

effects of retention, such as pains in the head, etc. These are equally relieved by Réthi's simple treatment. *Arthur J. Hutchison.*

Ripault.—*On the Treatment of Lupus of the Nose.* "Ann. des Mal. de l'Or.," January, 1899.

The writer has had a number of excellent results after the vigorous use of the thermo-cautery-point and knife, the electro-cautery as a rule proving ineffectual. He lays stress on the necessity of deep cauterization of the skin, remarking that the ultimate scar is apt to be less noticeable than the inexperienced would suppose on seeing the great destruction of tissue at the time of operation. He is in the habit of dressing the wound with sterilized gauze and boiled water containing a little naphthol or salicylic acid, the latter being applied cold with some frequency during the first days of reaction and pain. Later a dry dressing is to be substituted. Carbolic lotions cause troublesome erythema. *Waggett.*

Wishart, D. J. Gibb.—*Observations on Adenoids and Enlarged Tonsils, and their Removal.* "Dominion Medical Journal," September, 1899.

This is the history of four years' service at the Hospital for Sick Children, giving the results from 1896 to 1899. During this period there were a total of 103 operations: 47 upon males, 56 upon females. The faucial tonsils alone were enlarged in 16 cases, and the adenoids alone in 14 cases; 24 per cent. were under five years of age, 24 per cent. were over ten years, and 52 per cent. between five and ten years. Sixteen cases were examined several years after operation, and 25 per cent. of these showed some return of growth. There were five cases that had been previously operated upon by other operators. There were two cases in which death occurred from the anæsthetic.

Of the whole number, 47 per cent. had enlargement of both pharyngeal and faucial tonsils. In other words, there was disease of the pharyngeal tonsil in 70 per cent. of the cases, and of the faucial tonsils in 53 per cent.

Of anæsthetics, chloroform was preferred for these operations, nitrous oxide being too brief in its effect. *Price-Brown.*

LARYNX.

Botey.—*Some Small Modifications of the Tracheotomy-tube.* "Ann. des Mal. de l'Or.," February, 1899.

After a number of clinical experiments, the author has arrived at the construction of a tube which for the last three years has proved in every respect satisfactory. The main objects in view have been the production of a tube suitable in shape for use in wounds of varying depth, while avoiding the dangers attendant upon injury of the tracheal lining and the escape of the inner extremity from the tracheal opening.

The result has been the construction of a tube of the quarter-circle shape, but with a terminal prolongation which is quite straight and 1 centimetre in length, the sides of which lie parallel with those of the trachea.

In order to permit of the introduction of an inner tube, the terminal portion of the latter is composed of two or three turns of a spiral metal ribbon forming a flexible tube. A similarly constructed flexible guide is used for the introduction of the instrument.

The author believes in using a tube of the largest size which the trachea will admit, and he adopts, moreover, a slightly tapering form of instrument.

The figures illustrating the paper show various small additions and modifications in the construction of the collar, mouth of the inner tube, obturators, etc. Waggett.

Gautier, L.—*Iodine and the Thyroid Gland.* "Revue Médicale de la Suisse Romande," October 20, 1899.

In an "open letter" to Dr. Jannin the writer discusses the effects of iodine on goitrous patients who are natives of an area of endemic goitre. Some very remarkable cases are reported, in which the administration of minimal doses of iodine (*e.g.*, painting a painful gum with tinct. iodi, dressing an alveolar abscess with iodoform, residence near the sea, etc.) gave rise to symptoms of acute thyroidism. His conclusions are as follows:

1. Patients with latent, as well as those with evident, goitre are liable to thyroidism after small doses of iodine.

2. In Geneva such patients form an important fraction of the population, particularly amongst the upper classes.

3. If in an area of endemic goitre a patient rapidly grows thin without any known cause, it is well to find whether he may not have been taking iodine unawares (dentist, prolonged residence by the sea, natural mineral-waters, etc.).

4. The thyroid cachexia may give rise, in those hereditarily predisposed, to various forms of mental alienation.

5. In a goitrous area a doctor has the right to employ iodine and the iodides, but it is his duty to watch the results of their administration very closely, specially when the dose is small, and when the patient is or is suspected to be goitrous. Arthur J. Hutchison.

