Absolute asepsis in nasal operations is strongly insisted on.

Antiseptics are not available, but the hands and instruments must be aseptic. Cauterization of the middle turbinal should be avoided. Plugging should be done with antiseptic gauze sterilized by steam, and ought not to be left longer in the nose than twenty-four hours. After the cessation of hæmorrhage, the parts should be covered by antiseptic (iodol, iodoform) or indifferent, sterilizable (dermatol) powders.

Dundas Grant.

LARYNX.

Botey.—*Vocal Troubles in Singers, and their Treatment.* "Ann. des Mal. de l'Or.," August, 1899.

This article of eighty pages, written in an easy conversational style, takes the reader into the confidence of a writer who has been intimately concerned for twenty years with the larynx as a professional instrument. Those who have no large opportunity of studying the organ in its relation to the public should not fail to read the paper in the original. The writer appears to be quite free from any special fads with regard to hygiene, respiration and production, and pleads for a more natural training of the vocal function than is now in fashion. He draws a number of clinical pictures of those slight functional (muscular, vascular, secretory, etc.) defects which serve as danger-signals to the observant laryngologist, and indicates the precautions and treatment which they demand. The prenodular stage is clearly described. A quotation may be introduced from the section dealing with this portion of the subject:

"With the head-notes produced by soprani and mezzos the image is more distinct. The trained observer will notice that it is only the anterior three-quarters or two-thirds of the cord which vibrate. The force and amplitude of these vibrations, limited in the highest notes to a section of the cord 8 or 9 millimetres in length, are extraordinarily intense. Consequently soprani, in using the head-notes, expend an energy five or six times as great as that which they employ for the three or four chest-notes which they usually possess. During the production of the head-notes, the point of union of the anterior third with the rest of the cord is constantly the central point or belly of a vibratory oscillation extremely intense, and displaying its greatest amplitude over a surface of 2 or 3 millimetres, exactly corresponding to the seat of election (of the singer's nodule). This rarely occurs in baritones and more rarely in basses, who always use the chest-notes, for here the region of intense vibration extends over a much greater length of cord, for the latter oscillate throughout their entire length and thickness."

Baritones seldom, and basses hardly ever, are subject to nodules. The elements of prognosis, both for nodules and other vocal disorders, are added, as well as various forms of simple treatment adopted with success by the author. Figures are given of his guarded galvano-cautery point, but in the case of nodules he is better satisfied with the results of removal with cutting forceps. In the latter he has had 20 per cent. of recurrences, with the cautery 50 per cent. *Waggett.*

Bournoville.—*A Case of Hysterical Cough.* "L'Écho Méd. du Nord," January 7, 1900.

Amélie X——, twenty years of age, undoubtedly hysterical, had suffered from cough for a year. Larynx, lungs, heart, digestive system, genital organs, kidneys, etc., all appeared perfectly sound. The cough had set in suddenly after a disappointment; it consisted of three or four expirations with a certain rhythm and timbre which never varied. There was no expectoration. The cough was completely absent during sleep. The author discusses the diagnosis of hysterical cough. Treatment by suggestion was successful in greatly improving the condition. *A. J. Hutchison.*

Chiari.—*The Prognosis of Laryngeal Cancer.* "Ann. des Mal. de l'Or.," March, 1899.

During the past eleven years the author has had under his care eighty-three cases of laryngeal cancer. In twenty-five of these cases operation was advised and accepted by the patient. Of the twenty-five eight died shortly after thyrotomy, nine died of recurrence between six and eighty-six months after operation, eight remained cured at periods ranging between twelve and sixty months after operation, six of them having passed the three years' limit.

The author therefore strongly urges thyrotomy in suitable cases, leaving the exact limits of the operation (resection of cartilage or total extirpation) to be decided after inspection. *Waggett.*

Courtade.—*On the Compression of the Trachea by an Aneurism of the Arch of the Aorta simulating Paralysis of the Abductors.* "Journal des Praticiens," October 14, 1899.

The patient, a man aged forty-five, had suffered for from five to six months with considerable dyspnœa on the slightest effort. During rest respiration was calm, but as soon as he walked about he became oppressed in his breathing with stridor, which suggested paralysis of the abductor.

