

of bone, which had stuck in his throat, causing considerable pain, but then somehow "passed down." On the next day the said symptoms appeared to steadily go from bad to worse. On examination of his chest nothing beyond bronchitic râles could be detected, but on the next day (eighth after the accident) prolonged expiration, and, on the subsequent one, dulness below the right scapula made their appearance, the patient suddenly expectorating a tumberful of fœtid, rusty sputa. On the ninth day after the accident the man died from increasing difficulty of breathing and cardiac failure.

At the necropsy there was found a flat, triangular, sharp-edged piece of bone, three and a half centimètres in its largest diameter, fixed in the gullet just above the right bronchus, the right and left œsophageal walls at this level being ulcerated and perforated. The right perforation communicated on one side with the adjacent lung, the lower lobe of which was affected with disseminated gangrene, and on the other with the trachea, on the posterior wall of which, two centimètres above the bifurcation, there was found a circular clean-cut hole. Each pleural cavity contained about one pint of turbid serum, the walls being lined with a thin fibrinous coat.

Dr. Antonoff justly observes that any attempt at sounding the œsophagus under such circumstances would necessarily accelerate perforation of the organ and a fatal issue. *Valerius Idelson.*

LARYNX.

Hermann (Zürich).—*Phonoto-photographic Studies*. "Pflüger's Archiv." Bd. 45, pp. 582.

THE author has produced in an ingenious manner photographic curves of the motion of a light produced by singing. *Michael.*

Roszbach (Jena).—*Contribution to the Localisation of the Cortical Voice Centre of Man*. "Deutsch. Archiv. für Klin. Medicin," B.L. 46, Heft 2.

THE author refers to the cases of paralyses of the vocal cords by cerebral affection recently published, and adds one case occurring in his own practice. The patient, fifty-six years old, suffered from apoplexy, followed by unconsciousness during half an hour, and some weeks later, by paralysis of arms and legs. She spoke with an aphonic voice. The laryngoscope showed the left vocal cord immobile in the cadaveric position. The mobility of the right cord was somewhat diminished. Four weeks later death ensued. The *post-mortem* examination showed in the insula of the right cerebral hemisphere only a small part of the upper gyrus intact, the greater portion of it being destroyed; the anterior part of the insula and gyrus was intact. There were also in the cerebrum other pathological processes by which the different symptoms were explained. The author speaks at length on the possible different causes of the vocal paralysis, and concludes that it must be produced by the affection of the

insula, and that probably the insula is the centre for the movement of the vocal cord. The insula is situated between the centre for speech in the lower portions of the central gyri and the acoustic centre in the superior temporal gyrus, both of which are in near relation to the voice. The case also proves that each vocal ligament has only a unilateral innervation, because a unilateral affection can only produce paralysis of it. The illustration of the specimen is added. *Michael.*

Von Meyer (Zürich).—*The action of the Muscles of the Glottis.* "Archiv. für Anatomie," 1890, pp. 427.

THE dilators of the glottis are also antagonists of the compressors, and so both together produce the different modifications of tension which is necessary for modulation of the voice. *Michael.*

Livon, C (Marseilles).—*Physiology of the Glottis.* Société de Biologie, March 30, 1890.

THE author communicated the results of his researches on the action of excitation of the recurrent nerves on the glottis. According to his experiments, illustrated by very clear, graphic tracings, feeble or moderate excitations of eighteen to twenty interruptions in the second, cause rhythmical contractions of the glottis, with dilatation. If, the current preserving the same intensity, the rhythm is increased twenty-five to thirty, or above, in the second complete closure is immediately produced. These results are always the same, although the rhythm or intensity of the current may be varied during the same experiment. Thus it is possible, by modifying the rhythm of the excitation applied to the recurrent nerves, to obtain distinct effects either of dilatation or of occlusion. But dilatation is always produced with muscular contractions isochronous to the excitations. *Joal.*

Marano, S.—*Hæmorrhagic Laryngitis and Influenza.* "Archivii Italiani di Laringologia," 1890, May 2.

