

LARYNX, &c.

Nicaise.—*Physiology of the Trachea and Bronchi.* Congrès de Chirurgie, Paris, October, 1889.

THE author, who during the year 1864 performed a difficult tracheotomy, and on introducing his finger into the trachea was surprised with the sensation of constriction which he experienced, then conceived the idea of making some researches upon the rôle of the trachea and bronchi in respiration. His experiments were conducted in the laboratories of Paul Bert and Bouchard. He concludes from the experiments that in the normal state the trachea is in continuous contraction during both periods of respiration, a phenomenon explained by the elastic tissue which is contained in the trachea. The membranous portion permits it to dilate. During dilatation the trachea would act after the fashion of an elastic tube compressing the air in its interior, and would play a considerable rôle in phonation and singing. During expiration there would be a certain degree of dilatation, and, during inspiration, of constriction.

So far as the bronchi are concerned the phenomena are very different, according as we have to do with the extra-bronchial divisions or the intra-pulmonary branches. The former will dilate during expiration, and constrict during inspiration. The opposite takes place for the intra-pulmonary rootlets of the bronchial system.

Nicaise also studies the role of the bronchi in expectoration, also hernial tumours of this region or tracheoceles. *Joal.*

Hall, de Havilland.—*Acute Catarrhal Laryngitis.* "Lancet," November 23, 1889.

NOTES of a case read at the Medical Society, in which symptoms of laryngeal stenosis developed with great rapidity in a lady, aged fifty-six. There was much swelling of the epiglottis, ary-epiglottic folds, and vocal cords, the pharynx and tonsils being normal. There was albuminuria and slight basic pulmonary congestion. Dr. Hall scarified freely, and applied an ice-bag, administering also iodide and bromide of potash, under which treatment the patient rapidly recovered.

In the discussion nothing new was elicited. Dr. Hall favoured the internal and external use of ice in acute cases occurring in young adults, in which there was high temperature, while cases with chest complications were more benefited by warm, moist treatment. Where pharyngeal inflammation occurred the case was almost invariably of septic origin. He rather preferred intubation to tracheotomy. *R. Norris Wolfenden.*

Peltesohn (Berlin).—*On Œdema of the Larynx.* "Berlin Klin. Wochenschr.," No. 43, 1889.

THE author does not believe that primary laryngeal œdema exists. Such cases are only looked upon as primary because the underlying condition is not discovered. He relates an instructive case in the

practice of Prof. Fraenkel, who was called to a patient who had a sudden attack of laryngeal œdema, and died before tracheotomy could be performed. The autopsy proved the presence of renal atrophy, of which he had not previously manifested any symptoms. Examination of the laryngeal tissue showed it to be so filled with round cells that acute laryngitis must have been the cause. The author then refers to other causes of œdema of the larynx, such as infectious diseases, the use of iodide of potassium, angio-neurotic œdema (Strübing), and refers to the communication of Dr. C. W. Glasgow, concerning an epidemic of laryngeal œdema observed in St. Louis during two years. The disease is rare in patients under fifteen years of age, occurring commonly between the ages of fifteen and fifty, and accompanies general diseases as well as local affections. The diagnosis is evident from the characteristic voice, the stenosis, and most especially the laryngoscopic examination. Prognosis is rather unfavourable. Out of 213 cases, 158 patients died. Therapeutics, which formerly consisted of application of antiphlogistic remedies, consists now in the use of ice, injections of pilocarpine, scarifications and tracheotomy when needed. O'Dwyer's intubation may be used. *Michael.*

Thrasher.—*Laryngeal Syphilis.* “The American Practitioner and News,” June 8, 1889.

THIS is a brief *résumé* of the symptoms and treatment of syphilis of the larynx. *B. J. Baron.*

Botey (Barcelona).—*Koch's Bacillus, as a Means of Diagnosis in Tubercular Laryngitis.* Congrès de Laryngologie, Paris, September, 1889.