Hamilton, H. D.—*Cyst of the Epiglottis.* "Montreal Medical Journal," August, 1899.

A youth of eighteen had dysphagia, nasal voice, snoring and cough, and required to make what he called a "right turn" of his head in swallowing. On depressing the tongue, a bladder-like mass as large as a hen's egg was seen to fill the lower part of pharynx, particularly on right side. Laryngological examination proved it to be attached to upper and right side of epiglottis.

The treatment consisted of evacuating the pale green, gelatinous contents, and injecting a few drops of a 5 per cent. solution of carbolic acid in glycerine and water. The fluid reformed in lesser quantity, and week by week the evacuation was repeated and the injection increased in strength. Four weeks from the commencement of treatment an attack of tonsillitis supervened, after which the cyst wall was lifted out in a sloughing mass. This was followed by complete healing, leaving a flattened surface. There was no recurrence. Price-Brown.

Kraus, H.—*Perichondritis Laryngea in Scarlet Fever.* "Prag. Med. Wochensh.," Nos. 29 and 30, 1899.

In text-books on laryngology references are to be found to laryngeal abscess, submucous and perichondrial, following enteric fever, variola, diphtheria, and scarlatina; but in text-books on general medicine and children's diseases, laryngeal complications of scarlet fever are seldom mentioned. In connection with scarlet fever, Stephen-

son reports three cases of laryngeal abscess involving the thyroid cartilage, Rauehuss four cases of laryngitis submucosa acuta, Franque one case of destruction of the thyroid cartilage, and Leichtenstern two fatal cases of necrosis of the laryngeal cartilages. Kraus gives a full report of the following case :

A boy, eight years old, had a severe attack of scarlatina. On the eleventh day the child answered questions for the first time; his voice was very hoarse, almost aphonic. On the twelfth day complete aphonia, breathing free. On the fifteenth day stridor, which had progressed so far by the sixteenth day that intubation was attempted, but unsuccessfully; tracheotomy was therefore performed, with immediate relief.

Next day a sudden choking fit came on, the cannula was removed, and a large quantity of pus was coughed out through the wound. The pus came from the larynx. From this time on there rapidly developed suppurative bronchitis, bilateral pleuro-pneumonia, hæmorrhagic nephritis, and otitis media supp. acuta sinistr., and the child died on the thirtieth day of the illness.

At the post-mortem examination an abscess cavity, out of which pus flowed into the interior of the larynx, was found on the anterior surface of the plate of the cricoid cartilage, rather to the left of the middle line. The cartilage was denuded of its perichondrium, and was partly necrotic. Whether the abscess was metastatic or not could not be decided.

Arthur J. Hutchison.

Leech, J. W.—*Case of Intrinsic Cancer of the Larynx; Total Laryngectomy; Recovery.* "The Lancet," February 18, 1899.

The patient was a man, aged fifty-seven, with a five months' history of dyspnoea and dysphagia. The local condition is described as follows: "A small pearly, white nodule was seen in the middle of the right cord, while in a corresponding position on the other cord a smaller nodule was just discernible. The two cords, which were markedly hyperæmic, were not so mobile as when seen on the previous occasion, the right being the more fixed." The glands were not involved. No venereal history. The operation was performed on November 6, 1898. Tracheotomy was performed, and the thyroid was split, when the growth was seen to be very extensive, reaching down into the trachea. As the patient was then rather collapsed, and as it was seen that nothing but total extirpation could afford any relief, the patient was put back to bed till November 17, when total laryngectomy was performed, including the cricoid and the first three rings of the trachea. There is a full account of the progress of the case, and of the steps taken to adapt an artificial larynx.

As to the microscopical appearances, on cutting and mounting sections which had been stained in bulk by the picro-carmine method, the growth was seen to present the following conditions. A dense layer of squamous epithelial cells bounded the tracheal surface of the growth, the most superficial of which, having taken the stain very indifferently, were rather indistinct. From the deep surface of this prolongations were to be seen here and there dipping into the subjacent tissues. In a dense stroma of new connective tissue, in which there were marked cellular infiltration and nuclear proliferation, numerous squamous nests of various sizes were seen. These were most abundant towards the free surface of the growth, diminishing markedly in number when followed outwards.

