together in front of this denuded surface, so that on healing no perceptible scar was left. Two or three minor operations were required to complete the work. So symmetrical and perfect was the nose that those acquainted with the young man would not suspect that any deformity had ever existed. The author gives three conditions, the observation of which is necessary to obtain success. Firstly, strict antisepsis; secondly, the tissues must be carefully used to their greatest advantage; and, thirdly, great care must be taken subsequently during healing--retentive apparatuses and constant adjustment of dressings and other supports must be carried out with greatest attention to minutiæ. *R. Lake.*

Stout, George C. — *A Case of Infantile Atresia of the Nasal Fossæ with unusually rapid Respiration.* "Journ. Amer. Med. Assoc.," May 22, 1897.

THE child, three months old, was apparently healthy and well nourished but for some eczema and the rapid breathing. The respirations were shallow, and numbered 105 to the minute. He had continued rapid breathing since birth, and occasional attacks resembling laryngismus stridulus. It had been necessary to feed him with a spoon on account of the difficulty in breathing. The nasal fossæ were almost closed, but a small probe could be forced through. Breathing was mostly through the nose in spite of the difficulty, and this continued through the treatment. Mercury and potassium iodide were given internally, and the nose was treated locally with ointments of yellow oxide and menthol. After three treatments the respirations were reduced to from 45 to 50 per minute *O. Dodd.*

LARYNX.

Ardouin.—*Cancer of the Larynx.* (Soc. Anatomique.) "Presse Med.," June 26, 1897.

SECTIONS and report of a case of rapidly growing squamous epithelioma of the larynx. Total laryngectomy was performed and the patient succumbed to pulmonary complications on the sixteenth day. *Waggett.*

Fasano, Prof. A.—*On the Therapeutic Value of Airol, with special regard to Throat, Nose, and Ear Diseases.* ("Sol valore terapeutico dell' Airol, con speciale riguardo nille Malattie di Gola, Naso, e Orecchio.") "Arch. Internaz. di Med. e Chir.," Avril, 1897.

THE author, in order to give a right judgment upon the therapeutic value of airol, has made comparative experiments with iodoform and aristol in cases of chronic laryngitis, ulcerations (tubercular and syphilitic) of the larynx, chronic rhinitis, ozœna, nasal tuberculosis, as well as in purulent otitis.

Airol was employed as a powder, a pomade, an emulsion in glycerine, and as gauze. He judges the remedy to be superior to iodoform and aristol, quick in its action, not dangerous in its effects. *Massei.*

Fischer, L.—*An Improved Intubator for the Relief of Laryngeal Stenosis.* "Med. Record," June 20, 1897.

THE tubes are corrugated and act as a self-retaining device, being much less easily ejected; they are made of vulcanized Para rubber, the best and purest obtainable. The length is the same as O'Dwyer's. They are made large in the centre, partly for weight and partly to assist in retaining them, and as they are cheap a fresh one should be used for each patient. The introducer is also very ingenious, as the lumen of the tube is never occluded. *R. Lake.*

Goris.—*Preliminary Note on the Surgical Treatment of Tuberculosis of the Larynx taken at its Commencement.* Soc. Medico-Chir. de Bruxelles. "Rev. Hebd. de Lar.," June 5, 1897.

THE author suggests the adoption of laryngo-fissure in early tubercular lesions. He describes the proceeding as undertaken by him, in two cases, with happy results. The first was that of a young woman of twenty, whose larynx exhibited a small ulcer on one arytenoid. No physical signs of lung disease were present, but tubercle bacilli were found in the sputa. Laryngotomy was performed, and the ulcerated part, together with six definite tubercles on the under surface of one vocal cord, were removed with the curette. The proceeding was followed by the abatement of hoarseness previously present, and by the disappearance of tubercle bacilli from the sputa. In the second case (a man of twenty-five) one vocal cord, infiltrated with a soft tissue analogous to that of lupus, was removed in a similar manner. Hoarseness persisted, though a firm cicatrix formed. *Ernest Waggett.*

Hecker, R.—*Secondary Hæmorrhage after Tracheotomy from Erosion of the Innominate Artery.* "Münchener Med. Woch.," May 18, 1897.