THE author has examined 97 cases of laryngeal tuberculosis for the bacillus of Koch, and has met with it in only 6 cases. This result is the more striking inasmuch as the bacillus was constantly found in 500 cases of pulmonary tuberculosis, and Botey concludes that the tubercle bacillus has but little importance as a means of diagnosis of tubercular laryngitis. *Joal.*

Peinado.—*Iodol in Tubercular Pharyngo-Laryngitis.* “Gaceta Médica” de Granada, March 31, 1889.

THE history is recorded of a case in which, under a spray of iodol used twice daily, the pharyngo-laryngeal inflammation was ameliorated; the tubercular ulcers began to heal, the cough and expectoration became less, and the latter was no longer blood-tinged. *Ramon de la Sota.*

Cadier.—*Primary Laryngeal Phthisis acquired by Cohabitation.* Rev. Gén. Clinique et Thérap., October 12 and 19, 1889.

THE author has observed six patients with laryngeal lesions very advanced, in whom auscultation showed very slight pulmonary affection. In these six patients, the contagion arose through cohabitation with a tubercular husband. *Joal.*

Schnitzler (Vienna).—*Diagnosis and Treatment of Laryngeal Tuberculosis.* Congrès Inter. de Laryngol., Paris, September, 1889.

CERTAIN authors maintain that in phthisical patients all ulcerations are tubercular. The opinion is based on facts badly observed or badly interpreted, for there exist catarrhal ulcerations which are situated on the anterior portions of the cords and on the inter-arytenoid region. Their contour is hyperæmic, and not anæmic as in the case of tubercular ulcerations. They are, moreover, cured without giving rise to cicatrices. The presence of small miliary and sub-miliary nodules is of great value as a means of diagnosis. Balsam of Peru, as a local application either in inhalations, sprays, insufflations, or swabbings, gives good results. It may be mixed with elastic collodion, and applied to the diseased spots, which are thus shielded from the pulmonary secretions. *Joal.*

Gouguenheim. *Papilloma and Tuberculosis of the Larynx.* Congrès Inter. de Laryngol., Paris, September, 1889.

TUBERCULAR laryngitis may appear under the form of circumscribed, non-ulcerated tumours, which are of two kinds. They may have a structure indubitably tubercular as all are agreed upon. They may also be constituted of typical papilloma. These papillomata, when inoculated, may give rise to tuberculosis. They may be multiple, enormous, confluent, or of quite small volume, and isolated. Recurrence is a constant character, and occurs in most cases. *Joal.*

Luc (Paris).—*On a Case of Laryngeal Tuberculosis of Sclerous Form.* Congrès de Laryngologie, Paris, 1889.

THE case was related of a woman who presented hypertrophic fibrous masses in the arytenoid region, occasioning dyspnœa and stridor. Attempts at direct extraction having been followed with attacks of suffocation, tracheotomy was performed, and the tumour removed. The author cited other cases observed by himself, concluding that there exists in the larynx a special region characterised anatomically by its dermo-papillary structure, and which is the frequent seat of similar hypertrophies arising from irritation (alcohol, tobacco, excessive vocal use), or from syphilitic or tubercular processes. In the particular case of tuberculosis, the tubercular elements may be so much in a minority in relation to the fibrous tissue, that they may be overlooked by the histologist who seeks for them in the excised fragments. *Joal.*

Gouguenheim (Paris).—*Prolapse of the Ventricle of Morgagni and Tuberculosis of the Larynx.* Congrès de Laryngologie, Paris, 1889.

THE author related five cases of prolapse of the ventricle. In three patients there was tuberculosis, the fourth was probably tubercular; in one case only was the tubercular origin not certain.

Cure has been obtained in one case by the galvano-cautery; replacement cured another case. The seat of the prolapse has always been the right side, and the accident has apparently been caused by coughing.

Gouguenheim believes that prolapse is more common than is usually thought, but the mode of its production is difficult to determine since exact anatomico-pathological observations on this point do not exist. *Joal.*

Gerster.—*Removal of a Tuberculous Tumour of the Larynx by Laryngo-Pharyngotomy.* "New York Medical Journal," April 20, 1889.

