Valude.—*Ophthalmoscopic Diagnosis of Cerebral Complications in Disease of the Sinuses.* "Arch. Intern. de Lar., Otol., et Rhin.," July and August, 1897.

IN this lecture, delivered in Dr. Luc's clinic, the author describes the characteristic appearances of choked disc and simple papillitis. It has been shown by experiment that the phenomenon of choked disc may be due to intracranial infection, as well as to mere intracranial pressure, such as is caused by the presence of tumours. A choked disc, as well as papillitis, is, therefore, good evidence of intracranial mischief arising from sinus disease, although such mischief need not necessarily be of the most serious character. In proof of this qualification, an instance is related in which mastoid disease was accompanied by some degree of choking of the vessels of the papillæ. Operation proved that the lateral sinus was not invaded, though laid bare by the suppurative process.

The investigations of Berger have shown that some cases of retrobulbar neuritis are dependent on disease of the sphenoidal sinus, from which cavity the optic nerves are often separated by the thinnest shell of bone, or by the soft tissues alone.

In cases of this class—formerly termed "*à frigore*"—vision may be lost in the course of a few days by invasion of the nerve from the infected sinus without any appearance of papillitis or choked disc. The absence of these phenomena is due to their dependence exclusively on true intracranial disease—a circumstance easily explained by anatomical consideration of the blood supply of the optic nerve.

By the spreading of the infection brainwards true intracranial disease may be set up and papillitis follow. Moreover, where the neuritis is permanent in its effects the appearances of optic atrophy will finally develop in the disc. An unfavourable termination is, fortunately, not invariable, sight being often wholly or partly restored; but in these cases of "toxic retrobulbar neuritis" or "*périnèvrite canaliculaire*" the prognosis must always be regarded as serious. *Ernest Waggett.*

LARYNX.

Arslan.—*Early Hereditary Syphilis of the Larynx in Children.* "Arch. Intern. de Lar., Otol., Rhinol.," July and Aug., 1897.

CONFINING himself to the disease as occurring in children under three years of age, the author gives a *résumé* of reports and opinions to be found in literature, and follows with a short account of six cases coming under his observation.

1. That of a child of three years presenting typical manifestations of congenital syphilis. At birth the voice was hoarse, and cough and coryza were present. Laryngeal symptoms slowly increased, in spite of antisyphilitic treatment. The voice was completely lost, and dyspnœa supervened. Tracheotomy was refused, and death ensued. The histology of the larynx is dealt with later.

2. The brother of the above, aged ten months. A few weeks after birth the voice became hoarse, and cough and coryza were present. Direct evidence of laryngeal syphilis was absent, but mercurial treatment was followed by cure in fourteen days.

3. A child of two, in a family where syphilis was suspected, though denied. Hoarseness, cough, and difficulty of breathing, with coryza, commenced during the second month. Symptoms gradually increased, and attacks of dyspnœa occurred. Micropolyadeny was present, but no actual sign of syphilis. Tracheotomy was refused. Thirty days of mercurial treatment removed the dyspnœa and improved the voice. In two months the child was well.

4. An infant of seven months, subject from the fourth month to hoarseness,

https://doi.org/10.1017/S1755146300191644 Published online by Cambridge University Press

difficulty of breathing, and attacks of laryngo-spasm. Micropolyadeny. Cured at the end of two months' mercurial treatment.

5. An infant of two months who, a few days after birth, manifested difficulty of breathing, especially at night, and when crying. Nasal obstruction, micropolyadeny, enlargement of spleen and liver, diarrhœa, and vomiting were noted. No direct evidence of syphilis was present, but suspicious ulceration about the anus existed. Improvement in a week, and cure in two months, of mercurial treatment.

6. An infant of eighteen months still under treatment. Coryza, hoarseness, and attacks of dyspnœa from birth. No evidence of syphilis. Marked improvement after one week of mercury. In none of these cases was a satisfactory view obtained by laryngoscopy.

Returning to the symptomatology of the disease, the author points out that abnormality of voice, varying from hoarseness to aphonia, is invariably present.

When laryngeal obstruction is present it may be permanent and progressive, or subject to paroxysmal exacerbation due to temporary engorgement or œdema. Cough is not a constant symptom. Coryza is nearly always present. Anatomically the lesions are to be divided into the ulcerative and the hyperplastic, the so-called chronic superficial form being the initial stage of both.

Ulceration may be circumscribed or diffuse, deep or shallow, and the right vocal cord seems to be the seat of election. Deep ulcers invade and destroy the cartilaginous structures.

The hyperplastic form of the disease is very rarely met with under three years of age, and consists in a general infiltration and thickening of all the tissues.

Ulceration never occurs in this form, which nearly always has a fatal issue.