THE author relates the case of a girl, two and three-quarter years old, with diphtheria, on whom, after intubation had failed, low tracheotomy was performed. During the first three days nothing unusual was noted. On the fourth day the wound appeared unhealthy and was spreading at its lower angle. Two days later, one hour after the tube had been changed without any difficulty whatsoever, violent hæmorrhage from the lower part of the wound set in and caused death in four to five minutes. At the *post-mortem* examination no false membrane remained in the trachea; the edges of the wound were swollen and necrotic, the necrosis extending from the lower end of the wound down the trachea about four millimètres, then spreading out to form a circular defect about the size of a lentil. At this spot the arteria innominata, which was unusually high, was adherent to the trachea. In the midst of this adhesion was a small opening through which a thick knitting needle could be passed from the artery into the trachea.

The author next cites shortly all previously reported cases. In four of these, necrosis, starting from the inferior angle of the wound, spread along the trachea and perforated the adherent artery. In a fifth case, not the innominata itself but an aneurysma spurium was perforated. Thrice the necrotic process was started on the inner surface of the trachea below the level of the actual wound by pressure of the end of the canula.

The necrosis may be a diphtheritic process or may be due to a secondary infection by the ordinary pus micro-organisms. The author considers the latter much the more common method. Abnormality in the origin and course of the artery seems to play a certain *rôle* in these cases. Thus in one case the innominate was left-sided; in a second it arose unusually far to the left; in a third it was pushed too high up; in his own case also it lay rather higher than usual. At best the arteria innominata is rendered liable to secondary infection by its position below the site of operation. This naturally raises the question, "Could this danger not be avoided by performing high instead of low tracheotomy?" High tracheotomy has unfortunately also been followed by erosion of blood vessels. Zimmerlin cites three cases. In the first the arteria thyroidea sup. dextra was eroded; in the second the vena jugularis ant. sinist.; and in the third the arteria thyroidea sup. sinist. It seems to be a matter of little importance whether metal or vulcanite tubes are used, as erosions have occurred with both. *A. J. Hutchison.*

Kirstein.—*Laryngoscopie Combinée.* "Ann. des Mal. de l'Oreille," June, 1897.

THE author describes a development of laryngeal autoscopy which he terms

combined laryngoscopy. It consists in the introduction of a small mirror behind the epiglottis, when the tongue is already depressed with the spatula as for autoscopy. The method is only intended for those unusual cases in which the anterior commissure is invisible by the classical laryngoscopy. In two cases the author has employed the method with ease and success for the removal of polypi situated in the anterior angle. *Ernest Waggett.*

Lermoyez.—*Les Causes des Paralysies Récurrentielles.* "La Presse Médicale," May 5, 1897.

THIS is an academic thesis dealing with the pathology and pathogeny of recurrent paralyses, and contains, we believe, nothing new in the way of observation or theory. The matter is, however, so complete and so clearly presented that the paper should be read by all specialists and general physicians who are not fully acquainted with the subject. The object of the thesis is to emphasize the fact that recurrent paralysis is not necessarily a symptom of great gravity, and the author proposes a clinical classification, as follows:—

1. The classical form indicative of mortal disease.
2. Incurable benign cases involving a permanent laryngeal infirmity compatible with prolonged life.
3. Curable benign cases, which may leave no trace on recovery and which appear to indicate a primitive neuritis, sometimes the result merely of chill.

Ernest Waggett.

Martuscelli, G.—*Another Amyloid Neoplasm of the Larynx.* ("Di un altro Tumore Amiloide della Laringe.") "Archivio Italiani di Laringologia," January, 1897.

