

MR. WYATT WINGRAVE: 1. *Case of Laryngeal Papilloma* in a little girl aged seven years. The warts were situated at the anterior commissure, and were removed by Krause's endolaryngeal snare, but had twice recurred at intervals of one month. There were no "adenoids."

2. *Case of Keratosis of the Faucial and Lingual Tonsils*, which, having resisted treatment by chromic acid, galvano-cautery, etc., for twelve months, had yielded to the weekly application of a saturated solution of salicylic acid in rectified spirit.

Abstracts.

LARYNX.

Baumgarten, E. (Buda Pesth). — *On Papillomata of the Larynx in Children and their Treatment.* "Archiv. für Laryngologie und Rhinologie," Bd. viii., Heft 1.

Twin sisters, two years old, were taken to the author in November, 1894. They had been hoarse since birth, and in infancy had suffered from laryngismus.

One of them when nineteen months old was voiceless, and had to be intubated. On examining her the author found papillomata in the larynx. Tracheotomy was therefore performed in January, 1895, and she was dismissed wearing a canula.

The other child was also hoarse and breathed noisily. In March, 1895, she became feverish, there was great difficulty in breathing, and a croupous membrane was detected in the larynx covering papillomata. Serum was at once injected; the symptoms quickly abated, the larynx in a few days became clean, and the growths for the most part disappeared. In the first child also the papillomata were considerably smaller for a short time after the tracheotomy, a phenomenon which the author has observed after nearly every tracheotomy in these young patients. A still more notable retrogression, or even disappearance, occurs in children during intercurrent illness, *e.g.*, measles, scarlet fever, pneumonia, etc.

In the first child the growths filled the whole larynx, covered the ary-epiglottic folds, and proliferated downwards, often closing the canula. In July, 1895, the growths had increased in the second child so as to necessitate tracheotomy. Various means were employed in both patients for the removal of the growths, but rapid recurrence followed. In autumn the growths became so large in both children that they projected above the epiglottis and were visible on depressing the tongue.

In the first child, owing to the extension of the growths downwards interfering with the tracheotomy wound, a Trendelenburg canula was introduced, and the larynx and trachea from the wound upwards were exposed by median incision, the innumerable growths were removed, and the whole surface burned with the Pacquelin cautery. An ordinary

canula was then employed, and the larynx and trachea were packed with gauze. The wound was kept open for nine days, and every third day examined, and any growths that had been overlooked were removed. The growths above the larynx, however, could not be radically cleared out.

In autumn, 1895, a few papillomata had again appeared at the tracheal wound in the patient last referred to, while in the second child a large mass was present. Cauterizing with silver nitrate was tried, but without success. Chromic acid, however, proved of great benefit, and by means of it the growths were kept in abeyance.

In 1897 by Lori's method many papillomata were easily removed from both patients, and finally towards the end of the year they ceased to recur. The children now look well. The canula will be removed six months after the disappearance of the last papilloma.

The etiology of laryngeal papillomata in children cannot be definitely stated. The author does not believe that they are due to adenoid vegetations, as he has had many cases in which these were absent. He thinks that possibly the larynx may have been infected during birth in the two cases above reported. He has inquired as to this factor in other patients, and found that in some it may have existed, but that in most it did not.

Two varieties of papilloma can be distinguished in children. The rarer form usually affects older children, the growth being rose-coloured and seated on the vocal cord or its immediate vicinity. This variety is not so liable to proliferate and recur as the other, which may appear on every part of the laryngeal mucous membrane, the growths being grayish-red and showing a great tendency to recur.

After tracheotomy the papillomata often become strikingly smaller. This is due to the sudden rest the larynx obtains, but when the child begins to speak the growths soon attain their former size again. In certain, especially infectious diseases the papillomata may even disappear.

In the author's experience a time comes in every child with papillomata when the tendency of the growths to recur after operation ceases. This is not affected by the method of treatment adopted.

Sometimes these children die even after tracheotomy. The author relates two cases, in which the cause of death in one was a large papilloma above the bifurcation, and in the other granulations beneath the canula.

Very rarely can the endolaryngeal operation be performed without tracheotomy. It is usually found that all manipulation within the larynx is associated with such spasm that one must be ready to perform intubation or tracheotomy.

Intubation is not permissible in laryngeal papillomata, in the author's opinion, owing to the liability of pieces of growth to be torn off and fall into the air-passages below.

In some cases he has tried laryngotomy, but without noteworthy results. In two cases he thoroughly removed all that was suspicious, and afterwards applied the Pacquelin cautery, but in both there was recurrence. In other two, the larynx and trachea were kept open for nine days, but in these also there was recurrence. The operation, however, was well borne by the small patients. He recommends laryngotomy in fractious children, when, after tracheotomy, an intra-laryngeal operation cannot be performed; also in those cases in which changing the canula is dangerous, and in which cauterization with chromic acid

does not bring about a speedy result. In all other cases after tracheotomy he would employ Lori's procedure, which he considers of great value, and worthy of rescue from oblivion.

Lori's metal catheter has an oval, sharp-edged opening in front or behind, or at one side, close to its end. The size of the catheter must correspond with the lumen of the larynx. The great advantage of this instrument is that it can do no injury.

A. B. Kelly.

E A R.

Lewy, Dr. A. (Frankfurt).—*The Cure of Chronic Middle-Ear Suppuration, and the Closure of Perforations in the Tympanic Membrane by Means of Trichloroacetic Acid.* "Therapeutische Monatshefte," No. 5, 1899.

This paper reviews the results obtained by different investigators with the above treatment, and contains the history of nine cases treated by the author.

It is useful in chronic cases where other treatment has failed, where there is a large perforation, where there are granulations or infiltration of the mucous membrane, and in producing cicatrization of an old perforation by removing the epithelium covering its edges. Otorrhœa loses its offensive smell. Infiltration of the mucous membrane speedily disappears, it loses its porosity and succulence, its purple-red colour becomes pale red. Granulations disappear from the mucous membrane of the middle ear. It has little effect on larger polypi, which should be removed by other means. The different authors quoted obtained most encouraging results. The acid can be applied fused on to a wire loop, or by wool twisted to a probe dipped in it when liquefied.

Guild.

Liebig, Dr. G. v.—*Treatment of Diseases of the Ear in Pneumatic-chambers.* "Münchener Medicinische Wochenschrift," No. 20, 1899.

Attention is drawn to the improvement noticed in cases of deafness amongst workmen when employed in chambers where the air-pressure is increased.

The increased air-pressure causes the veins and capillaries which are chronically enlarged to empty. In hyperæmia of the labyrinth it gives better results than drawing blood over the mastoid, or purgation. Improvement in tinnitus has also been noticed. The statistics given from different sources show that the improvement noticed at the time has been maintained after several sittings in these chambers. An exact diagnosis of the different forms of deafness so treated is not given, and he points out the importance of having this done. A chamber for treatment with increased air-pressure has been made at Reichenhall.

Guild.

NOTICE.

Sixth International Congress of Otology.

We are asked to announce that the photographs taken by Messrs. Fradelle and Young, 283, Regent Street, London, W., are now ready. The cost is 5s. 6d. each. We have seen the proof-copies, and we have no hesitation in saying that they are most excellent, and that the photographers have been successful in obtaining at one and the same time a group and a series of portraits.