THE object of the paper read by Dr. Gerster was to advocate removal by operation of secondary deposits of tubercle, not only on account of the improvement that manifests itself locally, but also that the lung mischief and the general symptoms become less active. *B. J. Baron.*

Vineberg.—*A Case of Laryngismus Stridulus and Eclampsia, associated with Rachitis, with some Remarks.* "New York Medical Journal," June 8, 1889.

CASE of a male child, aged nine months, who suffered from severe frequent attacks of difficulty of breathing, cyanosis, and occasionally of general convulsions. In the intervals the child was fairly well, but was markedly constipated, perspired freely about the head, and kicked off its bedclothes at night. The child was found to be rachitic, and was cured by bromide of potash, ten grains night and morning, and phosphorized cod liver oil.

The author draws most elaborate distinguishing symptoms between laryngismus stridulus and laryngitis stridulosa or false croup, with which it is, the author states, and we think most truly, most liable to be confounded. Fortunately the treatment of the two pathological conditions, which the author considers so different is the same. *B. J. Baron.*

Cartaz (Paris). — *Laryngeal Ictus.* Congrès Inter. de Laryngol., Paris, September, 1889.

THE author communicated four cases, two being in gouty and arthritic patients, a third, an alcoholic-syphilitic, and the fourth, a tabetic. In the first case, the laryngeal excitation seems to have originated in hypertrophy of the adenoid tissue of the base of the tongue rubbing against the epiglottis. Cauterisation of the hypertrophic tissue led to the disappearance of the attacks of coughing and vertigo. In all the cases the phenomena of laryngeal ictus were identical. Without any premonitory sign other than a tickling in the throat or an attack of coughing, the patient suddenly fell, and was unconscious for a period varying from a few seconds to one or two minutes or more. The cases observed by Cartaz do not differ from those already described by Charcot, Krishaber, and Massei. The cause of these attacks is a reflex excitation conducted from the mucous membrane of the larynx, or back of the throat; an excitation of which a coughing attack is only the first manifestation. The irritation is conducted to the bulbar centres by means of the pneumogastric, and determines the phenomena of ictus, vertigo, and syncope. The author thinks that asphyxial troubles are the explanation of these cases in only a few instances. *Joal.*

Armstrong. *Laryngeal Vertigo.* "Medical News," June 8, 1889.

AFTER relating the summaries of 20 cases that have already been published by various observers, Dr. Armstrong adds his own case of a vigorous man about forty-four years, who was garotted in 1875. In 1876 he was suddenly seized with a "catching in the throat," objects revolved around him and he became unconscious, and remained so for a minute, his face

was purple, and he felt nauseated on recovering his senses. Since then he has had several attacks of short sharp cough, followed by unconsciousness, lasting from a few seconds to a minute. He never had epileptiform symptoms, and his family history is very good. Nervous excitement and fatigue and heated rooms precipitated the attacks. Symptoms of asthma were apparent, but his larynx was usually merely congested about the arytenoids and false cords, with however, at intervals, acute laryngitis. Rima glottidis of normal size and normally innervated. Iodide of potassium, bromide of soda, and hydriodic acid have done great service.

The author inclines to the neurotic theory rather than that the short cough causes any such interference with oxidation of blood as to cause the unconsciousness, and prefers the term "laryngeal syncope" to laryngeal epilepsy. The treatment consists of counter-irritations locally and bromides or strychnia.

B. J. Baron.

Massei (Naples).—*Contribution to the Study of Primary Neuritis of the Trunk of the Recurrent.* Congrès de Laryngologie, Paris, 1889.

