead, the trachea being flattened. Tracheotomy and removal of the growth, leaving only a piece the size of a plum, saved her.

B. J. Baron.

**Kocher, Theodor** (Bern).—*A New Series of Six Hundred Operations for Goître.* "Correspondenz-blatt für Schweizer Aerzte," 1898, No. 18.

THIS series includes the operations for goître undertaken in Kocher's clinique during the last three and a half years, and follows a series of one thousand operations published by him in 1895. Thyroid treatment has not accomplished more than iodine treatment. He finds that ninety per cent of goîtres are so far improved by medical treatment that operation is not required.

Indications for operation are where medical treatment has proved useless; where there are developments of large isolated nodules, in every form of cystic formation; and where there is the slightest suspicion of malignant disease. The chief indication is difficulty in breathing; where this occurs operation is the only treatment. For the past two years the author has used, almost exclusively, one per cent. cocaine, and prefers it to general anesthesia in complicated cases. In Basedow's disease, and where there is tracheal stenosis, breathing is quieter, venous hæmorrhage is less, and patient can phonate, which lessens the risk of the recurrent nerve being injured; otherwise, the operative procedure is the same.

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