

was shown microscopically to be an epithelioma, extended to the right arytenoid cartilage on the right ary-epiglottic fold. By the operation the lower part of the pharynx, the upper part of the œsophagus, and the whole larynx were removed, but it was not possible to reach the lower edge of the growth in the œsophagus. The patient died eight days after the operation. The post-mortem examination showed parenchymatous degeneration of the organs (septicæmia? iodoform-poisoning?).

The last case was that of a woman aged thirty-four, symptoms having lasted four months, with epithelioma (microscopical diagnosis) beginning at the height of the epiglottis, and reaching so far down that the lower incision by the operation was made at the level of the first dorsal vertebra; besides the whole larynx, a part of the left lobe of the thyroid gland was removed. The laryngoscopical examination showed the larynx entirely free from any symptoms. The patient is living still (February, 1888), fourteen months after the operation, and is doing well.

It will be seen that all the patients were women between the ages of twenty-seven and fifty-one. In all the four new cases not described before, and in most of the other cases, the growth was situated low down in the pharynx. It seems to be difficult to determine how far down in the gullet the growth extends, the examination with tubes giving unreliable results. Inspection through the mouth and external examination of the neck often do not seem to give any result; sometimes, however, the larynx is more prominent than normal. Swelling of the glands of the neck seems to occur late. Examination by the laryngoscopical mirror and digital exploration are the most important diagnostic means. The symptoms were very marked: dysphagia, pains in the throat, often irradiating to the ears, expectoration of mucus and blood, and emaciation.

Holger Mygind.

LARYNX.

SYMONDS, CHARLES J. (London).—**Intubation of the Larynx: A Summary.**—*British Medical Journal*, November 19, 1887.

CONTAINS nothing but what has already been submitted to the readers of the Journal.

Hunter Mackenzie.

PARKEB, RUSHTON (London).—**Case of Partial Excision of the Larynx, Pharynx, &c., for Epithelioma: Eventual Death.** *British Medical Journal*, November 19, 1887.

THREE recurrences of the disease took place within six months. The author concludes by saying "it would have been better, I think, to have excised the entire larynx the first time, but I was then anxious to avoid unnecessary mutilation, but instead had to inflict probably more."

Hunter Mackenzie.

EDITOR OF BRITISH MEDICAL JOURNAL.—Excision of the Larynx for Malignant Disease. *British Medical Journal*, November 19, 1887.

A LEADING article dealing with the position of this operation at the present day. "Altogether, excision of the larynx is a gloomy subject to contemplate. (In carcinoma) as a rule, it appears to mean death; as an exception, it signifies a short but harassed lease of life, with constant fear of recurrence and of lung complications."
Hunter Mackenzie.

STOERK (Wien).—Extirpation of the Larynx for Carcinoma: Communication of a Successful Case, with Restitution of Normal Respiration and Phonation. *Wiener Med. Wochenschr.*, 1887, No. 50.

THE patient had been operated upon in 1873 for papillomata of the larynx. In 1885 he returned with a carcinoma. Tracheotomy had been performed some years previously. Stoerk extirpated, having tamponned the trachea, and removed the larynx, leaving the posterior wall and the epiglottis. The wound was filled with iodoform gauze. The patient could swallow afterwards, and breathed by an artificial larynx. But the laryngeal canula had to be removed after a short time. Now two new bands of mucous membrane exist, by which the patient can speak well. The tracheal canula is now closed.
Michael.

SOLIS-COHEN, J.—The Appearance of a Larynx nearly Twenty Years after the Extirpation of an Epithelioma by External Access. *Medical News*, December 3, 1887.

IN 1868 the author removed a large portion of the left vocal band, and the entire lining membrane of the left ventricle, together with masses of morbid growth, portions of which, removed endolaryngeally, had been pronounced epithelioma, by competent microscopists. Tracheotomy was performed, the larynx opened, the growths removed with cutting forceps, the lining membrane of the ventricle scraped out, and the raw tissues seared with acid nitrate of mercury ($33\frac{1}{3}$ per cent.). Some months later, there being no recurrence, the tracheal canula was removed. In 1879 the author, remarking upon the case in his treatise on Diseases of the Throat, intimated that as the patient had remained so long without recurrence it could not have been epithelioma. A suitable locality was prescribed for the patient to dwell, where he would be free from laryngitis. A few weeks ago the patient called upon the author hoarse with laryngitis, which was speedily relieved. Diagrams of the larynx are appended to the paper to show the present condition. Compensatory tissue does service for the left vocal band, formed from the inferior wall of the ventricle, which has been in great measure obliterated by the eversion. The author believes that much of the success of the case was due to the active scraping of the ventricle.

Wolfenden.

MEISER (Berlin).—**Removal of Endolaryngeal Tumours.** *Inaugural Dissertation, Berlin, 1887.*

AN essay on the question whether such tumours should be removed extra- or intra-laryngeally. The author prefers, in most cases, the extra-laryngeal method, and communicates one case of polypi of the left vocal band removed by laryngotomy.

