

effect upon the enuresis. The author supposes that the temporary arrest of enuresis nocturna in this case had its origin in the neurotic shock, produced by fright, and partly by pain, during the operation.

*John Sedziak.*

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## LARYNX, &c.

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**Solis-Cohen.**—*The Voice.* "Internat. Med. Mag.," April, 1892.

AFTER some interesting paragraphs on sound, and how it is produced, and on the qualities of the human voice, the author tells us of various defects of vocal utterance that lead to troubles which come under the notice of the throat specialist.

1. Pitching the voice in too high a key. The chest portion of the register is the proper one to use, especially in men, but not its very lowest portion.

2. Speaking too loud.

3. Speaking too rapidly. Sound-waves require a certain length of time to travel from one end of a room to another. They undergo deflection, and deflection from the walls of the room, and verge towards the centre of the apartment, where they become irregularly mixed with the direct waves, thus creating confusion of sound, which does not subside on the instant their utterance ceases. Due allowance must be made in all cases for the resonance of the room, and time given for its subsidence.

4. Giving too much time to the consonants, and too little to the vowels. Rest at intervals, and after a hearty meal, is insisted on. Sipping water in small quantities is good for dryness of the throat when speaking.

*B. J. Baron.*

**Stewart, Donald** (Nottingham).—*Laryngeal Papilloma.* "Brit. Med. Journ.," Jan. 2, 1892.

A SUB-GLOTTIC growth, the size of a pea, removed entire by Mackenzie's forceps. Specimen shown.

*William Robertson.*

**Keller** (Freiburg).—*Tuberculosis of the Posterior Laryngeal Wall.* "Münch. Med. Woch.," 1892, Nos. 23, 24, 25.

THE author has applied Killian's method of examination of the posterior laryngeal wall in many cases, and has found that by this method the pathological processes of this region can be seen earlier and better than by the usual method. He then discusses the symptoms of the disease without bringing forward anything new, and concludes with a recommendation of energetic surgical treatment.

*Michael.*

**Stein** (Berlin).—*Tracheotomy in Laryngeal Tuberculosis.* "Deutsche Med. Zeit.," 1892, Nos. 46, 47, 48.

THE author commences with a complete report upon the literature of the application of tracheotomy to laryngeal phthisis, then relates two cases of phthisis somewhat improved after the operation, and recommends the

operation, not only in cases of asphyxia, but also for treatment of the disease.

Michael.

**Strauss** (Berlin).—*Lues Tarda Laryngis in Children*. "Archiv für Kinderheilk," Band 14, Heft 1.

IN the polyclinic of B. Baginsky, which has been visited by two thousand patients during eight years, only three cases of this affection have been observed: (1) A child, seven years old, hoarse three weeks. The laryngoscopic examination showed great infiltration of the epiglottis and the false vocal bands. The affection was very similar to tuberculous affections, but an exostosis of the tibia proved its syphilitic nature. (2) A patient, twelve years old, had cicatrices in the pharynx, swelling of the epiglottis, and ulceration of the posterior laryngeal wall, which was covered with greyish-white secretion; the vocal bands were also deformed. (3) A patient, twelve years old, had pain in the throat and some stridor. The whole larynx was swollen. The epiglottis was covered with multiple papillary excrescences, and there was a granulation tumour on the right arytenoid cartilage. Improvement occurred under anti-syphilitic treatment.

Michael.

**Scheinmann** (Berlin).—*Sub-glottic Sarcoma of the Larynx cured by Intra-laryngeal Operation*. "Berl. Klin. Woch.," 1892, No. 21.

A PATIENT, sixty-six years old, suffered from increasing hoarseness for some months. The laryngoscope showed a tumour under the left vocal band with broad base, situated on the under surface of the vocal band. Intra-laryngeal extirpation. No recurrence for one and a half years. The microscopical examination by Prof. Waldeyer confirmed the diagnosis of sarcoma.

Michael.

**Lublinter**.—*Stenosis Tracheæ of Syphilitic Origin*. "Medycyna," 1892, Nos. 13-15.

THE author describes the two following cases:—The first occurred in a cook, twenty-four years of age, with whom, on examination with the laryngoscopic mirror, a pretty large stenosis of the larynx was observed. The stenosis was caused by the hypertrophic condition of the cords. The patient was treated with Schrötter's tubes with certain improvement. He came for the second time to the hospital, after six months, with symptoms of considerable stenosis. On the epiglottis (laryngeal surface) cicatrices were found. Anti-syphilitic treatment was tried without effect. The dilatation of the larynx again somewhat amended the state of the patient. After six months the patient died with the symptoms of suffocation, the first day after his entering (third time) the hospital. Autopsy showed numerous ulcers and cicatrices in the larynx and trachea. The second case was that of a shoemaker's apprentice, seventeen years old. Infiltration of the lungs and ulcer of the right ventricular band, and swelling of ligamenta ary-epiglottica were discovered. Under iodide cicatrization of the ulcer and diminution of the infiltration occurred. Dyspnœa, however, became greater and greater. Tracheotomy was performed. After three months death followed. The necropsy showed pleuritic exudation and a cicatricial stenosis of the trachea. Both cases the author

considers to be lues hereditaria tarda. Finally, the author reports another case of stenosis tracheæ, in which transillumination of the larynx helped the recognition of the character of the stenosis. *John Sedziak.*

