

## LARYNX.

**Coosemans.**—*Holocaine in Oto-laryngology.* “Rev. Hebdomadaire de Lar., Otol., and Rhinol.,” Dec. 11th, 1897.

A SHORT *résumé* of this paper, which is here given *in extenso*, has appeared in a report of the July meeting of the Société Belge d’Otologie. The salt occurs as small, white, needle-shaped crystals, which are soluble to the extent of five per cent. in cold water. One per cent. solutions have been kept in open jars for two months without decomposition.

One per cent. solution causes no irritation of the conjunctiva, and five per cent. solution but a slight pricking and congestion. One per cent. solution causes complete anaesthesia of the cornea in five seconds, and this lasts for twelve or fifteen minutes.

Experiments on frogs demonstrate that the anaesthesia is due to action on the nerve endings, without any concomitant ischaemia. The drug in dilute solution is an energetic bactericide, and therefore needs no boiling. Subcutaneous injection on animals produces excitation of the brain centres, and reflex phenomena, trismus, etc., similar to those of strychnine. The weakest solution which produces anaesthesia in the rabbit is two per cent., as compared with one of five per cent. eucaine, two per cent. cocaine. The toxic dose for rabbits is one centigramme, against five centigrammes of cocaine and 7·5 of eucaine.

A report of the favourable action of the drug in eye surgery occupies several pages. In ear work a one per cent. solution is found the most useful, and several instances of successful induction of anaesthesia for small operations are reported. Among these are two in which cocaine had on several previous occasions caused vomiting and distressing disturbance of respiration. The use of holocaine caused no trouble whatever.

Comparative trials of holocaine and cocaine in the nose would seem to indicate a sure, rapid, and complete action for the former drug, though no shrinkage by ischaemia is produced. At the same time no toxic after-effects are to be noted. The same applies to laryngeal surgery, and patients complaining of pricking, etc., with cocaine applications tolerate holocaine well. In tubercular larynx the analgesic effect is said to be of longer duration with the latter drug.

In conclusion, the author maintains that in holocaine he has an ideal local anaesthetic, and one which surpasses cocaine in the following respects:—

1. Holocaine is cheap—about a quarter the price of cocaine; moreover, one per cent. solution is equivalent to ten or twenty per cent. cocaine solution.
2. It causes no pricking.
3. It is much less bitter to the taste than cocaine.
4. It produces no nausea, no sensation of tightness or of foreign body in the throat. It produces none of that cerebral excitation which is often responsible for cocaine mania.
5. It causes no vascular contraction.
6. It never causes symptoms of general intoxication.
7. The solutions are stable and antiseptic.

Eucaine compares unfavourably with holocaine in its high price, in the concentration of its solution necessary to obtain anaesthesia, and in producing a sensation of smart pricking.

*Ernest Waggett.*

**Farlow, John W.**—*A Case of Subglottic Fibroma removed by Tracheotomy and Curetting.* “New York Med. Journ.,” Dec. 11, 1897.

A SUCCESSFUL case is reported by the author.

**Geyer, Dr. V.** (Frankfort). — *Laryngeal Hemorrhage*. “Munchener Med. Woch.,” April 12, 1898.

THE author refers to the different causes of laryngeal hemorrhages, injuries, ulcers, anomalies of the blood, vicarious menstruation, overstraining of the voice in singers, catarrh, laryngitis sicca. The hemorrhage may be external, and vary from a few drops to a fatal quantity, or it may be submucous. He then describes two cases with hemorrhagic tumours from the clinic of Prof. Moritz Schmidt :—

1. A woman forty years old, with good family history, had enjoyed good health. Two years ago she had hemorrhage from the uterus, which was cured after curetting and removal of a placenta polypus. For seven weeks the patient had hawked clear fluid blood, varying up to a cupful in twenty-four hours. Slight cough. Great weakness. Hoarseness for two days. Menstruation normal. Dr. Lahn, in Hünfeld, discovered a tumour on the petiolus epiglottidis and sent her for treatment.