FROM the works of Charcot, Freidreich, Leyden, etc., the possibility of a neuritis of the recurrent must be accepted; its existence is founded on the presence of certain affections of mobility of the vocal cords, and on the absence of any cause capable of implicating the nervous centres, or compressing the nerve. Massei does not accept Semon's opinion, for it is a spasmodic contraction of the cord; moreover, experiment shows that according to the degree of stimulation of the recurrent there may result glottic spasm, spasmodic contraction or complete paralysis of the cord. Given therefore a material lesion of the motor-centres, or of the nerve trunk we may have the same successive phenomena of spasm, contraction or paralysis. As to differential diagnosis, the author says that in paralysis of the posterior crico-arytenoid muscle, during inspiration the cord recedes a little from the median line, while in contraction it always remains near the mid-line. The author related three observations in support of his views. Twice he found spasmodic contraction, once paralysis of the cord. In one case the neuritis was spontaneous, in another rheumatic, in the third infectious as a sequela of typhus. *Joal.*

Semon.—*Case of Bilateral Paralysis of the Abductors of the Vocal Cords.* Medical Society, November 25, 1889.

AN instance of bilateral paralysis of the glottis-openers in a married woman, aged forty-nine, who became aphonic eighteen months ago. After six months she gradually recovered, but as the voice returned she became subject to dyspnoea, exclusively affecting inspiration, sometimes amounting to menacing asphyxia. On examination, bilateral paralysis of the glottis-openers was found. Iodide of potassium failed to produce any improvement, and tracheotomy had to be performed; there was nothing to show what was the cause of the paralysis. Dr. Semon suggested that it was a case of complete (?) rheumatic bilateral paralysis of the recurrent laryngeal nerves, and that the adductors had recovered more quickly than the abductors, the latter being, during convalescence, thrown into a state of paralytic contracture, in which they had remained.

R. Norris Wolfenden.

Botey.—*Laryngeal Polypus of the Size of a Large Walnut.* “*Revista de Medicina Cirugia y Farmacia,*” May, 1889.

THE tumour was cut through with a galvano-cautery knife. One half was drawn out with Fauvel’s forceps and the other half with a galvano-cautery snare on the following day. The inequalities which remained upon the surface of the right vocal cord were subsequently rubbed off and cauterized. A complete cure was attained. *Ramon de la Sota.*

Compaired.—*Clinical Remarks upon a Case of Laryngeal Papillary Polypus.* “*La Medicina Práctica,*” March 30, 1889.

A PAPILOMA springing from the edge of the right vocal cord and of the volume of a pea was removed with Fauvel’s forceps after application of cocaine in fifteen sittings (*sic?*). Cauterizations were subsequently applied several times. *Ramon de la Sota.*

Finley, F. G.—*Trichinæ of the Muscles of the Tongue and Larynx.* Transactions of the Montreal Medico-Chirurgical Society, April 19, 1889.

DR. FINLEY exhibited the larynx of a woman, aged forty-five years, in whose laryngeal muscles trichinæ were encysted. Trichinæ were also found in moderate numbers in the muscles of the tongue, but were not observed elsewhere in the body. They were distinctly visible to the naked eye as fine, yellowish particles. The woman had died of uræmia. Trichinosis had, of course, not been suspected. *George W. Major.*

Demons.—*Total Extirpation of the Larynx.* Congrès de Chirurgie, Paris, October, 1889.

THE author showed a patient, now aged fifty-eight, upon whom about thirty months ago he had performed total extirpation of the larynx for epithelioma limited to the right vocal cord, and his patient is now in perfect health, has travelled from Bordeaux to Paris, visited the Exhibition, and all without the least fatigue. He wears no prothetic apparatus; however, with certain movements of the lips and tongue he can speak in a very intelligible manner, but with a low voice. *Joal.*

Delavan.—*Modified Tracheotomy.* “*New York Medical Journal,*” April 20, 1889.

THE modification consists in making a round opening in the trachea by removing with a sharp tenotomy knife a portion of two or more tracheal rings, and inserting the cannula into this hole instead of pushing it through a slit in the trachea as usually done. The advantages are said to be less risk of making a false passage, prevention of bulging forward of the fibrous tissue, completing the tracheal tube posteriorly in forcing in the cannula, and great diminution in the soreness and irritation to the edges of the distended parts, also granulations are not so apt to form around the tube. *B. J. Baron.*

Delavan, Bryson (New York).—*Modified Tracheotomy.* Congrès de Laryngologie, Paris, 1889.

