Vassant, Eugene Larrue.—*A brief Report of the Results of a Bacteriological Investigation of the Nasal Mucus in One Hundred Cases of Chronic Nasal Discharge.* "Journ. Am. Med. Assoc.," Feb. 27, 1897.

Of the hundred cases examined the Klebs-Loeffler bacillus was found in twenty-six, eleven of which had atrophic rhinitis, three purulent rhinitis, five in simple rhinitis, three in nasal syphilis, and three in hypertrophic rhinitis. In fifty-eight cultures staphylococci were found. No cases were examined which showed any symptoms of diphtheria. His conclusiona are that in a large percentage of chronic nasal catarrh the secretions are infected with diphtheria bacilli, staphylococci, etc.

Oscar Dodd.

LARYNX.

Brady, A. J. (Sydney).—*Notes of a Case of Partial Laryngectomy for Epithelioma of One Vocal Cord.* "Australasian Med. Gaz.," Nov. 20, 1896.

In this case there were no enlarged glands in the neck. Laryngoscopic examination showed a fungating growth involving the middle two-thirds of the right vocal cord. It was removed by dividing the thyroid cartilage, and removing the right half, with the right vocal cord and arytenoid cartilage, in one piece. The patient made a rapid recovery, and after six weeks the voice was fair and improving.

StGeorge Reid.

Davidson, P.—*Membranous Cast of Trachea and Bronchi.* "Brit. Med. Journ.," March 13, 1897.

The author showed a membranous cast of the bronchial tubes, with numerous branches, coughed up by a child supposed to be suffering from diphtheria. Part of this examined microscopically was found to contain almost a pure cultivation of micrococci. No Loeffler's bacillus was discovered. Dr. Davidson, however, considered the case undoubted diphtheria. There was membrane on the tonsils and in the respiratory tract. Tracheotomy had been performed for dyspnœa. Diphtheria antitoxin had been injected. The patient was shown still wearing a tracheotomy tube. Dr. Davidson remarked that in several of the most marked cases of diphtheria he had seen, no Loeffler's bacillus had been found in the membrane examined.

Mr. Bark drew attention to the value of curetting the trachea and bronchi through the tracheotomy wound in cases of diphtheria, where dyspnœa recurred after the operation. *R. Lake.*

Gibb, Joseph (Philadelphia).—*Eucaine in Laryngology and Rhinology.* "Philadelphia Polyclinic," Jan. 23, 1897.

The author treats of the relative value of eucaine and cocaine in operations about the nose, throat, and larynx. After a number of carefully conducted experiments on the hypertrophied inferior turbinate, as to the difference in the contractile and hyperæmic action of these two drugs, he finds little difference, if any. After using them in a number of minor operations about the nose and throat, he sums up the evidence as follows :—

1. Eucaine is equal to cocaine in its anæsthetic effects.
2. Eucaine is nearly as effective as cocaine in reducing engorged turbinates.
3. Eucaine is superior to cocaine in being less likely to produce toxic symptoms.
4. Eucaine is superior to cocaine in producing far less unpleasant subjective symptoms, especially in the pharynx. *StGeorge Reid.*

Lermoyez and **Griner.**—*Inter-cricothyroid Laryngotomy. Decubitus Necrosis of the Cricoid Ring. False Passage in the Cricoid. Death.* "Ann. des Mal. de l'Or., de Lar.," etc., Jan., 1897.

THE author reports this as an instance of trouble following laryngotomy, proving that procedure to be not wholly free from danger. The patient was a man of thirty-six, suffering with dyspnœa, the consequence of œdema complicating laryngeal tuberculosis. Tracheotomy was contra-indicated on account of the size and position of the thyroid gland. For some twenty days, while the usual form of canula formed the respiratory passage, attacks of dyspnœa were frequent, and the patient finally succumbed before a longer canula was obtained. *Post mortem*, it was found that the end of the somewhat short canula had produced ulceration of the posterior wall of the larynx. Necrosis was present, and a considerable cavity in the cricoid cartilage formed a recess into which the end of the canula projected. To this accident the previously inexplicable attacks of dyspnœa were to be attributed. The authors lay stress on the liability of the cricoid plate to become the seat of decubitus necrosis, when laryngotomy is employed in the place of tracheotomy, exposed as that cartilage is in all cases to pressure against the spinal column.