THE hæmorrhagic character of many diseases of mucous membranes in consequence of influenza, such as rhinitis, pharyngitis, otitis, was also found to be present, by Marano, in some cases (three) of laryngitis. It is also worthy of note that with hæmorrhage was present dysphagia, on account of the swelling of the mucous membrane of the arytenoid cartilages. *Massei.*

Mantle, Alfred (Durham).—*The Causes of Laryngismus in Young Children, with Special Reference to its Production by Elongation of the Uvula.* "Brit. Med. Journ.," Feb. 8, 1890.

THE author remarks upon the subject of laryngismus, and narrates the case of a rickety child, who suffered from attacks of this complaint for four months, the cause having been irritation by an elongated uvula; this induced spasm of the larynx, and eventually general convulsions. Removal of the uvula was followed by recovery. *Hunter Markenzie.*

Morison, A. E. (Newcastle-on-Tyne).—*Acute Inflammatory Œdema of Larynx.* "Brit. Med. Jour.," Jan. 4, 1890. Northumberland and Durham Med. Soc., Jan. 4, 1890.

EXHIBITION of specimen taken from a patient who died four hours after the performance of tracheotomy. *Hunter Mackenzie.*

Pilatte.—*Acute Œdema of the Larynx Occurring in the Course of an Attack of Mumps.* Société Médicale de Marseilles, April, 1890.

ACUTE œdema of the larynx is not, by any author, regarded as a possible complication of mumps; it would appear, however, difficult to admit that inflammation of the parotid gland has not played an important part, if it has not been the direct causative agent, in the pathogeny of the following case of œdema of the larynx.

The case was that of a man of twenty-nine, vigorous, but who, at the time when he was attacked by mumps, was convalescent from a series of attacks of ague. On the sixth day of the attack of mumps, which in his case was well marked, this patient was seized with an œdema of the larynx, running a very acute course—an œdema which, in a few hours, necessitated the performance of tracheotomy. The canula was removed after four days; all symptoms had then disappeared, and the cure was complete. It may be added that before the appearance of œdema of the larynx there was merely a little redness of the throat, without true inflammation. M. Pilatte does not maintain that the attack of mumps was the only and immediate cause of the œdema of the larynx; he admits as possible the influence of the sore throat, slight as it was; but it is probable that the sore throat would have run its course without complication had not the parotitis occurred. When the parotid (he says) acquires a considerable size it is certain that it may exercise pressure on the large venous trunks of the neck, and particularly on the external and internal jugular veins, but it is to the latter vein that the veins of the larynx carry the blood from the same. This arrangement renders the occurrence of venous stasis easy in the larynx, and in cases of simple sore throat the presence of parotitis favours the production of œdema. *Joal.*

Garré.—*Lupus of the Introitus Laryngis. Operation by Pharyngotomia Subhyoidea.* "Beitrag zur Klin. Chirurgie," Bd. 6.

A GIRL, twenty-eight years old, had an affection of the base of the tongue for one year. The disease began as a warty growth and spread to the palate, epiglottis, ary-epiglottic ligaments and the arytenoid cartilages. After tamponing the trachea, the author extirpated all diseased tissue by pharyngotomia subhyoidea. Cicatricial stenosis was prevented by transplantation of mucous membrane of the circumference. Feeding by enemata was adopted, and some days later by a tube. Cure resulted. *Michael.*

Huguin.—*Ictus Laryngé.* Union Médicale du Nord-Est, March, 1890.

THE case of a patient who was suddenly seized at the termination of a sociable repast; he rose abruptly from the table, turned his back to the guests, and with his right hand made them a sign to be silent; all at once he stumbled, and fell like a log. Almost immediately the sick man began to laugh, asking what his friends meant by hurrying to his assistance. He ignored the fact of losing consciousness for some

moments ; he only remembered that he experienced an extremely severe pain in the throat. A quarter of an hour later the patient was able to get into a carriage and to return home, having entirely recovered.

