frontal sinus from the nose is, from the above anatomical considerations, condemned as dangerous. The rule laid down by Hajek and others is insisted on, viz., that the maxillary antrum should be in every case explored before interfering surgically with the frontal sinus. Three cases of empyema of the frontal sinus are recorded.

StClair Thomson.

LARYNX.

Barton, Joshua Lindley.—*Diseases of the Trachea, Bronchi, and Lungs, treated by Intratracheal Injection.* "Med. Record," Aug. 1, 1896.

After touching very briefly on the physiology of the trachea, and sketching the history of intratracheal injection as a method of treating diseases of the trachea, bronchi, and lungs since its introduction by Dr. Horace Green, of New York, Dr. Barton sums up his opinions and experience of the method as follows:—

This method of medication has many advantages, viz.:

1. The remedy is applied directly to the irritated mucous surface.

2. It immediately relieves the most distressing symptoms, adding at once to the comfort of the patient.

3. In a certain number of cases the antiseptic effect of the medicine is very pronounced, as shown by the longer interval between the febrile attacks and by their lessened intensity when they do occur.

4. The tracheal and bronchial mucous membrane rapidly absorbs the medication, so that we may expect a general as well as a local effect.

5. We avoid disturbing the patient's stomach with nauseating doses, and shattering his nervous system with opiates.

6. This method of alleviating the most distressing and annoying symptoms does not interfere in the slightest degree with any other line of general treatment which may be deemed advisable.

7. In cases characterized by an atrophic condition of the tracheal mucous membrane, or of pulmonary disease with cavitation leading to retention and decomposition of the secretions, intrabronchial injections will remove the disgusting fetor of the breath consequent upon this condition.

A report is given of ten cases. The remedies injected were europhen and menthol, or guaiacol and menthol in solution in benzoinol.

Of the cases reported, four were tubercular, and under treatment improved greatly; four were cases of laryngeal tracheitis, and all were cured—at least symptoms disappeared; one case of asthma improved, and one of bronchitis with asthma was cured.

A. J. Hutchison.

Bauer.—*Two Cases of Subcutaneous Emphysema during Intubation.* "Pester Med. Chir. Presse," 1895, No. 49.

Of eight hundred cases of intubation, emphysema was observed only in two. (1) In a four-year-old child, who coughed out the tube the next day, which was found obstructed by a thick pseudo-membrane. Next day emphysema arose on both sides of the neck and thorax. This, however, disappeared during the following days. (2) A four-year-old diphtheritic patient, who was intubated. Next day the tube and a great deal of membrane were coughed out. The next day emphysema of the skin of the whole body came on, but disappeared gradually in this case also.

Michael.

Brown, J. Price.—*Clergyman's Sore Throat.* "Amer. Med. Surg. Bulletin," Oct. 3, 1896.

By the term "clergyman's sore throat" the author seems to mean any throat trouble occurring in clergymen (one case of probable malignant disease of the larynx is included). He reports ten cases. All complained of hoarseness and more or less marked weakness of voice. Nasal obstruction was present in all but one case; and the removal of the obstruction, together with some simple spray to the throat, was the only treatment required in the majority. When a granular condition of pharynx and naso-pharynx was present, the treatment used was galvano-caustic. Elongated uvula and hypertrophied tonsils were present in one or two cases; they were cut. In one case an ulcer of the hyoid fossa was found and was treated with lactic acid. In only one out of the ten cases was the disease purely laryngeal. The diagnosis was not certain; it lay between chronic laryngitis and malignant disease. This was the only case in which the clergyman was unable to return to and continue his vocation. In one other case—viz., the one with ulceration of the hyoid fossa—the patient required to take special care of his throat; but all the rest were restored to full use of their voices. The term, "clergyman's sore throat," is misleading, and should be abolished. *A. J. Hutchison.*

Bubere (Wien).—*Foreign Body in the Bronchus. Death from Perforation of the Pulmonary Artery.* "Wiener Med. Woch.," 1896, No. 35.

A PATIENT, thirty-eight years old, complained of hæmoptosis, and for some weeks he had had a cough with copious purulent expectoration. The physical examination showed a normal left lung, but the right side gave all the signs of infiltration. The sputum was fœtid, and tubercle bacilli were not found. Some days later sudden death occurred from hæmoptosis. The *post-mortem* examination showed infiltration of the right lung, and in the right bronchus a piece of wood, which had perforated the bronchial wall and the wall of the pulmonary artery. It was remarkable that the patient did not suspect that a foreign body had entered his bronchus. *Michael.*

Compaired.—*A Case of Influenzal Hæmorrhagic Laryngitis.* "Ann. des Mal. de l'Oreille," May, 1896.