Ernest Waggett.

Lewin, W.—*Spasmus Glottidis.* "Arch. für Kinderheilk.," 1897, Vol. XXI., p. 353.

ALTHOUGH Lewin agrees with Henoch that spasmus glottidis most frequently occurs in children with rickets, he believes that it also occurs as a stomach reflex in children without the slightest trace of rickets.

A boy six months old was nourished by a wet nurse from birth, and thrived well. Then Nestlé's milk was used with equally good results. Later on so-called "children's milk" was substituted. Very shortly after starting the use of this milk spasm of the larynx set in, lasted three weeks, and would yield to no medical treatment. The "children's milk" was then stopped, and immediately the spasm also ceased. The child's mother, thinking that the milk had perhaps been too strong, watered it, and tried feeding the child with the thinner preparation. Spasm of the glottis set in again immediately, and again ceased as soon as the milk was stopped.

This child never presented the slightest trace of rickets. It should further be observed that the "children's milk" used was perfectly good, as L. had often used it with excellent results in other children. The condition in this case was, therefore, a reflex spasm due to an idiosyncrasy of the stomach against a particular food.

A. J. Hutchison.

Mendel.—*Note on the Etiology of Polypi of the Larynx.* "Arch. Int. Laryng., Otol., et Rhin.," Tome IX., No. 2.

THE author here relates two cases which go to support the opinion that laryngeal polypi are of a purely inflammatory origin.

The first case was that of an actor, aged thirty-one, who, after four or five months' work, found his voice failing. Examination revealed general laryngeal hyperæmia and swelling, which more particularly affected the vocal cords. At the junction of the anterior third with the posterior two-thirds of the left cord was a small, well-defined red nodule. Rest and antiphlogistic treatment were adopted, and in one week's time the nodule had entirely disappeared.

The second case was that of a man of thirty-five, who complained of hoarseness of two or three weeks' duration. Examination showed localized congestion of the left cord, which was red and thickened. Attached to the centre of its free edge was a polyp quite as large as half a lentil. Simple astringent treatment was adopted, and, with the return of the cord to its normal colour, the polyp visibly

diminished in size. At the end of fifteen days it so far decreased as only just to project beyond the outline of the cord.

These small tumours were evidently inflammatory in origin; and the author asks if it is not possible that the well-defined polypi sometimes found in the larynx are the result of growth of small inflammatory excrescences such as these two specimens. *Ernest Waggett.*

Refslund. — *Congenital Malformation of the Epiglottis.* "Münchener Med. Woch.," 1896, No. 48.

A CHILD of two and a half months had marked laryngeal stridor since its birth. The mother stated also that two other children who died at the ages of six weeks and nine months had a similar respiration affection. The examination showed in the pharynx and larynx nothing abnormal, except a marked lateral compression of the epiglottis, which was retracted on to the larynx during inspiration and erect during expiration. The child died one month later of pneumonia. The *post-mortem* examination showed that the epiglottis had a length of five millimètres, and was from one to one and a half millimètres in thickness, and so strongly curved that the inner parts of both halves touched one another.

[The reporter has observed a similar case. A nine-year-old child had had a stridor since its birth. The dyspnœa became so very much increased that tracheotomy had to be performed. Neither by laryngoscopy nor by examination with the probe through the tracheal opening could any abnormality be found in the larynx and trachea, except an elongated epiglottis, which covered the larynx during expiration and inspiration.] *Michael.*

Turner, A. J.—*Intubation as a Substitute for Tracheotomy in Acute Laryngeal Stenosis in Children.* "Intercolonial Med. Journ. of Australasia," Dec. 20, 1896.