Two months later, about eight o'clock in the evening, the same individual, returning from a short journey, arrived at home quite well, sat down at table, ate with good appetite, then, suddenly feeling unwell, as he informed his wife, he threw himself upon a couch, lost consciousness, and died in a few seconds. Is this a case of *ictus laryngé*, causing a mild and fleeting crisis in the first attack, and causing death in a new paroxysm? M. Huguin does not give an opinion, being uncertain whether death was produced by a cerebral or cardiac lesion, an autopsy not having been made. But by him, being present when the first attack occurred, the symptoms were regarded as those which are characteristic of *ictus laryngé*.

It should be added that the case was that of a man of forty-four, leading a very active, sober, and regular life. He had never had gout or rheumatism ; but only slight manifestations of a cutaneous arthritism.

Joal.

Rast.—*Hysterical Mutism.* Aertzlicher Verein in Hamburg. Meeting, June 17, 1890.

THE patient, a married woman, was attacked suddenly as she was before the judge. It was believed to be simulated, and, therefore, the patient was sent to the hospital. There were also other signs of hysteria. The patient had the disorder a second time and simulation could be excluded. The case shows the forensic interest of the disease.

Michael.

Raymond.—*Syphilis of the Air Passages.* Société Médicale des Hôpitaux, Mar. 2, 1890.

THE author showed the pathological specimens from a man admitted under his care. This man, fifty-two years old, had contracted syphilis eight years previously, and, on his admission, still presented marked cutaneous lesions. Moreover, he suffered from aphonia, laryngeal stridor, and high fever, with dyspnoea. There was dulness over the two pulmonary bases, and a slight effusion at the right. The liver was tender. Death from syncope the fourth day after admission. At the autopsy the epiglottis was healthy ; the vocal cords were slightly œdematous ; the laryngeal cartilages ossified. The trachea was studded with small gummata, extending to the bifurcation of the bronchi. On the side a gumma was visible, the size of an egg, compressing the pneumo-gastric and deforming the trachea, whence the stridor heard during life. Further, there was a double broncho-pneumonia without tubercular lesion. The lips were the seat of numerous gummata.

Joal.

Sokolowsky (Warschau).—*Contribution to Pathology and Therapy of Laryngitis Sub-Glottica Hypertrophica Chronica.* "Internationale Klinische Rundschau," No. 19, 1890.

Case 1. The patient's breathing became embarrassed a year ago during typhoid, and tracheotomy was performed. A canula has been

worn since the operation. The laryngoscope shows under the glottis a blue-red diaphragm, with a little hole in the middle line. The author believed that there was a membranous web, but incisions were without result. By treatment with Schroetter's dilatator during ten months, the canula could be removed. But two weeks later a second tracheotomy was necessary. Now laryngotomy was performed. The mucous membrane under the vocal ligaments was thickened and assumed the appearance of two folds. The folds were removed, and the bleeding which ensued was arrested by burning with Paquelin's cautery. Introduction of Koehl's canula. After-treatment consisted in the use of Schroetter's cannula. Cure. Removal of the canula. The microscopical examination showed a marked hypertrophy of the mucous membrane.

Case 2. A patient, aged twenty-seven, suffered for six months from embarrassed respiration. He had also obstruction of the nose. The examination showed hypertrophy of the turbinated bodies, and chondritis inferior hypertrophica. Cure by Schroetter's dilators and galvano-cautery of the nasal mucous membrane.

Case 3. A patient, fifty-four years old, has the same condition of the larynx, and has suffered from dyspnœa for four years. Improvement by dilating treatment.

Case 4. A girl of eighteen years suffered from aggravated dyspnœa, so that tracheotomy was necessary. The laryngotomy following showed hypertrophy of the sub-glottic mucous membrane. Treatment by dilators during a half year without any result.