THE patient, a young girl, was feverish, absolutely aphonic, and suffered with repeated coughing attacks, with hæmoptosis. A pronounced hyperæmia of the pharyngo-laryngeal mucous membrane was accompanied by confluent hæmorrhagic points and large vascular patches on the vocal cord, by varicosities and hæmorrhagic points on the ventricular bands, the inter-arytenoid space, and arytenoid regions. Suitable treatment with sprays every three hours of aqueous solutions—antipyrine six per cent. and cocaine one per cent., with tannin and pastilles of menthol, cocaine and chloro-borate of soda—cured the patient eighteen days after the onset. This is probably the most extreme case of such an affection yet recorded. *K. Norris Wolfenden.*

Cott, George F. (Buffalo, N.Y.).—*Erythema Nodosum Trachealis.* "The Med. and Surg. Rep.," Aug. 15, 1896.

THE author applies the above term to a condition which is not a disease *per se*, but a symptom of considerable importance when accompanying that particular lesion of the skin. Erythema nodosum trachealis may prove extremely dangerous to life if it remain unrecognized and the symptoms be treated lightly. This might readily occur, for there may be but slight evidence in the mouth, throat, and pharynx, and none at all in the trachea, as the following case proves:—

The author was hastily summoned to see a gentleman, aged thirty-five, who was suffocating. On his arrival the patient was found sitting in a chair breathing

with difficulty. On making a laryngoscopic examination, mild laryngitis was found, with slight œdema of the false cords, but not sufficient to hide the true cords entirely, which were red and somewhat thickened; the voice was quite clear. The subglottic tissue was plainly visible, but left sufficient room for respiration.

Steam inhalations and cocaine had been used for several hours without benefit. Intubation was then tried with various tubes, but an obstruction was always encountered deep down in the trachea. As the patient was rapidly getting worse, it was decided to perform tracheotomy. While attempting to lead him into another room he suddenly collapsed and became unconscious. He ceased to breathe almost as soon as the table was reached, and the pulse became weak. An incision was at once made down to the trachea regardless of vessels. After a tube had been introduced and the profuse bleeding attended to, he began to breathe feebly. In half an hour he got up and walked to his bed. He afterwards made an uninterrupted recovery.

The early history of this case is as follows:—

The patient, who had enjoyed previous good health with the exception of an attack of rheumatism five years before, first noticed an eruption on his legs, to which he paid little attention. Four days later he felt some soreness in the throat, and that night he had an attack of difficult breathing, which, however, passed off again. Two days later he had a second attack, which lasted four hours, when tracheotomy was performed.

The peculiar eruption noticed over the tibiæ and forearms was diagnosed as erythema nodosum. It went through a typical course, producing successive crops, which no doubt was the case in the trachea also, the first obstruction disappearing and a second forming and nearly causing death. *A. B. Kelly.*

Franklin, Melvin (Philadelphia).—*Intubation of the Larynx in Diphtheria, with Report of Twenty-five Cases.* "Med. News," July 25, 1896.

IN the twenty-five cases there were only three deaths, two from paralysis of the heart and one from pneumonia; six of the cases suffered from nephritis; the tube was left in from two to five days, depending a great deal on the age of the patient. The author advises the use of a spray of 1-5000th solution of mercurie chloride in every case. *StGeorge Reid.*

Galatti (Wien).—*Cicatricial Stricture after Intubation.* "Jahrb. für Kinderheilk.," Bd. 42, Heft 3 and 4.

TWO cases of stricture were observed by the author in thirty-one intubations for diphtheria. (1) A child, aged one year and eight months, was intubated for eleven days; several trials to remove the tube failed, because the stenosis persisted. After the eleventh day the tube was removed, and five days later fresh symptoms of stenosis arose, increasing in severity, and, as tracheotomy was not allowed, the child died a few days later. The *post-mortem* examination showed "*stenosis laryngis post decubitum cum perichondritide cartilaginis cricoideæ ex intubatione bronchitis purulenta, etc.*" (2) A girl, eighteen months old, ill with diphtheria, was treated with Behring's heilserum, but, becoming dyspnœic, was intubated. The child was intubated two hundred and thirteen hours in twelve days. Every trial to remove the tube failed, because the dyspnœa reappeared. As the dyspnœa did not disappear tracheotomy was performed. But a month later removal of the canula was impossible. Laryngo-fissure was next performed by Gersung. The operation showed the larynx to be closed by a cicatrix in the region of the cricoid cartilage. The cicatrix was removed and the new surface covered with transplanted

epidermis, and a double canula introduced. But in spite of repeated dilatation with various instruments the child left the hospital with a canula, and could not breathe by the mouth. *Michael.*

Gibb, Joseph (Philadelphia).—*An Unusual Case of Papilloma of the Larynx.* "Philadelphia Polyclinic," Aug. 15, 1896.