IN comparing the results, three years in which tracheotomy was practised almost exclusively, and three years in which it had given way to intubation, are taken, the cases occurring in the Brisbane Children's Hospital.

YEAR.	PRIMARY TRACHEOTOMIES.			INTUBATIONS.			SECONDARY TRACHEOTOMIES.			TOTAL OPERATIONS.			
	Operations.	Recoveries.	Deaths.	Operations.	Recoveries.	Deaths.	Operations.	Recoveries.	Deaths.	Operations.	Recoveries.	Deaths.	Mortality.
1889-90	23	6	17	—	—	—	—	—	—	—	—	—	—
1890-91	21	8	13	—	—	—	—	—	—	—	—	—	—
1891-92	24	7	17	6	2	4	—	—	—	74	23	51	68·9 %
1892-93	—	—	—	31	14	17	6	2	4	—	—	—	—
1893-94	—	—	—	53	21	32	—	—	—	—	—	—	—
1894. 6 months	1	—	1	11	6	5	—	—	—	96	41	55	57·3 %
	69	21	48	101	43	58	6	2	4	—	—	—	—
ANTITOXIN PERIOD.													
1895-96	2	1	1	40	27	13	2	—	2	42	28	14	33·3 %

The following arguments are advanced in favour of intubation :—The procedure is rapid, there is no loss of blood, no anæsthesia depression nor increased dyspnœa, and no risk of cellulitis, as there is no open wound, and the canula is not apt to become plugged with dry mucus, and so can be left for days undisturbed; the tube is easier removed, and there is no scar. Feeding really presents no difficulties which are not easily surmounted. Six days is given as the best

period for retention of the tube. The string should always be attached to the tube, and precautions taken to prevent its being pulled out by the patient. Cases are given. *R. Lake.*

Stoerk (Wien). — *On Cocaine Anæsthesia.* "Wiener Med. Woch.," 1896, No. 44.

THIS paper is of unusual interest, in which this celebrated authority describes the influence of cocaine on the technique of intralaryngeal surgery. If we operate without an anæsthetic we produce by the introduction of an instrument into the larynx strong reflex contraction of the muscles. By this contraction we are enabled to remove a neoplasm of the vocal bands, because a stable body is removed by the instrument—only the strong reflex contraction gives the necessary resistance by which the neoplasm is pressed into the loop or guillotine. Without doubt the absence of these reflexes is one of the disadvantages of cocaine, but it cannot be regarded in comparison to the great advantage of local anæsthesia. But by the absence of the reflexes we are obliged to change our instrumentarium. Snares and guillotines are useless in the great majority of cases. Instead of them we must use sharp forceps, which attack the neoplasm of both sides, and can cut them in spite of the mobility of the tissues of the larynx. The author concludes with the description of four cases of cocaine intoxication observed by him. In all four cases only small doses had been used. *Michael.*

Vulpius, W.—*On Primary Laryngo-Tracheal Ozæna.* "Deutsche Med. Woch.," Jan. 28, 1897.

M. R., aged eighteen, complained of suppuration of her right and deafness of her left ear. She spoke with a very hoarse, sometimes quite aphonic, voice, and her breath had the characteristic ozœna stink. The hoarseness had commenced about four years ago—at first periodic, then continuous; then attacks of coughing in the morning, by which tough mucous crusts were brought up. The nose was found full of bad-smelling pus, but no crusts; moreover, the nasal condition was said to have commenced not more than eight weeks ago. The condition of the naso-pharynx was similar. On laryngoscopic examination, the lingual tonsil was found moderately enlarged; the false cords were so much thickened as to completely hide the true cords during respiration; their colour was pale yellowish red, their consistence dense. The interarytenoid portion was in a similar condition. The vocal cords were rough, and a dirty yellow grey on the upper surface and margins, and they did not meet completely. The subglottic portion of larynx and the trachea were covered with dirty greyish green crusts. Still, in neither larynx nor trachea was ulceration, or even excoriation, to be found. In the crusts, Löwenberg's diplococcus was present in large quantity, and with very few accompanying micro-organisms (no leptothrix). On this, however, the author lays little stress, as he considers the presence or absence of the characteristic smell far more important than the presence or absence of Löwenberg's bacillus. Several other reported cases are cited and briefly discussed. The author appears to doubt the genuineness of nearly all. *A. J. Hutchison.*

Whalen, C. J.—*Laryngo-Pulmonary Phthisis.* "Journ. Am. Med. Assoc.," Feb. 13, 1897.