CONTINUING his studies on this subject, the author, employing the surest and best known reactions in order to decide amyloid substance (ematossiline and eosine, Geeson's reaction, Lurgol's solution, iodine green, gentiana violet, and methyl), was able to demonstrate it in a classical manner in a little growth removed by Prof. Massei from the vocal cord of a patient.

This confirms the opinion expressed by Rudnew—*i.e.*, the mixed degeneration (origin of amyloid substance from capillary blood vessels or cells of the tissues), as well as a certain frequence of laryngeal neoplasms in which amyloid substance is present. *Massei.*

Massei, Prof. F.—*The Diagnosis of Laryngeal Tuberculosis.* ("La Diagnosi della Tubercolosi Laringea.") "Archivio Italiano di Otologia," etc. (Fifth Year), 1897.

MASSEI insists upon the difficulty of well recognizing early cases of tubercular laryngitis which simulate chorditis or syphilitic infiltrations. It frequently happens that no pulmonary sign is present—no tubercular bacilli found. The patient may be really a syphilitic one, but he is, in the meantime, affected by tuberculosis.

We can affirm the true nature of the disease in such doubtful cases either by a microscopic examination of small pieces or by inoculations in guinea-pigs, or, better, by both.

The author was struck with the interest of such a fact, which allows an early surgical treatment with curettement and local applications; he is also convinced that similar cases are less rare than believed, and they practically confirm Fraenkel's opinion on the prevalence of tuberculosis by inhalation, *i.e.*, the evidence of a primary laryngeal tuberculosis in a more frequent rate than is commonly believed. He expresses the wish that such a practice (removal of small pieces of the affected tissues for experiments) may be taught as a rule in the schools, and applied often in the practice. *Massei.*

Phillips, W. C.—*Early Diagnosis of Epithelioma of the Larynx; with Report of a Case.* "Laryngoscope," June, 1897.

THE patient was a clergyman, aged sixty-three, and he had had symptoms dating back four months. The only one of prominence was huskiness, which, however, had not prevented his preaching regularly three times on Sundays. The left ventricular band was slightly congested. On the left cord, at the junction of the middle and posterior third, were three small nodules, surrounded by a small area of congestion; the nodules were pinkish white in section. The largest nodule was removed and diagnosed as epithelioma by Dr. Jonathan Wright. The patient was operated on by Dr. B. F. Curtis, the entire left half of the larynx being removed. He nearly succumbed to pneumonia, but rallied, and, six months after the operation, showed no signs of recurrence. The writer considers that epithelioma is rarely seen early; that, if seen early, errors of diagnosis are apt to occur; that literature regarding the premonitory symptoms is very meagre; recent literature tends to show the vocal cords are the favourite site of laryngeal cancer; the ulceration which followed removal of the nodule is evidence against endolaryngeal operation for this disease. *R. Lake.*

Raugé.—*Laryngocele Ventriculaire.* "Ann. des Mal. de l'Oreille," etc., June, 1897.

THIS paper is interesting not only as putting on record a fresh case of this very rare condition, but inasmuch as it describes the origin and progress of the deformity as observed by the author in a patient who has been constantly under his observation for eight years.

The subject was a man of six-and-twenty, the victim of malignant syphilis. After three years the larynx became affected with the typical form of infiltration associated with fixation and finally destruction of the true vocal cords. After this condition, with its accompanying aphonia, had existed some two or three years, the patient trained himself to produce a hoarse but sufficiently audible voice, the result of approximation of the thickened ventricular bands. At the end of three years, during which this mode of vocalization had become habitual, the author again examined the larynx. The condition of infiltration was found but little altered, but on vocalization three new phenomena were observed.

1. A kind of sudden jump (*ressaut brusque*), which imparted a shock to all the visible parts of the larynx, and notably to the epiglottis.

2. The appearance of a large rounded tumour, which filled the left side of the vestibule at the level of the ventricular band and aryepiglottic fold.