Examination showed, slightly under the petiolus, a sessile tumour the size of a currant, surface smooth and covered with fresh blood, colour bluish red. The tumour was firmly situated, and could be slightly moved with the probe. Diagnosis: bleeding polypus on the lower side of the epiglottis. It was attempted to produce shrinking of the tumour by applying trichloroacetic acid. This caused severe dyspnoea for two hours, which nearly necessitated tracheotomy. After twenty-four hours the dyspnoea passed off.

As it was not considered advisable to repeat the treatment, and as removal through the mouth might lead to severe hemorrhage, it was decided to operate with an external incision. After a previous tracheotomy on April 29th, Dr. Elenau performed subhyoid pharyngotomy and removed the tumour with a sharp spoon. The base was cauterized with trichloroacetic acid. The hemorrhage ceased after removal of the tumour, but returned after a few days. The laryngoscope showed a new tumour the size of a pea. Then it was no longer doubtful that it consisted, not of a tumour, but of a blood coagulum, which was confirmed by the microscope (Weigert). Large hemorrhage, with necrosis of the superficial layer and infiltration of leucocytes. After removal of the blood coagulum now under the petiolus, a bleeding vein was seen, which was closed by repeated cauterization. Nine months after the operation there has been no more hemorrhage.

2. Woman, forty-eight years old, suffered from intermittent severe hoarseness, tickling in the throat, and shortness of breath on exertion. The laryngoscope showed the presence of a tumour anteriorly in the glottis, the size of a hazel nut; colour, pale red; surface uneven; of pretty hard consistence. The tumour had a broad basis, and was situated on the anterior end of the left vocal cord. It had the appearance of a fibroma. It was removed with the snare. The microscope (Weigert) showed it to be not much altered laryngeal tissue, with an old hemorrhage under the mucous membrane. It was mostly organized with enlarged thin-walled vessels, containing partly hyaline amorphous and partly thready exudation. There was abundant pigment in the endothelial cells. Six months after the operation there were very small stippling-like red points, which looked like granulations, at the situation of the tumour. Vocal cords were white; voice clear. Blood has not been coughed up since the operation.

The author refers to a similar case published by Semon in Vol. IV., p. 418, of Fraenkel's “Archives,” which was at first supposed to be malignant. He points out the importance of the differential diagnosis between these and cancer, and emphasizes the importance of free movement of the cord in the former. *Guild.*

**Hermery.**—*Treatment of Simple Laryngitis with Erysimum*. “Presse Med.,” Nov. 20, 1897.

It would seem that *erysimum*, *sisimbrium velar*, *tortelle*, or “herbe au chantre,” is

a medicinal plant, which in the last century was much in vogue as a curative drug for hoarseness among professional singers, and which has now been forgotten. The syrup or infusion of the leaves has, in the hands of the author, proved to be of great value, not only in restoring the quality of the voice, but in reducing the evidences of inflammation in cases of simple acute laryngitis. In twenty such cases three doses daily, consisting of sixty grammes of the syrup in an infusion representing thirty grammes of the leaf, has removed all the functional disturbance in forty-eight hours. The drug appears to have no toxic qualities, and has been taken for fifteen days, with no more general reaction than a slight diuresis.

*Ernest Waggett.*

*Laryngeal Intubation and the Act of Vomiting.* Leading Article, "New York Med. Journ.," Jan. 1, 1898.

THE important observation first made in 1895 by Dr. Greene, of St. Paul's, to the effect that inability to hold the breath precludes the possibility of "effective" vomiting, is studied with reference to intubation as being thereby a means of stopping or alleviating to some extent those distressing and often alarming cases of vomiting that have resisted all milder measures. Experimental observations on dogs under the influence of apomorphia have confirmed Dr. Greene's theory. In this connection also the suitability of a tracheotomy tube can be gauged by its power of preventing "effective" vomiting.