THE proposed modification consists, instead of making a simple incision, in resecting a small circular fragment of the trachea, large enough to admit the cannula. By this method, the introduction of the cannula is

facilitated, there being no need of dilatation, suppression of the pain caused by the pressure of the cannula, and diminution of the chances of production of granulation tissue around the wound. *Joal.*

Roquer-y-Casadesus (Barcelona). — *Treatment of Cancer of the Larynx.* Congrès Inter. de Laryngol. Paris, 1889.

THE author is of opinion, contrary to that entertained by the majority of laryngologists, that cancer of the larynx is not suitable for operation after the period of its invasion, for the reason that the affection is then generalized throughout the whole system. *Joal.*

Charazac (Toulouse). — *The Comparative Value of Tracheotomy and Inter-crico-Thyroidean Laryngotomy.* Congrès. Inter. de Laryngol., Paris, September, 1889.

INTER-CRICO-THYROIDEAN laryngotomy is more easy to perform and is less dangerous than tracheotomy in the adult. It ought, therefore, to have the preference in all cases in which the laryngeal affection is limited to the sub-glottic portion of the larynx, and does not threaten extension to the trachea. The result of his experience leads him to the following conclusions:—

1. The operation, as a general rule, should be preferred when the sub-glottic region is free.
2. In primary intrinsic cancer of the larynx, tracheotomy should be performed. And in extrinsic or secondary cancer, laryngotomy should be preferred.
3. In cicatricial contractions, dilatation is more easy after tracheotomy; a cannula in the larynx impedes the operation. *Joal.*

Shalita, Semion G. (Kiev). — *Laryngo-fissure for Laryngeal Tumours.* "Vratch," 1889, No. 17, p. 389.

THE author details an interesting case of laryngeal tumour, in which thyrotomy was twice performed. The patient, a woman of forty-two, applied on account of failure of voice, dryness about the throat, dysphagia, dyspnœa, and dry cough. Laryngoscopical examination revealed a fleshy-coloured, slightly knobby, pear-shaped tumour of the size of a large walnut, filling up nearly the whole rima glottidis, and attached by means of a broad pedicle to the left ary-epiglottic fold and false vocal cord. The new growth remained extremely tender even after painting it with a 20 per cent. solution of cocaine. Having performed a preliminary tracheotomy, and plugged the wind-pipe above the tube with cotton wool globules soaked in a corrosive sublimate lotion, the author split up the thyroid cartilage along the median line, carrying the incision up to the "middle" of the hyo-thyroid membrane, and below dividing the cricoid cartilage as well, after which he dragged out the whole tumour through the wound and excised it (by means of scissors), together with subjacent tissues and a portion of the arytenoid cartilage. The exposed surface was treated with the galvano-cautery. A rather sharp hæmorrhage occurred in consequence of wounding a small-sized artery; it was, however, speedily

arrested by an iodoform gauze plug. The wound was thoroughly disinfected, and then closed with catgut sutures (including the cartilage). Though the operation was conducted without any anæsthetics [Dr. Shalita does not give any explanation for his exceedingly cruel treatment--*Rep.*], the woman bore it quite well. The wound speedily healed *per primam*, and all the symptoms disappeared. Seven weeks later, however, there suddenly appeared cough, hoarseness, and almost complete aphonia, which proved to be caused by the development of another new growth of a whitish colour, and of the size of a bean, situated this time just under the anterior angle of the glottis, and growing out from the thyrotomy scar. On the 77th day after the first operation, another laryngo-fissure was performed, and the tumour easily removed by enucleation. Sixteen days later the patient was discharged, still wearing a tracheotomy tube, but with her wound soundly healed, her voice being good, swallowing painless, and the general state satisfactory. The first tumour, measuring 3½ by 2½ centimètres, proved to be a flat-celled epithelial cancer; the other one was of an indefinite type, consisting of fibrous stroma infiltrated with abundant small round (granulation) cells and traversed with numerous blood-vessels.