**Heryng** (Warsaw).—*On Benign Ulcerations of the Larynx.* "Gaz. Lekarska," 1892, Nos. 7 and 8.

UNDER the term of "angina ulcerosa benigna" the author understands a hitherto undescribed affection, which is characterized by the appearance of ulceration, usually unilateral, generally on the anterior faucial pillar in the vicinity of the tonsil—the ulcer having sharp edges without inflammatory zone, with a base slightly deepened, and covered with a greyish-white secretion, difficult to remove. The length of this ulceration is about one centimètre, and the breadth from six to eight millimètres. On touching it does not bleed, but it is a little painful. After two or three days the ulceration begins to clear, and after ten to twelve days heals without leaving a cicatrix. This affection is usually accompanied by a slight general reaction. It mostly resembles the condition called by B. Fraenkel, "angina aphthosa." Bacteriological examinations (Bujwid) showed in the secretion of these ulcers the presence of two kinds of streptococci—namely, monomorphus and variegatus. The former, however, was the only organism constantly present, as was proved by the further investigations of Heryng and Lubliner (cultures—inoculations). The author has had occasion to observe this affection ten times during ten years, in which bacteriological examination was performed in two cases. *John Sedziak.*

**Suckling** (Birmingham).—*Bulbar Paralysis, with Bilateral Paralysis of the Vocal Cords.* "Brit. Med. Journ.," Jan. 9, 1892.

A MAN, aged forty-three, with urgent dyspnoea, and symptoms of bulbar paralysis. Vocal cords adducted, and on inspiration approximated, causing stridor. Tracheotomy, and death soon after. *William Robertson.*

**Solis-Cohen.**—*Stricture of the Larynx.* Clinical Lecture delivered at the Jefferson Medical College.

DEALING with tracheal tubes, the author insists on the importance of not inserting a tube large enough to fill up the calibre of the trachea, nor so small as to be sufficiently loose to enable it to press anywhere on the wall of the windpipe. It ought to permit of the passage of sufficient air by the sides of the canula to set the vocal vaults into phonal vibration.

On no account ought it to be fenestrated, lest granulations grow into them, and lead to difficulty in removal and re-insertion. Other minor points are also alluded to. Nicking the stricture before dilating is recommended. Whilst praising Mackenzie's dilator Cohen objects to it because the pressure is only made at certain points.

To remedy this the author uses an instrument with two flat blades moving upon a hinge anteriorly, and which press on the two sides of the glottis equally, and make an opening similar to the natural shape of the glottis.

Lastly he strongly recommends Schrötter's dilators. *B. J. Baron*

**Schmiegelow, E.**—*Intubation of the Larynx in Cases of Acute and Chronic Stenosis.* "Hospitals Tidende," 1891, No. 51.

THE author has performed intubation in four cases of croup, the result being three deaths (in a child, aged eight, from acute paralysis of the heart; in a child, aged nine months, from the process descending, and in one, aged eleven months, from pneumonia), and one recovery in a child, aged three. He also performed intubation in eight cases of chronic stenosis, of which six were cases where there was difficulty in removing the tracheotomy tube, while one case was that of stenosis of the trachea, from tracheotomy performed in childhood, in a man, aged twenty-seven, and one case was aphonia spastica. He considers intubation indicated, (1) in cases of acute stenosis, due to œdema of the larynx; (2) in cases of acute stenosis from diphtheria, when there is no time for tracheotomy; or (3) when consent to this operation cannot be obtained; (4) in cases of paralysis of the abductors, or spasm of the adductors; (5) in cases of foreign bodies of the larynx, when there is no time for tracheotomy; (6) in cases of acute stenosis from thyroiditis; and (7) in all cases of chronic stenosis. He also thinks that intubation might be performed in every case of acute stenosis from diphtheria.

*Holger Mygind.*

**Wassermann, Melville** (Paris).—*Answer to Tauber's (Warschau) Paper on Extirpation of the Larynx.* "Langenbeck's Archiv," Band 41; "Centralbl. für Chir.," 1892, No. 24.

POLEMICAL article.

*Michael.*

**Wolf, Julius** (Berlin).—*On a Case of Total Extirpation of the Larynx.* "Berl. Klin. Woch.," 1892, No. 21.

SEE report of the meeting of the Berliner Medicinische Gesellschaft, of January 13th, 1892.

*Michael.*

**Clegg, W. S.**—*Tracheotomy in an Infant four days old.* "Brit. Med. Journ.," Jan. 9, 1892.

THE obstruction to breathing was found due to a large nævoid mass under the tongue, lifting this up and pressing it backwards so as to obstruct respiration. The child survived two days. The author makes some important observations on operating at such an early age.

*William Robertson.*

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## E A R.

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**Cousins, J. W.** (Portsmouth).—*Improved Method of Examining the Auditory Canal and Membrana Tympani.* "Brit. Med. Journ." (illustrated), Jan. 16, 1892.

THE improvement referred to rests in the reflector being fitted to the aural speculum along with a convex lens, also fitted to speculum, the latter to aid further clearness, and a head-rest for patient. A questionable addition of apparatus, especially where operation requires to be carried on at the same time,

*William Robertson.*