**Lowenstein.**—*Epithelioma of Left Vocal Cord.* Society of West German Laryngologists and Otologists, 1897.

THE author showed a patient who had been operated on in May, 1894, for carcinoma of the left vocal cord; operation consisted in laryngo-fissure and one-sided resection. The patient, fifty-six years old, dated his affection from September, 1893, when he consulted the author on account of difficulty in speaking. A broad elevation without inflammation was noticed at the junction of anterior and middle parts of the vocal cord; the left cord moves with greater difficulty than normal; there was no pain in the left ear. The author intended to operate *per vias naturales*, but patient would not consent. He returned in April, 1894. The left cord in its whole length was thickened, reddened, and rough on the surface. Operation was undertaken; a tampon canula was introduced and trachea plugged with iodoform gauze, which was removed three days after the operation. Patient left the hospital fourteen days after the operation and has remained well. Microscopically Prof. Rindfleisch, Wurzburg, said it was flat-celled epithelioma. Patient is again in employment, and has a hoarse but loud voice. *Guild.*

**Marage.**—*Study of the Vowels by Photography of Manometric Flames.* "Presse Méd.," Nov. 17, 1897.

THE chief results of the experiments, which were carried out at Marey's laboratory, are as follows:—

1. Each spoken vowel is always characterized by the same group of flames.

I, O, U are represented by one flame. É, EU, O by two, and A by three flames. (Presumably the French pronunciation is in question.)

These results accord exactly with those of Grassmann, Helmholtz, and Hermann, though arrived at by a different method.

2. Each flame corresponds to a double vibration; and the sound is constant for each vowel and each experiment if the method of pronunciation varies but little. Each vowel is then characterized more by its tracing than by its sound, which varies within certain limits.

3. By combining the vowel A with I, O, OU, one can obtain tracings characteristic of the two-flame vowels. Thus A + I = E; A + U = EU; A + OU = O.

Two superposed vowels may then produce a third ; hence the confusion noticed in choir singing.

4. With sung vowels the characteristic tracing (and, therefore, sound) disappears ; and there is no difference between the vibrations of a tuning-fork and those of the singing voice.

This explains the difficulty of hearing sung vowels and of understanding the words of a song. In singing the note is preserved and the "vocal" slurred. In speaking the note is neglected and the "vocal" attended to.

*Ernest Waggett.*

**Mayer, Emil.**—*Primary Lupus of the Larynx.* "New York Med. Journ.," Jan. 1, 1898.

THE author reports two cases which showed extreme difficulty in diagnosis. He enumerates the main symptoms and modes of treatment of this very rare complaint, and tabulates the chief distinguishing features between it and tuberculosis, for which it is very likely to be mistaken.

**Mermod.**—*An Endolaryngeal Mirror (Le Laryngendoscope).* "Ann. des Mal. de l'Oreille," Feb., 1898.

IN view of the difficulty of examining certain parts of the larynx, notably the posterior wall and ventricles, by the ordinary methods, the author has been making use of a small endolaryngeal mirror, which he has found easy of manipulation, and altogether a very serviceable instrument.

The small mirror, made in five sizes (Walter Biondetti, of Bâle), is of a lanceolated, oval shape, and soldered to a very fine flexible stalk an inch and a half in length. This stalk may be bent so as to give any desired angle to the mirror, and is screwed into the end of a stronger shaft with the usual laryngeal curve. By this means the mirror can be rotated into any position, as well as tilted according to the requirements of the case. The author has not satisfied himself with a device for altering the position of the mirror when *in situ*. When the larynx has been well cocaineized the mirror can be employed with the same ease as an ordinary probe, and with a strong reflected light gives valuable information, which would otherwise not be forthcoming. He reports a case in point, where, after repeated negative examination by the classical methods, a small ulcer was found low down in the interarytenoid region.

A similar triangular mirror was devised by Rosenberg in 1887, but owing to its elaborate construction seems to have failed to come into general use.

*Ernest Waggett.*

**Murray, Marris.**—*A Contribution to the Study of the Treatment of Laryngeal Phthisis.* "New York Med. Journ.," Jan. 1, 1898.