Analysing his case and reviewing the subject, Dr. Shalita comes to the following conclusions:—

1. Laryngo-fissure is absolutely indicated in all cases of malignant laryngeal tumours when the latter are circumscribed and are not accompanied by infiltration of adjacent tissues.
2. It is indicated further in all cases of suspicious tumours, as well as of benign ones, when the latter are multiple and have broad attachments.
3. It should be also resorted to in cases of laryngeal tumours in children under ten years of age.
4. In malignant cases, the operation should be performed as early as possible.
5. The new growth should be always removed, together with subjacent tissues.
6. When the operation is practised with due care (strictly median incision, careful adjustment of sutures, antiseptic precautions, etc.), the patient's voice, as a rule, remains in a satisfactory condition.
7. When performed under strict antiseptic precautions, laryngo-fissure is not dangerous to life.

Valerius Idelson.

Salzer (Vienna).—*The Casuistics of Laryngeal Operations.* “Langenbeck's Archiv,” Band 39, Heft 2.

THE author has previously published an account of the laryngeal operations performed in Billroth's clinic during 1870-81, and now records the history of eleven cases operated upon since that time.

1. A patient, five years of age, having attacks of asphyxia, had been dyspnoëic for six months. Laryngoscopically, the larynx was seen to be quite full of *papillomata*. Laryngo-fissure was performed, and the papillomata removed, along with the right vocal cord (by Cooper's scissors). A cure was effected, the voice remaining whispering.

2. In a patient, fifty-five years of age, Prof. Schroetter diagnosed

carcinoma of the right half of the larynx. This was extirpated, and fourteen days later the tracheal cannula could be removed (December, 1885). In the year 1887 the patient was treated for laryngeal stenosis, by bougies, in the clinic of Prof. Lomikowsky, in Charkow, and cured in a short time. In November, 1888, the patient had still no recurrence of the disease, and possessed a strong, though hoarse, voice.

3. In a patient, aged fifty-one, in whom Prof. Schroetter had diagnosed *carcinoma of the right half of the larynx*, partial extirpation was performed by Billroth. Death occurred twelve hours after.

4. A patient, aged forty-four, had a tumour of the right ventricular band, which was diagnosed by Bresgen and Schroetter to be *carcinomatous*. Cure resulted, but two months after the patient died from cardiac paralysis.

5. A patient, forty-eight years old, had been operated upon four years before for papillomata. Two years before Billroth operated, Stoerk had removed a bean-like tumour of the right vocal cord. The wound bled profusely. Billroth performed partial extirpation. Death occurred two months after from a pulmonary affection.

6. A patient, aged fifty, had a tumour of the right vocal cord (*carcinoma*) for which extirpation of the right half of the larynx was performed. So much mucous membrane was preserved that a new vocal cord was formed. Cure resulted, and the patient speaks with a loud, strong voice. An illustration shows the newly-formed vocal cord to be similar in appearance to the old one.

7. A patient, aged fifty-three, had *carcinoma of the right vocal cord*. The cord and the tumour were removed, and a cure resulted. Some months later a recurrence occurred.

8. A patient, aged forty-eight, had *carcinoma of the œsophagus and larynx*, with one enlarged and infected gland in the neck. The larynx and anterior portion of the upper part of the œsophagus were removed together with some carcinomatous glands. Though recurrence has taken place the patient is still living.

9. A patient, aged fifty-six, had *carcinoma of the right side of the larynx*. Extirpation of the thyroid cartilage and the tumour was performed. Death resulted.

10. A patient, aged sixty-five, had noticed for six months a hard tumour on the external parts of the larynx. Laryngoscopically, swelling and infiltration of the right arytenoid cartilage were found. The patient was so dyspnoic that, on his entrance into the hospital, laryngotomy through the conoid ligament had to be performed. Some days later the larynx was resected, and the glandular carcinoma extirpated. Cure resulted, but some months later recurrence took place.

11. A patient, fifty-nine years of age, had *carcinoma of the right half of the larynx*. Extirpation was performed, and cure obtained. The patient speaks with a loud, hoarse voice.

