LARYNX.

Schoenemann (Bern).—*On the Physiology and Pathology of the Tonsils.* "Arch. für Laryngol.," vol. xxii, Part II.

The author has already published the results of extensive researches bearing upon the function of the four tonsils and the cause of the hyperplasia to which they are liable. He has reached the conclusion that the tonsils are simply the most superficially placed of the cervical lymph-glands, and that the lymphatic area which they drain is none other than the nasal mucous membrane. This view is supported by Lénárt's experiments. The latter found that insoluble granular materials injected into the nasal mucous membrane of rabbits, dogs, and young pigs under slight pressure could be detected in the tissue of the tonsils so soon as twenty-four hours later. After unilateral injection the tonsils of both sides showed granules of the material injected. Among other arguments in favour of the author's hypothesis is mentioned the well-known observation that not infrequently after operative measures in the nose a follicular tonsillitis makes its appearance.

On this view both acute tonsillitis and chronic hyperplasia of the tonsils are to be ascribed much less to local infection from the tonsillar surface than to infection brought by the lymph-channels from the nose.

Thomas Guthrie.

Rothschild, J. (Frankfurt a. M.).—*On the Ætiology of Congenital Laryngeal Stridor.* "Arch. f. Kinderheilk.," vol. lii, No. 1–3.

With a brief reference to some of the theories which have been suggested as the explanation for this condition, the author gives an account of one of his own cases, for which, unfortunately, all treatment proved ineffectual.

The child was the last of a family of six, four of whom were alive and healthy, but the youngest had died of "melæna." The parents were healthy. The child was born easily and quickly, but was said to have been slightly asphyxiated at birth. At and after the second day it was noticed that the breathing was noisy, so much so that when six days old the child was brought to Rothschild, who describes it as a strong infant with a typical inspiratory stridor, which apparently during sleep at times disappeared. Nothing abnormal was detected in the throat, but the X-rays showed "a slight enlargement of the thymus shadow." The child was frequently under the author's observation, and though its condition was variable it was never quite free from the stridor, yet on the whole the breathing became less noisy and its general condition was satisfactory. When it was five and a half weeks old Rothschild was hastily summoned, and on arrival found it dead. The parents stated that it had made a whistling noise for the last two days and had been rather feverish, but as far as could be gathered there had been no dyspnœa.

The *post-mortem* report was as follows: The body was in moderate condition. Thymus the size of a hen's egg, of a soft consistency, and composed of two side portions which lay beneath the corresponding lungs, and a middle lobe which was united by fibrous tissue to the sternum. The trachea was not compressed, but its mucous membrane in the lower part was injected. The lungs were congested and the bronchi contained an abundant muco-purulent secretion. The larynx was normal in size, but the mucous membrane of the aditus was injected and somewhat

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swollen. On the left half of the interior of the larynx was a swelling reaching over to the opposite side in one place where it had produced a small abrasion. The swelling was fluctuant, and on incision was found to contain thick pus. The thyroid and cricoid cartilages revealed nothing abnormal, and no other point bearing on the case was noted in the remainder of the examination. The cause of death was regarded as confluent double lobar pneumonia and a submucous laryngeal abscess.

Microscopic investigation showed the abscess wall to be lined with columnar epithelium, and so on further consideration Rothschild formed the opinion that the laryngeal lesion was really a mucous retention cyst which had recently become infected, possibly following on the pneumonia, that this cyst had given rise to the stridor, and that its more or less sudden enlargement was the ultimate cause of death.

Alex. R. Tweedie.

Brewer, G. E.—*The Operative Treatment of Cancer of the Larynx.* "Annals of Surgery," vol. l, No. 5, November, 1909, p. 820.

The article starts with a summary of the history of the surgery of laryngeal cancer, in which attention is directed (*inter alia*) to the recent statistics of Hartly and Glück, which show that with careful technique partial laryngectomy is as free from operation mortality as total laryngectomy.

Thyrotomy the author has performed seven times for cancer: one has died since the operation without recurrence; two are still alive without recurrence, five and two years after operation respectively; and in three recurrence has taken place.

Complete laryngectomy has been performed eleven times, with five deaths from the operation. His last four cases have recovered, and this he attributes to improvement in technique.

Of the six recoveries three are still alive without recurrence, from two to ten years since the operations; one was without recurrence when last seen, but has been lost sight of; one died of pneumonia four months after operation, and in one recurrence took place four months after operation.

Technique.—A preliminary tracheotomy is performed ten days before the larynx is removed, the thyroid isthmus being divided and the trachea exposed and packed around with gauze in order to create a barrier of granulation-tissue around the trachea, and so prevent subsequent retraction and descending infection.

At the major operation he begins by giving morphia, gr. $\frac{1}{6}$, and scopolamine, gr. $\frac{1}{100}$, by which the anæsthesia is facilitated and post-anæsthetic vomiting minimised.

The larynx is isolated and separated from the œsophagus in the usual way, the upper end of the severed trachea being tightly packed with gauze.

The pharyngeal wound is closed with two layers of sutures, first of plain and next of chromicised catgut.

Finally the tracheal stump is dealt with by cauterising and dissecting out its mucous membrane, iodoform gauze being used as packing above the tracheotomy tube.

By this method, as has already been said, Brewer has been able to operate upon his most recent cases without a fatality.

Dan McKenzie.

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