3. The production of a similar tumour visible on the surface of the neck at the level of the thyro-hyoid membrane. This tumour was the size of a walnut, and extended from the upper border of the thyroid cartilage on the left side to the great cornu of the hyoid. It sprang into being with a jerk at the moment of vocal effort, and suddenly disappeared on the termination of the effort. Percussion showed it to be resonant. During vocalization, attempts at manual reduction were only partly successful, and at the same time the voice became stifled owing to increased distension of the intralaryngeal tumour. These tumours evidently intercommunicated by a small orifice. The deformity caused no sort of inconvenience, and possibly aided in the approximation of the ventricular bands. The author points out that the tumours represent a dilated ventricle of Morgagni, which has herniated to the outside of the larynx over the top of the cartilage. The dilatation and the herniation are clearly due to the abnormal internal air pressure, which results from the upward shifting of the functional glottis from the level of the true to that of the false vocal cords. The walls of the ventricle are exposed

to an air pressure even in excess of that normally found in the trachea on phonation, inasmuch as an extra effort is required with an impaired organ. Further, the resisting powers of the tissues are reduced by the syphilitic infiltration.

Ernest Waggett.

Schmiegelow.—*Cancer du Larynx. Diagnostic et Traitement.* "Ann. des Mal. de l'Oreille," etc., April, 1897.

THIS very important paper, occupying seventy pages of the journal, and indicating the present position of the subject of intrinsic cancer with respect to diagnosis and treatment, can only be appreciated by perusal in the original. Besides the author's own results (eight operations), a large number of cases operated during recent years are given in tabular form; but without detailing the several considerations which are taken into account in constructing the statistics, it is undesirable to reproduce here the figures arrived at. In early cases the author considers thyrotomy with resection of soft parts the operation *de choix*, with immediate removal of the tampon canula. *Waggett.*

Stuart, T. P. Anderson.—*An Artificial Larynx.* "Lancet," Apr. 17, 1897.

IT would be impossible in the space at our disposal to give an intelligible description of the instrument. Our readers are therefore referred to the original article, where the invention is also illustrated. *StClair Thomson.*

Wallenberg.—*Paralysis of the Left Side of the Face and Tongue, of Deglutition, and of the Larynx, due to an Area of Softening in the Right Centrum Ovale.* "Neurolog. Centralblatt," 1896, No. 5, p. 199.

THE case is of interest as affording a fresh detailed example of laryngeal hemiplegia, the occurrence of which would on physiological grounds appear to be impossible. *Ernest Waggett.*

EAR.

Baker, A. R.—*Pyogenic Brain Disease.* "Ann. Otol.," etc., February, 1897.

THE author details sixteen cases of otitic brain disease:—(1) A subdural abscess which discharged spontaneously through a trephined mastoid; (2) cerebral abscess connected with mastoid abscess; (3) cerebral abscess; (4) cerebral abscess; (5) subdural abscess. All these recovered. (6) A girl who died after exploratory operation at which the lateral ventricle was tapped, with temporary benefit. The petrous bone was necrotic, there was a large subdural abscess, and the left cerebellum was an abscess cavity. (7) A subdural abscess in a boy who died unoperated upon, as the parents would not consent to operation; (8) no abscess found, though the cerebrum was twice explored and the cerebellum once. The patient died; no *p.m.* allowed. (9) Sinus thrombosis in a child of nine years—the sinus was opened, and the child recovered; (10) sinus thrombosis—a girl of eleven—sinus opened and curetted; good recovery, as were Cases 11 and 12, but in 13 the sinus was not curetted, and the patient died of pyæmia five weeks later. This case was one of the early ones of the operator's series, and he looks on the fatal issue as not unlikely to have been avoided if the treatment had been more energetic. (14) Meningitis; mastoid opened with temporary benefit; death. (15 and 16) Meningitis; mastoid opened, temporary benefit; death. (17) Meningitis; calvaria opened and pus found, but patient died shortly after. *K. Lake.*