The author then gives a table of all the cases operated upon by Billroth in which resection or extirpation of the larynx has been performed. Typical extirpation of the whole larynx has not been performed during the last nine years, since it has always been possible to preserve

some portion of the healthy parts of the larynx. During the last four and a half years have been operated upon for carcinoma :—

1. 2 laryngo-fissures—1 death, 1 cure.

2. 8 partial extirpations—2 deaths, 4 cures, 2 recurrences still living.

Statistics of all the cases show the following results :—

10 laryngo-fissures—3 deaths, post op., 3 twice operated upon, 1 recurrence, 2 living without recurrence, 1 doubtful.

8 resections—5 deaths, 1 recurrence still living, 2 cures.

3 complicated partial resections—In all recurrence took place.

4 total extirpations—In all of which death occurred.

As to the value of the operation, Billroth remarks that extirpation of the larynx is not yet so well understood that it is possible from statistics to draw any very exact results as to the mortality of the operation, but it may be conceded that during the last few years the results have been somewhat better than the period following its first performance. Very exact statistics concerning individual features of the cases and operations would, however, in future, be very instructive. *Michael.*

Juffinger (Vienna).—*Complete Cicatricial Closure of the Larynx Cured by Extra-Laryngeal Treatment.* "Wien. Klin. Wochenschr.," 1889, No. 44.

A PATIENT, twenty-seven years of age, had been hoarse for two years. Some time after he became dyspnoic, and tracheotomy had to be performed. Some time after this the patient got small-pox, after which all communication between the mouth and the trachea was closed. Laryngo-fissure was performed, but with imperfect result; the patient was then sent to Schroetter, who diagnosed complete stenosis of the larynx. A Middeldorpf-harpoon was introduced, and the cicatrix perforated on the harpoon, a silk feather was fixed and left in the new opening. Dilating a little each day, it became, later on, possible to introduce No. 1 tin bougie, and eventually up to No. 22. Some months later, hard rubber bougies were used, and the patient can now apply them himself. He sleeps with a closed cannula, and it is hoped that the latter can soon be removed. *Michael.*

Botey.—*Four Cases of Unexpected and Sudden Deaths from Severe Laryngeal Affections.* "Revista de Medicina Cirugia Farmacia," June, 1889.

THE first case to which the author refers was probably one of aneurism of the aorta, compressing the recurrent nerve and causing paralysis of the left vocal cord. The patient died suddenly from rupture of the aneurism, while Botey was preparing to make a laryngoscopic examination. The second case was that of a patient with intra-laryngeal cancer who died four hours after making a trial at avulsion *per vias naturales* of a growth as large as a small hazel nut, situated at the level of the glottis, and which greatly embarrassed the respiration. *Ramon de la Sota.*

Downie, J. W.—*Remarks on Intra-Laryngeal Injections in the Treatment of Pulmonary Affections.* "Glasgow Med. Journ.," December, 1889.

THE author has treated over forty cases of patients suffering from tubercular laryngitis with slight pulmonary implication. Early phthisis,

pulmonalis, pulmonary cavity, bronchiectasis, following long standing bronchitis, and gangrene of the lung. The solutions employed were menthol in olive oil 12 per cent., with the addition of 2 per cent. of pure creosote where fœtor of the breath existed. Pure carbolic acid, creosote and eucalyptus, each dissolved in olive oil were also employed. Eucalyptus, however, produced much loathing and was discarded. The injections were made by means of an ordinary hypodermic syringe, to which is fitted laryngeal tubes, made in vulcanite, and of three sizes, differing in the size and form of the curve. They are simple tubes of equal calibre throughout, and not ending in the form of a spray. The injections were made by means of a laryngeal mirror. The point of the syringe should pass below the level of the vocal cords before the fluid is injected; this is then done directly through the larynx into the trachea, and as much as two drachms in some cases can be injected without the slightest inconvenience, the syringe being removed from the tube when necessary and refilled. As to the results, the cough is greatly relieved, and sleep obtained. Expectoration is reduced and rendered less offensive. There was marked increase in body weight in most of the patients treated, and the temperature is reduced to the normal. No complications arose which could in any way be traced to the injections. When rectified spirits were employed as the medium for solution glottic spasm resulted, which in some cases was quite alarming. By using menthol in this way, we have an antiseptic brought as closely into contact with the affected surface as it is possible to do, much more so than can be accomplished with inhalers. With the menthol within the trachea all the inspired air passing over it becomes laden with the antiseptic, and is carried to the final ramifications of the bronchi. *R. Norris Wolfenden.*

