

reaccumulation of pus and a long-lasting callous sinus. Some indication as to the rate of healing of the sinus is given by stating that in about three weeks from the time of the operation the wound should be healed.

StClair Thomson.

Pick (Vienna).—*Chorea Pharyngis*. "Monatschrift für Ohrenheilkunde," April, 1902. (Case from Practice.)

A delicate, neurasthenic joiner, aged forty, complained of dryness of the throat and intolerable cracking noises in the ears, like the ticking of a loud watch. The sound was audible through the otoscope, and was due to contractions of the pharyngeal muscles which could be plainly seen through the wasted nasal passages. The soft palate rose and moved backwards, the lateral bands stood out, and the tubal swellings moved about 2 centimetres towards the middle line. There were crusts in the nose, formed by the dried secretions from a deeply-furrowed mass of adenoids—the so-called Tornwaldt's disease. The muscular contractions were no doubt in the first instance voluntary—hawking to dislodge troublesome crusts—and afterwards passed beyond the control of the will. Removal of the adenoids, attention to the state of the mucous membrane, and tonics produced a rapid cure.

William Lamb.

LARYNX AND TRACHEA.

Bronner, Adolph.—*A Case of nearly fatal Intra-laryngeal Hæmorrhage from Papillomata of the Larynx*. "Lancet," April 26, 1902.

Cases of dangerous hæmorrhage from laryngeal papillomata are extremely rare. The notes of the following case may therefore be of some interest:

A strong, healthy man, aged forty-eight years, was seen in June, 1896. He had been hoarse off and on for nearly two years, and was getting worse. There were a large number of papillomata growing from the vocal cords (edges and upper surface) and the ventricular bands. These were removed at intervals of from two to three months. On December 18, 1897, the patient was running to catch a train when he began to cough and to feel choky and had to walk slowly. He spat up small quantities of bright blood. In the train he gradually became worse, the cough was more violent, and he was continually spitting up small lumps of blood, and he felt as if he were going to suffocate. When he arrived at Bradford, twenty minutes after entering the train, he had to be lifted out of the carriage, and was unconscious for from fifteen to twenty minutes. During this time he was violently shaken and brandy was poured down his throat. He coughed up lumps and threads of coagulated blood and froth. He gradually came round, and was taken to a private hospital. He was then breathing rapidly and perspiring freely, and was coughing up frothy mucus and small lumps and threads of coagulated blood; some of the latter were ramified and evidently came from the smaller bronchi. The pulse was 125. There was slight dulness of the base of the left lung and numerous rales and sonorous rhonchi were heard over the bases of both lungs. The upper parts of the lungs were normal. The symptoms gradually cleared up in two days. There were not, and never had been, any symptoms of tuberculosis of the lungs. He said that both lungs felt heavy, especially the left, as though a large piece of lead were pressing on them. For the next

three or four weeks the patient coughed up small lumps of red blood. He says that for some months before the attack he expectorated very small pieces of blood now and then. The author saw him in June, 1898, and could see distinctly a small blood-clot in one of the papillomata of the vocal cords, and there was local hæmorrhage after the removal of the clot. The patient used a formalin spray for some months, and the papillomata then practically disappeared, and there has been no recurrence up to the present time.

The case is a very peculiar one. Of course, the hæmorrhage may have been of pulmonary or intratracheal origin. But the facts that there had been frequent attacks of very slight hæmorrhage without very violent cough, and that the author could distinctly see a small clot on the papillomata seem to prove that the growths on the edge of the vocal cord were the cause of the hæmorrhage. The violent exertion and excitement in catching the train probably brought on a more severe hæmorrhage than usual and also induced a violent spasm of the glottis which, combined with the blood entering the smaller bronchi, nearly proved fatal.

StClair Thomson.

Downie, Walker.—*A Method by which Deposition of Moisture on the Laryngeal Mirror may be prevented without the Aid of Heat.* "Lancet," March 1, 1902.