The first of the cases described above belonged to this class, and on *post-mortem* examination the larynx was found lined throughout by innumerable vegetations, which, encroaching on the lumen, reduced it to a mere chink.

The cartilages appeared normal, and externally the organ showed no signs of enlargement. A plate is subjoined in which the microscopic appearances in this case are figured. The extreme thickening of the mucosa with its papillated surface is well shown.

With regard to diagnosis, the important feature is the chronicity and the gradual increase of the signs of obstruction, taken in connection with other evidences of congenital syphilis.

The distinction between this condition and ordinary papilloma may be difficult. In the latter, however, the voice undergoes a more rapid alteration, and cough, which is strident, dry, and sometimes like that of croup, is present from the first. In syphilis the cough is often quite insignificant and even absent.

Prognosis should always be guarded on account of acute exacerbations which may supervene, and of the later changes, such as cicatricial narrowing.

The author has found Van Swieten's fluid act well, but if the case is grave mercurial frictions should be employed, and tracheotomy should not be postponed where stenosis is at all marked, or where the dyspnœic attacks are frequent.

Ernest Waggett.

Baudrand.—*Laryngeal Ulcerations after Tubage.* "Thèse de Paris," 1897.

The laryngeal ulcerations after tubage occupy the anterior part of the cricoid ring, or at the inferior part of the arytenoids. They vary in depth and width according to the pressure of the tube and the inflammation of the mucous membrane. The symptoms are, according to their importance, hoarseness, aphonia, glottic spasm, and laryngeal stenosis. In that case it is necessary to give up the tube and make a tracheotomy. *A. Cartaz.*

https://doi.org/10.1017/S1755146300191644 Published online by Cambridge University Press

Fränkel, B. (Berlin).—*The Intralaryngeal Treatment of Cancer of the Larynx.* "Archiv für Laryngologie und Rhinologie," Band VI., Heft 2.

THE author gives a report of the cases in which he has employed this method.

Case 1. Tumour as large as a bean, covering the middle fourths of the right vocal cord and projecting more than two millimètres beyond its free edge into the lumen of the glottis. The growth was snared and the base cauterized. There was recurrence, however; and a year later a second tumour was removed, and nine months later a third. Again, nine months later, there was more pronounced recurrence, the growth involving the anterior region of the true and false cords; and, in addition, a hard gland as large as a hen's egg had appeared on the right side, beneath the sterno-mastoid. The intralaryngeal tumour was again removed by snare and forceps, and was examined by Virchow and pronounced a cancer. The infiltrated gland was subsequently removed, and the examination of it confirmed the diagnosis. After a much shorter interval than formerly there was again recurrence in the larynx. This was very thoroughly removed by the author in June, 1884; but the galvano-cautery, which had been applied at each of the previous operations, was not used. Since then there has been no recurrence; and the patient, who is in his eighty-sixth year, enjoys the unimpeded use of his voice as formerly.

Case 2. A tumour as large as a bean was removed from the right vocal cord of a man aged fifty-seven. It proved to be a carcinoma keratoides. Nothing is known of the further course of the case.

Case 3. The patient, aged sixty-seven, had a growth on the left vocal cord, extending from the anterior commissure half way along the ligamentous part of the cord, and passing about eight millimètres into the subglottic region. This was removed and proved to be a simple carcinoma. Shortly afterwards a slight swelling was observed beneath the glottis anteriorly. Two years later this had increased considerably, and as much of it as possible was removed; its structure was the same as that of the other growth. A few months afterwards the laryngeal tumour had recurred. The patient was now advised to undergo an external operation, but declined. Tracheotomy was subsequently necessary, and the patient died about a year and a half later.

Case 4. A growth the size of a lentil was removed in June, 1887, from the anterior half of the right vocal cord of a man aged forty-nine. This proved to be a carcinoma keratoides. Up to the present (May, 1897) there has been no recurrence, and the patient's voice has been normal.

Case 5. A man, aged fifty-nine, presented a growth involving the entire left vocal cord. This was removed, and on examination found to be a simple carcinoma. There has been no recurrence, but the voice is somewhat weak and rough in consequence of part of the affected vocal cord having been taken away.

Case 6. A tumour was seated on the edge of the right vocal cord at its middle. The long axis of the growth was parallel with the cord, and measured eight millimètres, while from above downwards it measured six millimètres, passing into the subglottic region. The growth was partly removed and found to be a carcinoma keratoides. As it was impossible by intralaryngeal means to reach all that was situated below the glottis, laryngotomy was performed, and the vocal cord extirpated. There was no recurrence up to the time of the patient's death from apoplexy a year and a half later.