THE author reviews the various remedies employed. In addition to topical measures, he speaks highly of the internal use of creosote, in minim doses, increased by one minim daily, but discontinued on the first appearance of gastric disturbance. Curetting, followed by application of lactic acid, is the best local treatment. Tracheotomy is of undoubted value in some cases. The author advocates the local use of enzymol as a valuable adjunct to the curette and lactic acid.

**Peyrissac.**—*Foreign Body in the Air Passage, Prune Stone in the Left Bronchus. Expulsion without Tracheotomy after Intratracheal Injection of Cold Water.*

A MAN of eighteen aspirated a prune stone into his left bronchus during sleep, which, during the next twelve days, caused difficulty in breathing and pain. Before undertaking tracheotomy Peyrissac injected three cubic centimètres cold water to

try the effects of reflex coughing. After a few seconds the stone, imbedded in muco-purulent secretion, was expelled. No sequelæ. *Guild.*

**Stillson, Howard.**—*Spasmodic Closure of the Glottis in the Adult.* "Journ. Am. Med. Assoc.," Feb. 26, 1898.

SPASMODIC occlusion of the larynx is usually of reflex origin from some nerve lesion more remote. There is either paralysis of the abductor muscles (lateral crico-arytenoids) or spasm of the adductors (interarytenoids).

Spasm of the adductor muscles is usually found in chorea and hysteria, and is usually brief in duration and not severe. It is in the nature of a nervous cough, and should be treated as such.

Of closure of the glottis due to paralysis of the abductors there are two forms—one seen in such diseases as epilepsy and the other in ataxia, etc. In the so-called laryngeal epilepsy or laryngeal vertigo there seems to be no paralysis, except during the attacks. The attacks are sudden and transient, the patient being seized with a sudden violent coughing that amounts to strangling. In a few seconds he will fall—usually upon his back—and entirely lose consciousness. This attack will last only a few seconds, when the patient will rise, feeling perfectly well—no pain or discomfort remaining. About thirty cases of this kind have been reported.

Paralysis of the abductors is more common in such affections as ataxia; and the attacks differ in being less sudden, last longer, and, though the patient falls, he does not lose consciousness. Paresis or paralysis is present between the attacks. The author reports a case of this kind occurring in ataxia, in which the patient lost consciousness on the first attack, but not in later ones. It is one of the early symptoms of ataxia, and frequently occurs before any other marked symptom; so it should receive particular attention.

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## ŒSOPHAGUS.

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**Ebstein, L.** (Vienna).—*On Œsophagoscopy, and its Therapeutical Employment.* "Münchener Med. Woch.," Feb. 22, 1898.

THE author complains of the small appreciation that the œsophagoscope finds in literature, and then describes the instrument which Prof. Stoerk constructed, and used in his clinic for years. He refers to the technique of introduction of the œsophagoscope, which consists of semicircular movable joints, and can be put in its place as a straight, stiff tube. He recommends plentiful application of a ten to twenty per cent. solution of cocaine, and rejects other methods of anaesthesia. The instrument is introduced while the patient sits on a low stool, which is more advantageous than a horizontal position. A bougie is passed before the œsophagoscope. Stoerk's method has this advantage, that backward bending of the vertebral column is not necessary in its introduction, as it is with hard tubes. The œsophagoscope is of great use in the removal of foreign bodies, whether they are impacted or not. Especially in pathologically changed œsophagi, *e.g.*, stricture, carcinoma, the œsophagoscope is of great use in the removal of foreign bodies, as the actual situation can be very well seen. He described a case of stricture of the œsophagus where it was necessary to remove a piece of meat. A solution of papain was used with advantage to soften the mass. Contrary to other authorities, he emphasizes the possibility of treating existing strictures by bougies in the œsophagoscope; that, further, the instrument is of special use in cases where, in spite of existing stricture, it is necessary to introduce nourishment into the stomach.