An ordinary laryngeal mirror is taken, and after polishing it with a soft cloth the surface of the mirror is rubbed or pencilled over with *le crayon anti-buée*. This dulls the surface. The mirror is again wiped or polished with a soft cloth, and the surface will again be clear and bright. It may then be breathed upon without its brightness being affected. After being so prepared the mirror may be used for laryngoscopic examination, and it may be retained in contact with the palate or in any part of the buccal or pharyngeal cavities as long as may be desired, or, as is ever necessary, without the reflecting surface being affected in the slightest degree by the breath-borne moisture. The crayon causes no scratching of the glass, nor does its use interfere with the cleansing and sterilizing of the mirror. This method of preserving a clear, bright, reflecting surface will be found of great service under the following circumstances—namely: (1) in an examination to be made with electric light; (2) where a prolonged use of the mirror is necessary; (3) in examinations made away from home; and (4) in the examination of children whose timidity is so often increased by seeing the mirror held over the flame of the lamp before being used. Dentists may also find the "crayon" to be useful, and the eye-piece of a microscope may be kept perfectly clear and bright, even during a prolonged examination in warm weather.

(*Note by Abstractor.*—The "crayon" can be obtained from most of the dealers in motor-car accessories, as it is often used by automobilists.)

StClair Thomson.

Moure, E. J.—*On Immediate Suture after Operation on the Air-passages.* "Revue Hebdom. de Laryngol.," etc., February 8, 1902.

A child of fourteen months, which had sucked a melon-seed into its trachea, was brought to Moure. He performed tracheotomy, removed the seed, and left a cannula in the trachea. The weather was cold, and the child developed double broncho-pneumonia, of which it died. Moure determined in the future to treat similar cases without any tracheal cannula. In his next case, accordingly, a child of seven

years, that had had a plum-stone in its trachea for seven or eight days, he performed tracheotomy, and, the stone having been expelled during a fit of coughing, allowed the edges of the wound to come together. Two stitches were put into the upper part of the skin incision, and a sterile dressing applied to the neck. The results were perfectly satisfactory. Next day the child could resume its usual mode of life, and by the seventh day the wound was quite healed.

His next case, a boy of seven and a half years, with a plum-stone in the trachea, was treated in the same way with perfectly satisfactory results.

In his fourth case, a girl with a piece of caramel in the trachea, he stitched the cutaneous incision in nearly its whole extent, leaving only a small space at a point opposite the tracheal wound. Coughing and vomiting during the night gave rise to slight emphysema, extending up to the right cheek, but this rapidly disappeared after one or two of the stitches had been removed.

In Cases 5 and 6 the foreign bodies had been in the air-passages fifteen and sixteen days respectively, and had given rise to tracheitis and bronchitis; nevertheless, Moure, after removal of the foreign bodies, closed the tracheal wound with several fine cat-gut sutures passed into the surface of the fibro-cartilage; then he sutured the muscular layer, and finally the skin, leaving a button-hole opening opposite the tracheal wound. There was no emphysema, the wounds were closed in twelve hours, and the children were able to be discharged from the hospital twenty-four hours after the operation.

Moure has employed this method of immediate suture after thyrotomy for epithelioma of the vocal cord. The following is the technique he recommends: The tracheotomy and thyrotomy are to be performed at one time. The trachea having been opened and an ordinary tracheotomy-tube introduced, the crico-thyroid membrane is incised in the middle line, and a long strip of sterile gauze packed through the opening into the upper part of the trachea. The thyroid is then split and opened, the growth removed, and all hæmorrhage stopped by galvano-cautery. The packing and the cannula are then taken out, and the whole wound, from top to bottom, sutured in three layers—firstly the larynx and trachea are sutured with cat-cut; secondly, the muscular layer with finer cat-gut; and, thirdly, the skin with hair, a small opening being left in the last at its lower end, opposite the lower end of the tracheal wound. The only danger in this method of operating is the danger of post-operative laryngeal œdema, but that does not arise suddenly, and if it did come on there would be time to remove one or two stitches from the tracheal wound and to introduce a cannula. Such a procedure has not been needed in any of Moure's cases. On the other hand, the advantages of accurate and immediate closure of the wound are obvious.

Arthur J. Hutchison

Veis (Frankfort, a. M.).—*The Influence of Pregnancy on Laryngeal Tuberculosis.*

The author relates an illustrative case, and advocates the induction of abortion when the lung disease is not advanced. *William Lamb.*