Michael.

EDITORS OF LANCET (London).—**Cancer.** *Lancet, Nov. 26, 1887.*

AN editorial article, having special reference to cancer of the larynx, and which contains nothing new.

Hunter Mackenzie.

WAGNER, CLINTON.—**The Surgical Treatment of Six Cases of Cancer of the Larynx.** *New York Medical Record, Nov. 26, 1887.*

TRACHEOTOMY was performed in two cases; the epiglottis, which alone was affected, was removed through a subhyoidian incision in a third, and in three other cases tracheotomy, followed by thyrotomy and eradication of the growths, was done. In these four attempts to eradicate the disease, there was a recurrence, and in one of the four the right half of the larynx was removed. Death took place in all of them, at dates varying from three months to two years after the performance of the first operation.

Maxwell Ross.

NEWMAN, DAVID.—**Observations on Seven Cases of Cancer of the Larynx.** *Glasgow Medical Journal, February, 1888.*

FOUR of the cases are new. Three are continuations of cases previously recorded. One of the latter had, in January, 1886, first, tracheotomy, and a fortnight later a complete laryngectomy performed. After recovery an artificial phonatory apparatus was worn, and for some months the patient enjoyed very good health, adding two stones to his weight during the summer. At the end of the year a suspicious swelling was observed below the angle of the jaw on the left side. There was no other evidence nor symptoms of recurrence till Midsummer of 1887, when it was found that the swelling had softened, and a cyst had formed, from which were removed seven ounces of dark brown fluid, containing numerous fatty, irregularly shaped epithelial cells. Some relief followed the evacuation, but the swelling in the neck increased, causing difficulty in swallowing. Emaciation commenced and progressed rapidly. Death occurred from exhaustion on November 2, 1887, twenty-one months after laryngectomy was performed. So far as could be ascertained, there was no recurrence of the tumour in the throat, nor evidence of involvement of internal organs. [It would appear from this that an autopsy was not obtained.] The author strongly recommends the performance of a total or partial laryngectomy in all cases of intrinsic malignant disease of the organ, if the diagnosis has been made sufficiently early in the course of the case to admit of its being hopefully carried out.

Maxwell Ross.

DEFONTAINE. — **Inter-crico-thyroid Laryngotomy.** *Pratique Médicale, October 11, 1887.*

THE author holds, with Chauvel, Marchand, Gosselin, and Gougenheim that inter-crico-thyroid laryngotomy should not be performed in the

case of old men, children, and in certain affections of the larynx in which there is ossification of the cartilages. On the other hand, the operation is preferable to tracheotomy when extension of the head brings on asphyxia, when there is only a small distance between the cricoid and the sternal fourchette, when the vascularisation of the neck is considerable, or the trachea deep. Joal.

ZURLLINGER (Wien).—**Clinical Researches on the Etiology of Chorditis Vocalis Inferior Hypertrophica.** *Wiener Med. Wochenschr.*, 1887, No. 57.

AFTER having reported the different views held on this subject, the author refers to the following case. A woman, aged thirty-two, had an infiltration of the soft parts of the nose. The infiltration was hard like stone, and characteristic of rhino-scleroma. There was also infiltration of the arcus palato-pharyngei and the uvula. There was also a tumour under the left vocal band, which caused aphonia. Half a year later the tumour had disappeared. Michael.

CADET DE GASSICOURT.—**The Dangers of Employing Chloroform in Tracheotomy.** *Soc. Méd. Pratique.* November 3, 1887.

THE author is a strong opponent of chloroform anaesthesia in tracheotomy, and cites a new fact in support of his opinion. A child with œdema glottides was tracheotomized, the first time without chloroform. Fifteen days after, a fresh tracheotomy becoming necessary, chloroform was administered, resulting in the death of the patient. Joal.

CRAWFORD RENTON, J. (Glasgow).—**Case of Tracheotomy.** *Lancet*, November 12, 1887.

A CHILD, aged seventeen months, presented symptoms of laryngitis, which gradually became so intense as to necessitate tracheotomy. The child progressed favourably for three days, when death followed the bursting of an abscess into the trachea. After death, a sharp and prominent projection was noticed on the left side of the neck an inch below the outer side of the wound. On cutting into the projecting part, a pin was found about two inches in length. The pin, it appears, had been swallowed about three months previously (no history of this had been given to the author), had lodged in the œsophagus, and formed an abscess, which first pressed upon, and finally burst into, the trachea. The author points out that this case "illustrates the importance of bearing in mind the possibility of foreign bodies in the larynx, trachea and œsophagus, producing spasm and difficulty in breathing, even when there is no history of such being swallowed to guide us."

Hunter Mackenzie.

SIMON, R. M. (Birmingham).—**Foreign Body in the Right Bronchus; Tracheotomy; Recovery.** *British Medical Journal*, November 26, 1887.