THE growth occupied a position in the locality of the anterior commissure, and was about the size of a small cherry, with a broad base situated between the cords. The peculiarity of the case consisted in the unusual depth of the larynx, all the ordinary laryngeal forceps failing to reach the growth. By means, however, of a specially constructed pair of forceps, resembling Mackenzie's, but with the blades an inch longer and bent at a more acute angle, with antero-posterior movement, the tumour was successfully removed. *StGeorge Reid.*

Glover.—*The Acute Form of Primary Pseudo-Membranous Rhino-Laryngo-Bronchitis. Bacteriological Examination. Autopsy.* "Ann. des Mal. de l'Oreille," May, 1896.

A MINUTE and careful account of a case, a woman of sixty-seven, who died within seven days of the onset. The symptoms commenced with slight shivering, coryza, and bronchitis, resembling a gastric attack accompanied with bronchitis or an influenza of bronchial type. Cough, expectoration, aphonia, increased fever, painful respiration followed quickly. The larynx was covered with thick exudation, disseminated and in large blocks: pseudo-membrane occurred over the base of the tongue, tonsils, uvula, a large part of the soft palate, and anterior pillars of the fauces. This exudation was adherent, and could only be separated leaving the subjacent tissue bleeding and ulcerated; the mucous membrane was everywhere swollen and slightly red. The exudation, stained with gentian violet and Gram's method, revealed only staphylococci. These exudations increased, along with impediment to respiration, until death occurred. The urine was albuminous. A searching *post-mortem* examination was made. It was discovered that the retro-nasal cavity and posterior pituitary mucous membrane were covered with pseudo-membrane. The false membrane occupied the whole tracheo-bronchial tract as far as the third large division of the bronchi: the membrane at places was at least two millimètres thick. In spots where the membrane had disappeared the mucosa underneath was ulcerated. Serum cultures furnished only absolutely pure staphylococcus. Pathologically, the localization of the lesions to the upper respiratory and digestive tracts is an interesting point. Nothing was known as to the etiology, except that the patient had had an influenza a few days before the attack. The case is extremely interesting, as showing a purely staphylococcal invasion.
R. Norris Wolfenden.

Kemenyffy.—*Abscesses following Intubation.* "Pester Med. Chir. Presse," 1896, No. 7.

(1) THREE-YEAR-OLD child, intubated for diphtheria, improved rapidly under serum treatment. Some days later the stenosis reappeared, followed by pneumonia and subcutaneous emphysema. Death. The *post-mortem* examination revealed membranous laryngitis, decubitus of the trachea, and an abscess of the right lobe of the thyroid gland. (2) In a nine-months-old child, intubated for diphtheria, an abscess of the right half of the thyroid gland arose; this was incised, and cure resulted.
Michael.

Koschier (Wien).—*Combination of Tuberculosis and Scleroma in the Larynx.* "Wiener Klin. Woch.," 1896, No. 42.

A PATIENT, fifty-three years old, was healthy ten years ago; then he caught cold, became hoarse, and, later, dyspnœic. In 1894 examination showed infiltration of

both lungs and tubercle bacilli. The nose was filled with greenish secretion, and the naso-pharynx infiltrated; the epiglottis was thickened; the vocal bands were red and covered with granulations; the subcordal mucous membrane swollen and produced stenosis. The treatment was by Stoerk's laryngeal tubes. In 1895 a similar state was found, but complicated with ulcerations on the arytenoid cartilages. Ulceration is never found in cases of scleroma; therefore it was believed that the arytenoid affection was tuberculosis. The patient deteriorated; especially was dyspnœa increased, so that tracheotomy was performed, but the patient died the next day. The *post-mortem* examination of the larynx and pharynx confirmed the diagnosis of laryngeal and pharyngeal scleroma, complicated by tuberculosis of the arytenoid cartilages and of the lungs. *Michael.*

Lohrstorfer, F.—*Laryngeal Papilloma in a Child; Repeated Intubation; Death.* "Med. Record," Oct. 10, 1896.

THE child, aged three, began to have some difficulty in breathing, which at first was attributed to asthma. This gradually grew worse, and when first seen by the author the child was in a condition of dyspnœa like that of acute diphtheritic stenosis. Examination was unsatisfactory; intubation was done, and had to be twice repeated. The third tube was left in three weeks, then removed under chloroform. Extreme dyspnœa at once came on, requiring tracheotomy. Next day the child died during an attack of dyspnœa.

Post mortem.—There was found a broad-based papilloma entirely encircling the interior of the larynx at the level of the cords, and producing complete obstruction. In spite of the last tube having been worn for three weeks, there was not the slightest trace of irritation of larynx or trachea. *A. J. Hutchison.*

Raugé, P. (Challes).—Abstract of Paper read at Congress of Surgery, Paris, Oct., 1896.