Concerning the treatment the author believes that Schroetter's method of dilatation is a very good one, but that for severe cases it must be combined with the surgical treatment by laryngotomy and destruction of the membranes.

Michael.

Sommerbrodt (Breslau).—*Typical Pachydermia of the Larynx.* "Berl. Klin. Woch.," No. 19, 1890.

DURING twenty years the author has observed eighteen cases of this remarkable disease ignored for so long by laryngologists. He relates his cases, gives the laryngoscopical appearance of two cases, with the characteristic deformation of the arytenoid cartilages, and then speaks of the nature of the disease. In seventeen cases out of eighteen, the disease was bilateral. In all cases the patients were men. Etiological causes are found in abuse of tobacco, alcohol, and damp dwellings. At first the disease is not easily distinguished from chronic catarrh with ulceration, and, later, from perichondritis and malignant tumours. The prognosis is favourable. The disease may be present some years without great danger to the patient. The voice may remain pretty good, or can improve in time. An efficient treatment is not known up to the present time.

Michael.

Thost (Hamburg).—*On Papillomata of the Upper Air Passages.* "Deutsch. Med. Woch.," No. 20, 1890. (Cf. the Report of the 62nd Versammlung Deutscher Naturforsch in Aerzte.)

Michael.

Rupprecht (Dresden).—*Laryngofissure on account of Papillomata on the Left Vocal Cord in a Girl, aged Four.* “Jahresbericht der Gesellsch. für Natur und Heilkunde in Dresden,” 1889.

TRACHEOTOMY was performed for impending asphyxia. Fourteen days later the operation of laryngo-fissure was performed for extirpation of the neoplasms. The larynx was not sewn. Some weeks later the canula was removed. Cure, but with roughness of voice remaining. *Michael.*

Bardenhewer (Röln).—*Propositions concerning Extirpation of the Larynx.* “Deutsch. Med. Woch.,” No. 20, 1890.

CLEANSING of the cavity of the mouth with a brush before operation; inclined position of the head during after treatment. *Michael.*

Horaczek (Mindelheim).—*On the Existence of Membranes, especially Membranous Concretions in the Larynx.* “Inaugural Dissertation,” Würzburg, 1890.

REPORT of a case of patient, twenty-two years old, affected by hereditary syphilis, which was followed by membranous concretion of the vocal bands. Only a small chink in the posterior portion of the glottis remained. Extirpation of the membrane. Cure. *Michael.*

Jacobson, Alexander V. (St. Petersburg).—*On the Treatment of Membranous Stenoses in Reg'one Sub-Glottica.* “Meditzina,” No. 1, 1890, p. 7.

THE author details the following interesting and very instructive case, successfully treated after an endo-laryngeal method. A male peasant, aged forty-one, who had cut his throat with suicidal intentions in August, 1886, was admitted to the Rojdestvensky Pavilion Lazaretto, on October 29th, 1888, with complaints of severe dyspnœa occurring on any exertion, extreme hoarseness, and difficult speech. On examination there was found a respiratory fistula, situated just below the inferior edge of the cricoid cartilage, and surrounded with cicatricial tissue. On its two sides there was seen an old transverse scar, running from one sterno-mastoid muscle to the other. The left vocal cord was fixed in the median position, considerably thickened, of yellowish-white colour, and a mucoid appearance. About two centimètres below the cords there was present a ring-shaped membranous diaphragm, stretched across the sub-glottic space, and containing an orifice of about 1 centimètre in diameter. Slightly above the diaphragm there could be detected another similarly shaped membrane, but with a much wider opening. The treatment adopted consisted in catheterisation of the larynx with Schroetter's tube No. 2 (after painting with a four per cent. solution of cocaine) for fifty days, with subsequent cauterisation of the upper and division of the lower membrane by the galvano-cautery (after painting with a fifteen per cent. solution of cocaine), two sittings at an interval of twenty-four days, and another course of Schroetter's dilatation with tubes Nos. 3, 4, 6, and 7, for about three months. Under the treatment the patient's breathing gradually became quite free, some dyspnœa occurring only on brisk walking. The left cord remained fixed (in consequence of ankylosis), but the membranes disappeared, the only trace left being some small-sized folds. The patient's breathing remaining normal for five months after discontinuing

the treatment, the large cervical fistula was closed by broncho-plastic operation after the author's method (as described in the "Vratch," No. 34, 1884, and Langenbech's Archiv., Vol. XXXIII., p. 3). Recovery proved to be permanent.