Grün, E. F.—*Death through Impaction of a Pea in the Bronchus.* "Lancet," December 14, 1889.

A CHILD, aged two years, had been playing with peas in the mouth, and one was missed. It was not certain whether it was swallowed or not. Violent coughing ensued, but air entered both lungs freely and there was no dyspnoea. The child continued in fair health for four weeks and then died suddenly. At the autopsy, the pea, soft and swollen, was found at the bifurcation of the trachea. It had evidently been impacted at the commencement of the left bronchus. The left lung was solid and fibrous, emphysema existed at the apex, and pleural adhesions at the base. The right lung was perfectly healthy. The author thinks that death was caused by the dislodgment of the pea, and its occluding the right bronchus, producing instant suffocation. *R Norris Wolfenden.*

Moure.—*Contribution to the Study of Foreign Bodies in the Air Passages.* Soc. de Méd. de Bordeaux, May, 1889.

SIX cases are related of foreign bodies, amongst which spontaneous expulsion *per vias naturales* occurred once, three times extraction was accomplished, and twice death occurred without surgical intervention. Moure altogether condemns digital exploration, since it may have serious consequences, by causing a body placed on the epiglottis or glottic

vestibule, to fall into the larynx. The same applies to attempts to introduce forceps, either alone, or guided by the left hand. When this is done it should always be with the laryngeal mirror.

Moure does not advise the production of local anæsthesia before proceeding to extraction, as reflexes are thus abolished, and foreign bodies may enter the trachea. Cocainising the pharynx is, however, allowable, permitting thus the introduction of instruments. *Joal.*

Massei (Naples).—*Considerations on Certain Cases of Foreign Bodies in the Air Passages.* Congrès Inter. de Laryngol., Paris, September, 1889.

THE author related three cases, in which (1) the patients had not perceived the accident, (2) the penetration of the foreign body had been accomplished without any symptoms, and these only occurred at the period of inflammatory reaction. In the first case, a fish-bone was seen by the laryngoscope at the level of the third tracheal ring. The second case, was that of a lady tracheotomised for œdema of the glottis, and who expelled a chicken bone. The third patient, had infiltration and immobility of the cords, and was tracheotomised without success. At the autopsy, there was found below the cords, a large piece of beef bone. Massei concluded, that in cases of infiltration of the cords of doubtful origin, it is necessary to bear in mind the possible presence of a foreign body. *Joal.*

Hovell.—*Two Cases of Foreign Bodies in the Air-passages.* Hunterian Society, October 23, 1889.

CASE 1 was that of a woman aged thirty-three. A piece of bone from a sheep's head, which she had been eating, three-quarters of an inch long, was lodged in the trachea a quarter of an inch below the vocal cords for two months. It was successfully removed through the mouth by means of forceps after the larynx had been sprayed with cocaine. Case 2 was that of a lady with a quarter of a peeled walnut lodged in the right bronchus. It was coughed up at the end of five days.

R. Norris Wolfenden.

Linares.—*Foreign Body in the Trachea.* "Revista de Medicina y Cirugia Prácticas," October 7, 1889.

WHILE sleeping, a gentleman swallowed a piece of caoutchouc with two teeth attached. He woke with dyspnœa, aphonia, and pain in the pharynx. Two days afterwards tracheotomy was performed, and trials were made to extract the foreign body *per vias naturales*, but without effect. Laryngotomy was then performed and the caoutchouc plate was drawn out, the patient being cured. *Ramon de la Sota.*