THIS series of clinical observations unites, etiologically, almost all the varieties of cervical tumours capable of causing compression of the recurrents and the laryngo motor disturbances which are the mechanical result. From a pathogenic point, the ten personal observations which are embodied in this *mémoire* are thus divided: five cases of thyroid tumour, two of cervical adenopathy, one of cancer of the œsophagus, one of cervical caries, one of aneurism of the aorta. In nine cases the paralysis affected one vocal cord only, five times the left, and four the right; in one, both cords were affected in the case of cancer of the œsophagus. In six cases the vocal cord was in the cadaveric position (complete paralysis); more rarely, in complete adduction four times. In the single case of bilateral paralysis, the cords were both abducted. The symptoms usually accorded with the amount of deformity as seen by the laryngoscope. The cases in which the paralyzed cord occupied the cadaveric position, proved the more often to cause vocal disturbance, and respiratory troubles did not usually exist in cases of permanent adduction. The author observed, in conclusion, that the absence of disphonia in the last category is apt to fail to draw attention to the vocal apparatus, and therefore it is always advisable to hazard a laryngoscopic examination in such cases, and not to invariably suspect the larynx alone in dyspnœic troubles.

R. Lake.

Terrier, Prof. Felix.—*Extirpation of the Larynx.* "Arch. Int. Lar., d'Otol., et de Rhin.," July-August.

THE author commences his lecture with a *résumé* of the history of the operation, and describes in detail the various classical methods employed, which it is unnecessary to repeat here. In dealing with the operation preceded by a preliminary tracheotomy,

he takes exception to the tampon canula as an instrument difficult of sterilization and causing great discomfort to the patient; moreover, it allows of the accumulation of a considerable amount of blood in the space above it. He, therefore, considers it desirable to dispense with the preliminary tracheotomy, and proceeds to describe the operation as performed by Perrier in 1890, with the aid of Collins' canula, which fits like a cork into the truncated trachea. At the termination of the operation the tracheal orifice is stitched to the lower end of the vertical skin incision, the rest of which, with the exception of an opening at its upper end for the passage of an œsophageal tube, is immediately closed by suture. The author points out that, in spite of the fixation of the tracheal opening, some canula is necessary, as the mucous membrane swells after the operation and might embarrass respiration. The author considers it desirable to remove the whole of the cricoid, as the operation is thereby simplified, and as deglutition is apt to be difficult when the unyielding ring is preserved. He is not satisfied with any of the artificial larynges so far devised. The statistics collected by Schwartz (1886) and Pinçonnat (1890) are given, the immediate mortality in each case being about twelve per cent. for total extirpations. With the advance of antiseptic dressing, pulmonary complications arising during the first fifteen days fell from thirty-six per cent. to twelve per cent. between 1886 and 1890. The total mortality in both sets of figures is about forty-one per cent. for total, and thirty-six per cent. for partial, extirpation.

Ernest Waggett.

Turner, A. Jefferis (Brisbane).—*Foreign Body in the Air Passages.* "Australian Med. Gaz.," May 20, 1896.

An infant, aged ten months, while crawling on the floor, was seized with a violent fit of coughing and choking, as if something had been swallowed. Nine hours later another violent choking fit set in suddenly. After the breathing improved the child was sent to the hospital.

The author saw the patient the same evening, and found her sleeping quietly and breathing easily, but with distinct inspiratory stridor. When disturbed, the child's cry was loud and quite unmuffled, showing that there was no swelling of the vocal cords: the stridor, however, became more distinct both with inspiration and expiration. There was no distress in breathing, no recession, and both sides of the chest expanded well and equally.

The infant was inverted, shaken, and slapped on the back, without producing any change in its condition. The trachea was therefore opened and a probe passed upwards into the larynx, where a hard, gritty, foreign body was at once encountered. Attempts to remove it with forceps failed. The wound consequently was enlarged, a small bougie passed from above through the glottis, and the foreign body pushed down to the wound, through which it was readily removed. It proved to be an irregularly-shaped piece of coal cinder, three-eighths of an inch in its longest axis, but very light, and thus capable of being drawn into the larynx by a sudden inspiration. The tracheotomy tube was removed on the second day, and the child was discharged from the hospital on the fourth day. *A. B. Kelly.*

THYROID.

Branca and **Menier.**—*A Case of Epithelial Tumour of the Thyroid Gland, causing Death from Asphyxia.* "Ann. des Mal. de l'Oreille," May, 1896.

The symptoms pointed to retro-sternal compression of the trachea, probably by an aberrant goître, the patient having five years previously had a thyroidectomy.