Laryngoscopical examination revealed neither paralysis nor tumour the complaint was due to an aneurism of the arch of the aorta.

A. Cartaz.

Delagénière. — *Tracheotomy in Bucco-pharyngeal Operations.* French Congress of Surgery, Paris, October, 1899.

The writer proposes the systematic performance of tracheotomy preliminary to the removal of naso-pharyngeal polypi. It is thus possible to avoid the flow of blood into the air-passages, as well as tracheal reflex irritation. In two cases in which he has operated in this way, he was able to avoid, in one the danger of asphyxia which would otherwise have been inevitable in view of the violent hæmorrhagia, and in both cases he was able to carry out the enucleation of the tumours completely. *A. Cartaz.*

Feer.—*Bromoform Treatment of Whooping-cough.* "Corr. Bl. Schweizer Aerzte," 1899, No. 19.

The author recommends the bromoform as the best remedy for whooping-cough. He always prescribes pure bromoform 5·0—10·0, and gives three to four times a day $a + 2$ to 4 drops (a means age of child) after meals in a teaspoonful of sugar-water (or in syrup or milk). All cases were cured in a very short time. The bromoform must always be quite fresh. *R. Sachs.*

Flatau.—*Disturbances of Intonation and Loss of Voice: Contribution to the Doctrine of Disturbances of the Voice of Singers.* "Wien. klin. Rundsch.," 1899, No. 29.

The author says that no singer who notices any wrong intonation ought to continue to sing. The singer can feel that a false intonation is beginning when one tone or another only can be sung with forced tension and closing. The treatment must begin as early as possible. The author advises the Faradic current in the moment of phonation; electro-massage with soft compression; residence at the seaside or in middle height of mountains. In very inflexible disturbances he used another kind of treatment: The patient opens his mouth and bends his head a little forwards; then the author very quickly puts one or two fingers of the left hand in the valleculæ, and presses very hard towards the front and a little above. *R. Sachs.*

Lemoine, J.—*Study on Tumours of the Trachea.* Thèse de Paris, 1899.

The writer divides tumours of the trachea into benign tumours (polypoid vegetations supervening after tracheotomy) and malignant tumours (sarcomata and carcinomata, primary and secondary). He has collected 66 cases, which, added to the 22 published by Solis Cohen, make a total of 99. Out of these 99, only 34 were diagnosed by means of the laryngoscope, and in the majority of cases only at the autopsy.

He studies the clinical evolution of these tumours, the symptoms to which they give rise, the diagnosis and treatment. Out of the 26 cases of benign tumours, operation brought about 10 cures out of 14; of the 12 which were not operated on, death resulted in 10.

A. Cartaz.

Lorgnon, A.—*Intubation and Tracheotomy apart from Croup in the Child and the Adult.* Thèse de Lyon, 1899.

In the first part of this thesis the author deals minutely with the operation of tracheotomy, the immediate and subsequent complications, and the methods of dilating stenoses after tracheotomy.

He discusses the question of anæsthesia for this operation, and shows the superiority of local anæsthesia by means of cocaine over general anæsthesia. He compares and describes with care the treatment by intubation, extraction of the tube, complications arising in the process of introduction, removal, etc. He describes separately intubation in the child and the adult, it being very much more difficult in the latter.

The second chapter is devoted to a study of the indications for intubation or tracheotomy which depend upon the nature or seat of the lesion. In stenosis of the larynx, in traumatic lesions and in stenosis of the trachea seated low down, tracheotomy is performed. Intubation is preferable in acute laryngitis, chronic laryngitis, cicatricial stenosis at a high level, and in laryngeal spasms of neuropathic origin. Intubation in cases of angina is more quickly performed than tracheotomy, and ought to be the selected method during gestation and in young children.

In a general way intubation is indicated in stenoses which are accessible to treatment through the larynx and the upper part of the trachea; tracheotomy in stenoses not so accessible, or situated too low down.

In this important work of 650 pages, with 47 figures, there is a résumé of all the cases known, accompanied by a very judicious critical analysis. *A. Cartaz.*

Niel.—*Contribution to the Study of Laryngeal Ictus (Reflex Inhibition of Laryngeal Origin).* "Ann. des Mal. de l'Or.," August, 1899.