Case 7. A man, aged fifty-eight, presented on the surface of his left vocal cord, from the middle to the anterior third, yellowish nodules, which proved to be carcinomatous. The patient underwent a number of intralaryngeal operations. A year and a half, however, after coming under the author's care, laryngotomy was

https://doi.org/10.1017/S1755146300191644 Published online by Cambridge University Press

indicated, and the anterior half of the affected vocal cord, and the subglottic tumour, were removed. The only discomfort the patient subsequently experienced was the care necessary in swallowing to prevent anything passing into the larynx. He was also quite hoarse. There was no recurrence in the larynx. More than a year later the patient returned with a large mass of glands in the neck, which were inoperable. Shortly afterwards he died.

Case 8. A man, aged sixty-six, had a tumour as large as a pea on the left vocal cord. This was radically removed in February, 1896, and examination showed it to be a carcinoma keratoides. In January, 1897, he presided at a meeting, and spoke uninterruptedly for about an hour. In April, when last examined, there was no sign of recurrence.

Case 9. A woman, aged fifty-three, had been hoarse for four months. A tumour-like thickening, involving the left vocal cord in almost its whole length, was found. The patient was operated on by Scheinmann. The growth proved to be carcinomatous. Nearly seven years later she reported that her speech was quite distinct.

Of these nine cases, five have been cured: Case 1, for thirteen years; Case 4, for ten years; Case 5, for nine years; Case 8, for fifteen months; Case 9, for six years. Two cases required subsequent laryngotomy, and of these, one (Case 6) died of apoplexy, but with a healthy larynx, two years after the operation; and one (Case 7) of glandular involvement. One patient (Case 3) died of cancer of the larynx after tracheotomy, four years subsequent to the first intralaryngeal procedure.

In addition to the cases above reported, thirty, collected by Hansberg and Sendziak, are on record, in which cancer of the larynx was treated by intralaryngeal means. If we leave out of account, however, the cases in which the procedure was employed merely as a palliative, and those in which only the epiglottis was removed, there remain twenty-two cases, of which twelve were cured—certainly a brilliant result.

The operation is not at all dangerous, and the result is not surpassed by that of any other method, for the patient not only retains his larynx but is able to speak in a loud distinct voice. The intralaryngeal operation is indicated only when it is possible to remove all the disease, and to reach healthy tissue. If in the course of this operation it is found that appearances have been deceptive, and that it is impossible to remove the growth radically, laryngotomy must be performed. The patient must be kept under observation after undergoing the intralaryngeal operation. If there is recurrence the prognosis is not worse than at first.

The author uses chiefly cutting forceps and curettes. Excepting the galvano-cautery, he regards as applicable, however, any method whereby the tumour can be radically removed. *A. B. Kelly.*

Frankenberger.—*Multiple Papillomata of the Larynx in Children.* "Annales des Mal. de l'Oreille," etc., July, 1897.

A CRITICAL review of various measures to be adopted in these cases. In the author's opinion the choice lies between removal *per vias naturales* or after laryngo-fissure. A case is reported in which the latter proceeding resulted favourably, and with restitution of voice. The danger to that function had to be faced in this instance, on account of the impossibility of getting a good view of the larynx, even under general anæsthesia. *Ernest Waggett.*

Gouguenheim and **Quinard.** — *Surgical Treatment of Laryngeal Lupus.* "Annales des Mal. de l'Oreille," Aug., 1897.

IT would appear that the treatment of lupus by laryngo-fissure has already been

https://doi.org/10.1017/S1755146300191644 Published online by Cambridge University Press

practised by Brondgeest (of Holland), but the present case is the second to be found in literature.

The patient was a boy of ten, with laryngeal lupus secondary to lupus of the skin of the nose, in whom intralaryngeal treatment (curettage and lactic acid applications) practised three times a week for a year had failed to effect a cure. Laryngo-fissure was performed, and the interior of the organ, more particularly the posterior part of the supra-glottic region and the epiglottis, was found to be studded with greyish granulations. The epiglottis was removed entire, and all the granuloma tissue was scraped away with minute care, and with subsequent application of the cautery. In this proceeding the interior of the ventricles was not omitted. On the following day the tampon canula was removed, and in a week the boy could swallow without discomfort. At the time of the operation an infected lymphatic gland was found and removed, and the lupous lesion of the nose was destroyed. At the end of six months no recurrence had taken place.

Microscopic examination pointed to the acinous glands as the starting point in the larynx of the lesion, which was no doubt secondary to that of the skin of the nose. *Ernest Waggett.*

Kollofrath, O.—*Removal of a Piece of Bone from the Right Bronchus "per Vias Naturales," with direct Laryngoscopy.* "Münch. Med. Woch.," September **21**, 1897.

DESCRIPTION of a case. The patient, while eating a pork hash, swallowed a bone. Pain in throat, dyspnœa, cough, etc., at once came on and continued. When first seen in Prof. Killian's clinic the symptoms had subsided considerably. Examination with the laryngoscopic mirror failed to reveal anything indicative of foreign body. Only a short part of trachea could be seen, owing to lateral curvature in it. The bifurcation could not be brought into view.