Analysing his case, the writer points out that (1) traumatic membranous stenoses of the larynx and trachea are comparatively very rare; (2) their treatment is difficult, its results often unsatisfactory; (3) an endo-laryngeal treatment of membranous stenoses (of any origin) should be always preferred to laryngo-fissure, since (a) endo-laryngeal operations are void of any danger; (b) they are by far less formidable, and hence are better borne by the patient; (c) they do not require chloroform anæsthesia, which by itself is associated with certain dangers; (d) they may be performed without trained, or in fact, any assistants; (e) they may be repeated as frequently as desirable, without causing any special discomfort to the patient; and (f) they give better results regarding recovery of function.

Valerius Idelson.

Cassaet.—*Contribution to the Study of the Entrance of Air into the Veins during the Performance of Tracheotomy.* Société d'Anatomie de Bordeaux, March, 1890.

A YOUNG man of twenty-nine, suffering from tubercular disease of the larynx, leading to stenosis, had tracheotomy performed, air entered the veins, death did not ensue until three hours later. The case is interesting inasmuch as it shows that air can enter the superficial veins. The patient at first suffered from no other symptoms than weakness and compressibility of the pulse. Auscultation of the heart was practised at leisure, and it was discovered that the maximum intensity of the hydro-ærial murmur was present at the site of the tricuspid valve. It was at the moment when the air bubbles, leaving the right side of the heart, gained access to the lung that the distress in breathing declared itself.

Joal.

Ekel (Budapest).—*Foreign Body in the Trachea.* "Pesther Med.-Chir. Presse," No. 30, 1890.

A GIRL, eight years old, inspired a fruit stone. Attacks of cough and suffocation followed. The noise of a moving foreign body could be heard. Tracheotomy was performed, followed by introduction of a probe. The foreign body was coughed out. Pneumonia followed, but eventually cure was obtained.

Michael.

Sleep, Frederick (Plymouth).—*Foreign Bodies in the Air Passages.* "Brit. Med. Journ.," Jan. 25, 1890.

A CASE in which the vertebræ of a rabbit had been drawn into the air passages, and coughed up five and a half months subsequently.

Hunter Mackenzie.

Laryngologische Gesellschaft zu Berlin. Meeting. March 21, May 2, and June 6, 1890.

Dr. SCHOYLER showed a needle attached to a feather which he extracted

from the trachea of a girl of nineteen. It had been aspirated and could not be removed by traction on the feather. The laryngoscopic examination showed that it was fixed with one end on the bifurcation of the trachea, and with the other on a tracheal ring. It was possible to liberate the needle by a probe introduced between it and the trachea. After operation, the patient was quite well.

DR. LUBLINSKI called attention to *the diseases of the upper air passages in influenza*. He has observed hæmorrhagic rhinitis, phlegmonous angina, croupous membranes on the tonsils, and the pharyngeal wall, also laryngitis, with intense redness of the vocal cords, laryngitis subglottica and laryngitis hæmorrhagica, during convalescence.

DR. KRAKAUER had not observed hæmorrhages of the air passages, but often the hæmorrhagic otitis described by Loewenberg and Michael.

DR. LANDGRAF saw in two hundred and ten cases only one case of rhinitis, but sometimes swelling of the inter-arytenoid fold and œdema of the larynx.

DR. B. FRAENKEL has observed white patches on the vocal cords, which had not been produced by loss of the epithelium.