The author summarizes his conclusions, and in view of the interest of these cases we give them in his own words :

"If I may be pardoned for presuming to offer suggestions founded on the experience of one case only, I would like to make the following observations. 1. The advantage of an interval of time between the tracheotomy and the more serious operation, which in this case at least was most marked, cannot be over-estimated. Not only by affording almost complete relief to the dyspnoea and in a less degree to the cough did it effect a profound improvement in the patient's general condition, but also by dividing the shock, as it were, it gave the patient time to rally under immensely improved conditions. The breathing, too, under the anæsthetic on the second occasion, when tolerance to the tube had been established, was much more satisfactory. 2. Seeing that this is an operation *par excellence* where time is of the utmost importance, it is difficult to understand why in most of the recorded cases the operator has usually selected a Hahn's sponge tampon, which necessitates a delay of fifteen minutes for its dilatation. On this account, and because Trendelenburg's tube, which can be immediately dilated, lends itself far more readily to asepsis than does Hahn's, I very much prefer the dilating tampon-tube. 3. The extensive nature of the growth in this case, with the entire absence of glandular involvement, would seem to support Semon's view of the isolation of the laryngeal lymphatics, but, unfortunately, Sappey's anatomical investigations, which have entirely disproved that eminent laryngoscopist's contention, compel one to admit that the question yet awaits a satisfactory solution. 4. The ease with which deglutition was performed almost immediately after consciousness had been regained, the non-necessity for Symond's tubes, and the entire absence of anything like the alarming hæmorrhage which is often encountered in these cases, and which, in this case, might have been excessive, as the patient had a short, stout, muscular neck, I attribute entirely to the adoption of the method suggested by Mr. Henry Morris of freeing the perichondrium and its attachments with a raspator, and avoiding the severance of any muscular structure other than the platysma. 5. The very low tracheotomy which was done in spite of Guessenbauer's contention to the contrary, with a view to secure more ample working space, was afterwards justified by the extensive nature of the growth. 6. Seeing that in cases of malignant disease of the larynx attempts at sampling the growth by intra-laryngeal snaring frequently prove abortive, and, moreover, often stimulate growth, I consider thyrotomy to be infinitely preferable, and that it ought to be performed in doubtful cases, as by this means the extent and nature of the disease are accurately determined, and treatment can, if consent be previously obtained, be carried into effect immediately."

StClair Thomson.

Raviart.—*Subcutaneous Emphysema secondary to Laryngeal Perforation in a Phthisical Patient.* "Société de Méd. du Nord," March 10, 1899.

A man, twenty-three years of age, with multiple tuberculous lesions, tuberculous ulcers of the larynx, tongue and lips, pulmonary lesions with cavities. After a cough, intense dyspnoea with suffocation, and immediately subcutaneous emphysema of face and cervical region, which disappeared in two days. Death some days later through progress of tuberculous lesions.

At the necropsy, large cavities in the two lungs; purulent abscess

under the median cervical aponeurosis; laryngeal perforation in the thyroid membrane. *A. Cartaz.*

Ross, G. T.—*Laryngeal Paralysis.* "Canada Medical Record," July, 1899.

In a lecture on Laryngeal Paralysis, the writer gives the history of an interesting case occurring in a man; age not given. The patient had lived for years in poverty combined with chronic alcoholism. Family history tubercular. Nose, naso-pharynx and pharynx in a chronic catarrhal condition. Epiglottis, ary-epiglottic folds and arytenoids likewise suffering from chronic irritation. Vocal cords of a brownish-red colour, and partially overlapped by the ventricular bands. The anterior half of the vocal cords had lost their mobility, leaving the anterior commissure open during phonation; while in the posterior half abduction and adduction were normal. The position of the cords was like that found where falsetto notes are produced, the glottis being tightly closed behind, but gaping wide in front. It also somewhat resembled the position of the cords in the so-called abdominal notes produced by the ventriloquist. There were no tabetic symptoms, but the man had complained of aphonia for three and a half years. The case was an unusual one, being paralysis of the adductors of the anterior half of the vocal cords. *Price-Brown.*

Scanes Spicer and Stansfield Collier.—*Sarcoma of the Carotid Sheath; Removal of the Growth, together with Portions of the Carotid Arteries, Internal Jugular Vein and Pneumogastric Nerve; Recovery.* "Lancet," Aug. 5, 1899.