In some thirty pages the author deals very fully with the literature of the subject and introduces a few personal cases. Accepting the theory of reflex cerebral inhibition set up by irritation of the superior laryngeal nerve endings, he divides the cases into three classes, according to the degree of inhibition induced:

1. Sudden obscuration of intelligence scarcely perceptible—laryngeal vertigo.
2. Loss of consciousness of five or six seconds' duration, the patient falling, and almost at once rising as if nothing had occurred — true laryngeal ictus.
3. Sudden death following some laryngeal irritation.

The various categories are fully described, a number of illustrative cases being introduced. The cases of sudden death are rare but indubitable, and may follow a blow upon the neck, cauterization of the larynx, or other surgical interference. The diagnosis from true epilepsy is gone into, and some cases cited where epileptiform attacks ceased on the removal of certain laryngeal growths. The various theories regarding the disorder are criticised at some length. Treatment must of course be prophylactic, and concern itself with the neuro-arthritic diathesis which is usually evident, while special precautions in the way of local anæsthesia of the air-passages must be adopted before surgical interference here in the case of patients suspected to be subject to this particular form of reflex susceptibility. *Waggett.*

Otto.—*Case of Chronic Pemphigus of the Mucous Membrane of the Upper Air-passages, and of the Conjunctiva with Atresia of the Larynx.* "St. Petersburg Med. Woch.," 1899, Nos. 26 and 27.

The author concludes that pemphigus chronica mucosæ is a very rare disease. He distinguishes two different forms: firstly, pemphigus bullosa exfolians; secondly, pemphigus adherens fibrinosa. The etiology of this enigmatical disease is still quite unknown. *R. Sachs.*

Rischaevay.—*Case of Complete Adhesion of the Epiglottis with the Root of the Tongue through Luetic Cicatrices; with some Remarks about the Physiology of Swallowing.* "Wien. klin. Rundsch.," 1899, No. 28.

The case showed the already-known fact that the epiglottis is not necessary to prevent food passing into the larynx. *R. Sachs.*

Schrötter, H. v. — *Tumour of the Thyroid.* "Wiener Klinische Wochenschrift," No. 51, 1899.

This case was shown five weeks before by Dr. Schiff, with the diagnosis struma substernalis goïtre "plongeant." The tumour was not seen on quiet respiration—it emerged on coughing; being extremely mobile, the dulness over the anterior mediastinum disappeared along with the shadow on the X-ray screen.

The tumour was removed with cocaine anæsthesia. An incision 15 centimetres long was made, the superficial muscles were divided, the tumour was forced forward by coughing, and grasped with Musseux's toothed forceps, and pulled upwards and to the left. In attempting to fix the tumour in this position, in order to free it from its attachments, the traction caused increased compression of the trachea and dyspnœa. An attempt was made to separate the isthmus; during these manœuvres

the tumour collapsed, there was considerable hæmorrhage with evacuation of red colloid masses. The breathing was improved, the wound, which was the size of a fist, was plugged with iodoform gauze. Breathing for two days was still embarrassed. The trachea, which had been compressed for years, in ten days had expanded so that the bifurcation could be seen, whereas before only the length of the fourth tracheal ring was visible. The wound closed rapidly, breathing is now free. The dulness and X-ray shadow have disappeared. The left recurrent, as before the operation, is still paralysed; the vocal cord is immovable, there is twitching movement of the arytenoid. Microscopic examination confirmed the diagnosis of tumour of the thyroid gland.

Foreign Body in Bronchus. Removal per vias naturales.

The second case was that of a boy twelve years old, who had inspired a lead seal. Röntgen-ray examination showed it at the level of the fourth rib, on the right side of the sternum; physical examination was negative. The foreign body was not seen on bronchoscopy, consequently it was thought to be in the lung-tissue.