DR. LANDGRAF showed a case of *sarcoma of the palate*, in a patient, aged twenty-eight. Operation not being possible, electrolysis was about to be tried.

DR. LUBLINSKI showed an *instrument for application of trichloroacetic acid*, and *another instrument for elevation of the epiglottis*.

DR. B. FRAENKEL showed a patient *with an osseous bulla of the middle turbinated bone*. Compare the report in this Journal.

DR. PELTESOHN calls attention to hysteric mutism, described by Solis-Cohen as apisythysia. The patients cannot produce any sound. They are absolutely dumb. The prognosis is favourable. As it is a central disease, the treatment must consist in application of psychic medicaments and improvement of the constitution. Sometimes electricity and massage and local laryngeal treatment are efficacious.

DR. LANDGRAF recorded *two cases of hysterical mutism*. One of them had marked hysteria and hemi-anæsthesia. Cure by faradisation. In the second case, consecutive to an ebullition of anger, the patient became dumb, then aphasic for some days, and then was cured.

DR. P. HEYMANN showed a patient, aged twenty-one, *with sarcoma of the naso-pharynx*. The tumour could not be removed by operation.

P. HEYMANN showed a specimen of *nasal polypus from a child of one year*.

DR. PILATAU showed specimens of injections of cats and rabbits, *illustrating the relation between nasal lymph channels and the sub-arachnoideal space*.

DR. ROSENBERG recorded two cases of *œdema laryngis following the use of iodide of potash*. In both cases merely small doses of the drug were employed. In all cases treatment must commence with very small doses.

Michael.

Schroetter.—Konigliche Gesellschaft der Aerzte in Wien. Meeting. Mar. 3, 1890.

THE author showed a patient who coughs up gangrenous sputa. He also coughs up feathery masses of fifteen centimètres long, of unknown constitution. Schroetter believes that these are foreign bodies causing gangrene. *Michael.*

Courby.—*Calcareous Concretions in Fits of Coughing.* Société Médicale des Hôpitaux, Mar. 28, 1890.

THE author showed two somewhat large calcareous concretions expectorated during a paroxysm of coughing by a phthisical patient (quiescent form). These concretions recall those that are occasionally found in inactive tubercular aggregations of the lung or of the bronchial glands. In the case brought forward, the existence of retro-sternal pains, which were persistent and very localised, and the absence of the signs of advanced pulmonary tuberculosis, led M. Courby to think that the calculi originated in a peribronchial gland. *Joal.*

REVIEWS.

Cyclopædia of the Diseases of Children. Edited by JOHN M. KEATING, M.D. Vol. II. Philadelphia: J. B. Lippincott Company, 1889.

THE second volume of this most exhaustive work is a veritable treasure house for the laryngologist. About seven hundred pages are given to discussion of diseases of the throat and chest, containing the most advanced thought of those who have the right to speak with authority.

The first chapter in Part III. of this volume is a Study of Nasal Obstruction, by Dr. John N. Mackenzie, of Baltimore. Few men write attractively, and very few are both classical and erudite, but this author excels in these respects. In the beginning of the chapter we are reminded that "when God made man, it was not into his mouth but into his nostrils that He breathed the breath of life," and that the nose is something more than the organ of smell. The etiology of nasal obstruction, always an interesting study, here receives particular attention, and nothing of value, from Caius Plinius to 1889, seems to have escaped notice. Among the most frequent causes of obstruction are a departure from the normal position of the middle turbinated bone, a deflection or dislocation of the vomer, or perpendicular ethmoidal plate, and as shown by Zuckerkandl, "an oblique, rounded, bony ridge, sometimes at the junction of the vomer and ethmoid, but usually in the bony portion of the septum." Growths of the nasal passages are infrequent in young children, but obstruction of one or both nostrils from dislocation or malposition of the septum is a common accident. The "obstruction of patency," paradoxical as the term may be in the abstract, well indicates that condition of nostril where, from abnormal widening, the current of expired air is compara-