LARYNGEAL complications occur more frequently with pulmonary phthisis than is generally thought. Statistics show that they occur in about thirty per cent. of all cases of consumption. The laryngeal trouble is often neglected, owing to its obscuration by the pulmonary symptoms, until ulceration begins. Dysphagia is the most severe symptom, and hastens the fatal termination by keeping the patients

from eating. Very few cases recover. General treatment should be given, such as ol. morrhuæ, creosote, hyperphosphites, etc. Locally a spray of trichloride of iodine gives satisfactory results until ulceration occurs. When ulceration is present, guaiacol, fifteen per cent. to fifty per cent. in olive oil sprayed into larynx, gives best results. Used fifteen minutes before eating it produces local anæsthesia, so patient can eat with comfort. It also has a beneficial result on the ulceration, so cicatrization may occur in a few weeks, even when lactic acid and other applications fail. *Oscar Dodd.*

EAR.

Brieger, O. (Breslau).—*On General Pyæmic Infection following Aural Suppuration.* "Arch. of Otol.," Vol. XXV., No. 4.

THE author points out that pyæmia may result from aural suppuration without the intervention of sinus phlebitis, and even without evidence of osteo-phlebitis, simply from suppuration occurring in the mucosa of the tympanum. This may take the form of a *dermato-myositis*, with a peculiar jelly-like œdema of the affected muscle and an œdematous and almost erysipelatous condition of the skin over it, but without any tendency to suppuration. In ordinary pyæmia suppurative metastases in the muscles are not uncommon. Osteo-phlebitis in the temporal bone may give rise to pyæmia by extension to the lateral sinus, but also without it.

The difficulties in the diagnosis of thrombo-phlebitis of the lateral sinus are discussed. The temperature curve is frequently modified by co-existing conditions, though when typical it is diagnostic of pyæmia. The writer protests against founding a diagnosis of pyæmia on a single rigor, which may occur in middle ear suppuration without pyæmia. It is sometimes difficult to make the diagnosis from typhoid fever, tuberculosis, or malaria. The inconclusive value of ophthalmoscopic signs, Griesinger's cervical and occipital œdemas is insisted on. Inspection of the exposed sinus is only conclusive if it reveals gangrenous spots on the sinus wall, or fistulæ passing through them. Palpation is equally useless. Pulsation is no criterion of absence of thrombosis. Examination of the contents is recommended as practised either by exploratory puncture or incision, the former in the first instance, and the latter if the former gives no positive result—the presence of pus—it being noted that the aspiration of fluid blood from the sinus does not exclude the presence of thrombus. The chiselling open of the mastoid is the first therapeutic step, and evacuation of extra-dural pus the next, the latter sometimes leading to cure of thrombo-phlebitic pyæmia by stopping the formation of fresh excitants.

When thrombosis has been demonstrated, the sinus should be widely opened and evacuated. "If complete disintegration of the thrombus exists, with firm "central [heartwards] occlusion, and that portion which is opened is filled "with pus and thrombus masses, the evacuation of the pus by incision may lead "to a cure without anything further." As regards the ligature of the jugular vein, the author has arrived at the following conclusions: "The systematic application "of ligation as an integral part of the operative therapy of sinus phlebitis is not "justified. It is an error in pyæmia without sinus phlebitis. A proviso for its applica-"tion is the positive demonstration of sinus thrombosis by examination of the "contents of the sinus. In the presence of a solid occlusion in the direction of the "jugular vein, if evidence is wanting for the assumption of the extension of the "thrombosis into the vein, ligature is superfluous, and, under certain circumstances,