The description of this case cannot very well be epitomized, and readers must therefore be referred to the original paper, which contains a valuable table of thirteen cases of tumour, in which operation involved sacrifice of all the structures contained in the carotid sheath. *StClair Thomson.*

Touche.—*The Laryngeal Crisis in Tabetics in Relation with the other Visceral Crises.* "Presse Méd.," No. 69, August, 1899.

Are the laryngeal crises in tabes, frequently or not, associated with other visceral pains and neuralgias? The author has made an inquiry from forty tabetics in his medical department, and he found twelve cases of laryngeal crisis, and eleven of these twelve cases associated with various visceral accidents. *A. Cartaz.*

Weglenski.—*Essay on Rational Treatment of Laryngeal Tuberculosis.* "Presse Méd.," November 5, 1898.

The writer has obtained good results in "epithelial tuberculosis of the larynx" with local injections of the "Neoserum" of Hericourt and Richet. The inflammatory effects must be counteracted by morphine injected locally. Where the larynx is ulcerated, a marked palliative effect has resulted.

He has made use of submucous injections of zinc chloride in cases of infiltration and vegetation, and after trial on his own person has found that the pain and laryngo-spasm due to consecutive œdema may be avoided by adding synthetic guaiacol to the fluid injected. The solutions of zinc chloride used vary from 2 to 5 per cent., and the "pince

seringue" is employed, as also in the case of the serum injections. He describes a new method of making constant application of drugs to the lumen of the diseased larynx.

The apparatus is essentially an intubation tube, which he covers with a jacket of absorbent wool. This is further enclosed in a sheath of double tarlatan, which is securely fixed to the tube by threads passing through small holes in the latter. The complete instrument is dipped into a solution of menthol and introduced into the anæsthetized larynx. Camphorated naphthol is also used, the tube remaining in the larynx for one or two hours. *Waggett.*

E A R.

Cole.—*Some Observations on the Anatomy and Physiology of the Ear.* "The Laryngoscope," August, 1899.

After a brief description of the evolution of the organ of hearing, the author states his theory with regard to the conduction of sound-vibrations to the internal ear. He believes that sound ordinarily passes not through the ossicles and fenestra ovalis, but through the air of the tympanum and the foramen rotundum. Older physiologists have also taught this view. The writer describes a case in which the ossicles and membrana tympani had disappeared through prolonged otorrhœa. The hearing of the right ear was considerably diminished when the otorrhœa ceased after a mastoid operation. Whilst water remained in the ear after syringing the hearing was much improved, but then suddenly diminished. Cotton-wool, placed in the attic and anterior part of the tympanum, acted as the water had done. He then concluded that the wool, as the water, prevented the dispersion of the sound-waves over the attic and antrum, thus aiding concentration, and he constructed a cone-shaped tube to act similarly. Using the tube, this patient's hearing became normal.

Other cases are briefly described.

The tympanic membrane serves, by vibrating in different segments, to aid the appreciation of a multiplicity of sounds, thus differing from the phonograph, whose metallic diaphragm vibrates as a whole, and not in segments. The ossicles are nothing but a system of levers to regulate the tension of the membrana tympani. The tympanum serves the purpose (as the body of a violin) of intensifying or magnifying sounds.

The writer has failed to obtain results in certain cases where the mucous membrane of the tympanum had been substituted by epidermis, the inner drumhead doubtless being thickened. *R. M. Fenn.*

Dioniso.—*Method of Augmenting the Efficacy of Catheterization and of Facilitating the Injection of Liquids into the Middle Ear.* "Ann. des Mal. de l'Or.," February, 1899.

The writer, deprecating the use of high-pressure injection of air and of fluid in cases of Eustachian stenosis, has arrived at the fact that, when the air-pressure is reduced in the post-nasal space, the orifice of the Eustachian tube closely envelops the tip of the catheter, and so prevents the escape of the fluid or air injected.