A further attempt was made later, and lower down, in the second division of the bronchus, a white body which did not move on coughing was seen. Repeated examinations confirmed its presence in the same position, and that it completely filled the bronchus. An instrument was constructed by H. Reiner, which consisted of a fine pair of toothed forceps, enclosed in a long tube, made as slender as possible, and attached to a Schrötter handle. Everything depended on having protection from the loss of light, as well as a sufficiently strong instrument. The first attempt failed, as the instrument was too short. The end of the tube had to be modified so as to allow the forceps to be opened intratubular. It was also found that under pressure the foreign body completely filled the bronchus. It was slightly moved by a blunt hook, so that there was a small fissure alongside. Then the forceps were introduced open as far as possible under visual guidance, and the foreign body, which exceeded the diameter of the calibre of the tube by about 3 millimetres, was firmly grasped and removed along with the tube. The sitting lasted, including application of cocaine, about fifteen minutes. Its length was chiefly caused by the exact application of the instrument requiring considerable strength, owing to the resistance of the exit angle of the bronchus and the unfavourable calibre of the bronchus. The difficulty was in establishing and maintaining the straight line by lever movement. The strain on the left hand was great; the patient was in no way disturbed. Recovery was uninterrupted. The piece of lead measured 8 millimetres in diameter; the tube was 24 centimetres long, its diameter 6·3 millimetres.

Guild.

Schech. — *Voice affections of Singers and Professional Voice-users.* "Münchener Medicinische Wochenschrift," No. 37, 1899.

This paper, read at the Aerztlicher Verein München, referred principally to the works appearing in the last five years. Schech emphasizes that all functional diseases of the singer or speaker are associated with premature fatigue of the voice. The patients at first complain of subjective sensations of a disagreeable kind, which take place during or after using the voice; later are added objectively perceptible changes of the voice, which affect its purity, power, duration, or timbre; the voice becomes impure, faint, or double-toned;

there results loss of force, or tremolo, or the timbre becomes throaty, thick, or nasal. The causes are very different, and are due partly to defective technique, bad schools, or unhealthy mode of life, partly to diseases of the blood, heart, and other organs, but chiefly to patho logical changes of the larynx, pharynx, nose, and oral cavity.

Guild.

Schmidt, Moritz.—*Early Diagnosis and Treatment of Aortic Aneurism.* "Ann. des Mal. de l'Or.," May, 1899.

This paper admirably reviews the diagnosis, pathology, and treatment of aortic aneurism in its general aspect. In the course of eleven years the author has diagnosed fifty-four cases, in twenty-one of which the diagnosis was confirmed by necrosis, while the sudden death of the majority of the remainder was fair confirmation of the diagnosis. In eight cases cure was obtained. In thirty-eight of the patients, all of which consulted the author on account of hoarseness, left recurrent paralysis was present. In nineteen out of thirty-one cases which were under observation for a considerable period, the symptom of tugging was manifest. Although an absolute history of syphilis was only forthcoming in sixteen cases the author believes that disease to be the cause in the great majority. *Waggett.*

Sokolowski.—*The Changes in the Upper Air-passages by Vitia Cordis.* "Gazeta Lekarska," Nos. 43, 44, 1898.

The author examined fifty cases of this disorder. Only in fifteen were there no disturbances in the upper air-passages, and only in three cases were there no changes of the mucous membrane of the naso-pharynx and larynx. The patients mostly complained of inclination to catch cold, to catarrhal affection of the nose and naso-pharynx. Of objective symptoms the most important was swelling of the turbinated bodies, without obstruction, however, of the nose. A very frequent symptom also was epistaxis. In the pharynx the picture is that of anæmia of the mucous membrane with dilatated bloodvessels. In the tongue and trachea the changes are less frequent, and mostly identical with those of the pharynx. *John Sendziak.*

Sokolowski.—*The Relation of Diseases of Internal Organs to the Disturbances in the Upper Air-passages.* "Odczyty Kliniczne," Nos. 113, 114, 1898.

The author describes the changes in the upper air-passages in chlorosis (anæmia of the mucous membrane—paræsthesia), diabetes mellitus (dryness in the throat—pharyngitis sicca), scrofulosis, which the author regards as distinct from tuberculosis. In this disorder there are mainly hypertrophies of the glandular elements (conchæ, tonsillæ, etc.). The so-called scrofulous ulcerations are mostly of tubercular or syphilitic origin. Finally, in arthritic processes (gout) the changes in the upper air-passages are characteristic (enlarged uvula, etc.). They disappear only under general (causal) treatment.

John Sendziak.