AFTER tracheotomy, the introduction (into the trachea) of an oiled feather was followed by a violent expiratory effort, and the expulsion of the foreign body (a damson stone). The attacks of dyspnoea which

occurred before the operation were attributed by the author to the coughing up of the stone to the glottis. In such cases he considers it best to perform tracheotomy at once, rather than to wait until the foreign body is imbedded in mucus, and fixed by inflammatory action.

Hunter Mackenzie.

BERNARD.—Note on a Case of Tracheotomy performed for Croup under Chloroform. *Progrès Médical*, October 1, 1887.

FROM the success obtained in a case of croup, the author draws the following conclusions:—1. Chloroform anæsthesia induced previously to tracheotomy in croup instantly ameliorates the asphyxia, which generally calls for surgical interference. 2. It enables the surgeon to operate with slowness and security in the most difficult and urgent cases, and probably even without assistance. 3. The anæsthetic can be administered in large doses, by the method of St. Germain, in case of resistance of the patient. 4. Deep narcosis in no way destroys the reflex sensibility of the tracheal mucous membrane. 5. If, in the human being, irritations of the skin of the neck provoke by inhibition a more or less extensive anæsthesia of the integument, this condition does not extend to the deeper parts, whatever may be the opinion advanced by Brown-Sequard on the subject. 6. Chloroform anæsthesia is without effect on the ulterior progress of diphtheria.

ZUCKERKANDL (Graz). — On Asymmetry of the Larynx.

Monatsschr. für Ohrenheilk., 1887, No. 12.

THIS asymmetry is not caused, as Luschka believes, by wearing stiff collars or by traumatic influences, but by an unequal development of the two sides. Not only is the external configuration changed, but there are also internal differences between the two sides. This condition is of forensic interest, because cases might occur in which the question might arise as to the probability of its being caused by strangulation.

Michael.

SOLIS-COHEN, J.—Phonatory Pneumatic Distension, or Hernia, of the Laryngeal Sac. *Medical News*, December 17, 1887.

A CASE of stenosis, due to cicatricial adhesions, had been overcome by intra-laryngeal means. Phonation took place by the use of the ventricular bands. Within a few months the vocal bands became approximated normally in phonation; but if the effort was continued, the bands were forced together, and the sac of Hilton on the left side suddenly bulged forward with an audible jerk into the interior of the larynx, presenting such a picture as if the hyoid bone had undergone dislocation. In another second, the right sac was thrust forward similarly, though less violently. The sac of the left side looked like a globular tumour, the size of a small cherry, paler than the rest of the larynx by reason of distension.

Wolfenden.

ROE, LEGGE A.—Paralysis of the Abductors of the Vocal Cords.

Lancet, November 12, 1887.

A RECORD of two cases. The second case appears to have existed for twenty years without calling for operative interference—at any rate, the

author was unable to find any cause for the paralysis other than an attack of laryngitis twenty years previously. When last seen the respiration was comparatively quiet.

Hunter Mackenzie.

GLEITSMANN, J. W. (New York).—**Traumatic Hæmatoma of the Larynx.** *New York Medical Record*, October 29, 1887.

HÆMORRHAGES from the larynx, produced by undue exertion of the voice, or preceded by catarrh, are not uncommon. Injuries of the larynx followed by bleeding, are, in most cases, the result of severe lesions. A traumatic origin is unusual. In the author's case the patient received a blow from a fist upon the larynx, and immediately began to spit blood, lost the power of speech, and experienced severe pains about the larynx. Blood-spitting continued, and deglutition was painful. There was no fracture of the laryngeal cartilages, but a dark red tumour of the shape of a tongue was observed by the laryngoscope, originating by a broad base on the outer part of the posterior laryngeal wall, covering the right arytenoid and extending over the inter-arytenoid space. The extravasation was beneath the mucous membrane.

The left side of the larynx was normal. The right ventricular band formed an indistinct dark red body, almost covering the vocal cord, and no trace of a ventricle could be discovered. The condition readily subsided under treatment of resolvent and slightly astringent sprays. The interesting feature of the case was the simultaneous extravasation of blood into the external posterior as well as the interior right part of the larynx.

The blow appeared to have caused a fissure of the mucous membrane at the posterior external surface of the right arytenoid, causing hæmorrhage, and the larynx being contused against the spine, an extravasation into the arypeiglottic fold resulted.

Wolfenden.

M. B.—**Laryngeal Spasm with Associated Nerve Symptoms.** *Lancet*, November 19, 1887.

THE writer asks for suggestions for the treatment of the case of a healthy woman, aged twenty-five, married, who from the age of sixteen has been subject to sudden seizures of difficulty in breathing almost amounting to complete asphyxia, without loss of consciousness, but with the development of urticariæ. Recovery usually takes place in from twenty to thirty minutes. (This elicited a recommendation of inhalations of amyl.)

Hunter Mackenzie.

NECK, &c.

EDITORS OF LANCET (London).—**Exophthalmic Goitre.** *Lancet*, November 26, 1887.

AN editorial note, having reference to the associations of morbid conditions in this disease.

Hunter Mackenzie.