Prof. Killian then examined with Kirstein's direct laryngoscope (autoscope), and after much twisting about of patient's head, body, shoulders, etc., finally managed to see the bifurcation. Something bright was seen in right bronchus, which might be bone. The patient bore examination with the autoscope extremely well, and it was then found that he could bear having a tube passed right into the larynx. A Mirulicz-Rosenheim œsophagoscope was passed down through the larynx and into upper part of the trachea, and through this the bone was removed by means of a specially made long tube-forceps. One or two small pieces broke off first, but in the end the large piece came away. It measured 17 by 14 by 8 millimètres. *Arthur J. Hutchison.*

Magenau, C.—*On the Value of Phenolum Sulpho-ricinicum.* "Münch. Med. Woch.," September 14, 1897.

IN the clinic of Prof. Jurasz a number of patients have been treated with sulpho-ricinate of phenol, 20 per cent. and 30 per cent. solutions being generally used.

Forty-five of the patients suffered from phthisis laryngea. Of these, seven disappeared after two visits; many who were improved ceased to attend. Of those in hospital the majority had advanced lung disease, and so were not suitable subjects for treatment. Decided improvement was noted in twelve cases, slight improvement in nine cases, no improvement in six cases. Almost all patients felt improved by the treatment; the irritating tickling and burning in the throat diminished, and pain on swallowing grew less; cough also frequently was improved, and voice grew clearer. Ulcers cleared and began to heal. Infiltrations, specially those of the true cords and posterior wall, dwindled. Thickenings over the arytenoids were also seen to diminish. The least effect was obtained in affections of the ventricular bands and epiglottis.

https://doi.org/10.1017/S1755146300191644 Published online by Cambridge University Press

Phenol sulpho-ricin should never be applied to bleeding surfaces, *e.g.*, after curettement, as it simply irritates without doing any good. Again, in advanced phthisis little good is to be expected from phenol sulpho-ricin, but it often produces a subjective feeling of improvement. Cure was not produced in any case.

The author obtained satisfying results also in cases of phthisis of the nose, of pharyngitis and laryngitis sicca, and of pachydermia laryngis.

Arthur J. Hutchison.

Mallard, J., and **Bernand, C.**—*A Case of Typical Laryngeal Paralysis.* "Bull. Méd.," Mar. 31, 1897.

A young woman, aged twenty-one, was admitted into the hospital with typhoid infection. In the course of the disease, after a little hoarseness, she suddenly became violently dyspnœic, which was caused by a paralysis of the posterior crico-arytenoid. At the same time there was paresis of the soft palate. The paralysis gradually disappeared, with diminution of fever and infectious symptoms. The authors believe it was from peripheral neuritis. *A. Cartaz.*

Theodor, F.—*The Treatment of Whooping Cough.* "Archiv für Kinderheilk.," Band XXIII., Heft 4, 5.

The author has tried most of the treatments recommended, and amongst others "vaccination," as recommended by Pestalozza. He has not seen the slightest benefit from this, even in previously unvaccinated children. He applied the treatment in ten cases, four of whom were previously unvaccinated, then gave it up.

His own treatment consists in very carefully treating any catarrhal condition present, keeping the children in the house till all catarrh is gone, and even then allowing them out only in fine weather. In the house they must have two rooms; while one is occupied the other is ventilated, and every now and again thoroughly cleansed out with a five per cent. to ten per cent. carbolic solution. Temperature of both rooms, food, etc., must all be carefully regulated. As an aid to this treatment he gives antipyrin to children under one year, momoform to those over one year, and carbolic masks (ten per cent. to twenty per cent. solution) to those over two to three years. *Arthur J. Hutchison.*

Von Bokay.—*Intubation an Aid to Tracheotomy.* "Archiv für Kinderheilk.," Band XXIII., Heft 4, 5.

If tracheotomy can be done slowly, the sudden difficulties and unpleasant surprises of which we hear so much seldom are met with. In many cases it is impossible to take time, but the operation must be done "at one go" if it is to be of any use. Since 1891 Bokay has adopted the plan of first intubating, then performing his tracheotomy at leisure. While not claiming priority in devising this method, he seems to think he is the first who has used it extensively. He very warmly recommends its adoption by others. *Arthur J. Hutchison.*

ŒSOPHAGUS.

Barling.—*Gastrostomy for Malignant Disease of the Œsophagus.* "Birmingham Med. Review," June, 1897.

Albert's operation is the one recommended, and if it be performed early, before the patient has become exhausted by starvation, the mortality ought not to be above ten per cent.

There is great increase of comfort in living. After this operation it is easy to

https://doi.org/10.1017/S1755146300191644 Published online by Cambridge University Press