describes the external operation as now generally performed: opening of the cavity, removal of pathological contents, free communication established with the nose, and packing with gauze. The external skin wound should not be at once completely closed up. To neglect of this he attributes some of the fatal cases which have occurred. The paper is accompanied by a table giving particulars of fourteen cases which were operated on by the external method. *StClair Thomson.*

LARYNX.

Dickerman, Edward T.—*Papillomata of the Larynx in Children.* "Jour. Amer. Med. Assoc.," October 27, 1900.

He had seen five cases, three in private practice, and two in his clinic. In his clinic the ratio was about 1 to 1,200 cases, Schroetter finding it in 1 to 700 cases.

The first case, a little girl, aged six years, had hoarseness following diphtheria two years before, and during the last six months breathing had become difficult. The child's general condition was poor, and the larynx was found nearly filled with a cauliflower growth of pale grayish-white colour. A tracheotomy was done, and five days later thyreotomy. The growth was found attached to the false and true cords, and extended upon the inner side of the aryepligottic fold. It was removed with scissors and curette, and the base cauterized with chromic acid. The mother took the child home four weeks later and the tube was removed. The growth recurred five months later, and tracheotomy was done by the local physician.

The second case, a boy, nine years old, had a sore throat one year before, and during the time had attempted to use his voice for singing. His voice failed him, and since he has been gradually growing worse. A lobulated growth was found springing from the under side and free edge of the left cord, and at the angle extending across to the right cord. He removed the growth, but it recurred. During seven months he operated five times, and after the last operation followed by the use of a 5 per cent. solution of salicylic acid with 3 per cent. resorcin in alcohol, applied daily. For two years the larynx has been free and the voice clear.

The third case, a girl of five years, had part of the growth removed after tracheotomy, and then disappeared from observation for six months, when the growth had disappeared.

In the fourth case, a child of two years, a tracheotomy was done for the dyspnœa and no other treatment. The growth appears to be growing smaller.

The fifth case, a girl of four years, was sent to the hospital to have tracheotomy done, but upon arriving there the child began to cry, and before the tracheotomy could be finished was dead. The growth sprang from the true and false cords, and nearly filled the glottis opening. Deep inspiration had wedged the growth in the chink of the glottis, producing asphyxiation.

After giving a summary of the cases reported in the literature, he makes the following deductions: That papilloma of the larynx is a rare disease, especially in America. In a number of cases they undergo

spontaneous cure. Intralaryngeal methods should always be tried unless dyspnœa is pronounced, when tracheotomy should be done at once. After tracheotomy, intralaryngeal methods should be tried. The patient should wear the tube six months after the growth has disappeared. Thyrotomy should be considered only as a last resort.

Dodd.

Fein, Dr. Johann.—*Treatment of Typical Pachydermia Laryngis with Salicylic Acid.* "Münchener Medicinische Wochenschrift," No. 33, 1900.

A patient was admitted to Professor Chiari's clinic with a history of hoarseness and difficulty in speaking of three months' duration. The appearances were those of a typical case of pachydermia laryngis, which were confirmed by microscopical examination of a fragment removed from the left vocal cord.

He used the following solution: Acid. salicyl. 1·0, aq. dest., spir. vin. aa. 5·0, which was applied with a brush to the larynx every second day. The outgrowths speedily became flatter and smaller, the hoarseness also disappearing. Within three months the growths had quite disappeared, and the voice was quite clear. Treatment was continued at greater intervals for another two months.

Patient when seen again a year later was quite well. *Guild.*

Gibb, Joseph S.—*Unusual Papillomatous Growth in the Larynx.* "Jour. Amer. Med. Assoc.," October 27, 1900.

The man, a labourer, fifty-two years of age, had previously been in good health. The first symptoms began in the winter of 1896—slight hoarseness, and tiring after talking. Soon a slight cough and impediment to free respiration after exertion was noticed. In this condition he came under observation. The pharynx was congested and very sensitive. The mucous membrane of the larynx was red and the cords were congested, but movement was perfect. A pearly-white deposit extended from the base of the left arytenoid body on the lateral wall down to, but not involving, the true cord of this side. It seemed to consist of innumerable fine filaments closely packed together like mycosis of the pharynx. An unpleasant odour was noticed on examination. The deposit, or exudate, was firmly fixed, and could not be brushed off. There was slight œdema of the tissues immediately around it, but little encroachment upon the lumen of the larynx. As the patient had a chancre years before, iodides were given with no result. During the summer of 1897 no changes took place, and very little during the winter following, except a slowly increasing dyspnœa. During the summer of 1898 little was seen of him, but in September a marked change was noted. The breathing was oppressed and noisy, and he seemed much distressed. He said he had not been able to sleep for weeks, because of difficulty in breathing. The growth had increased in extent and bulk, covering the entire left side of the larynx and part of the right side, encroaching upon the lumen so that only a small part of the right cord could be seen. The appearance remained the same glistening pearly-white colour. He entered the hospital three weeks later, when the symptoms were very alarming. A low tracheotomy was done, and a tube inserted. On the third day a purulent discharge developed with high temperature, and he died the next day. Death was probably due to general sepsis following a tracheotomy where

intra-laryngeal surgical work had been previously done. Pieces had been removed some time before for diagnosis, and also an attempt had been made at removal by the intra-laryngeal method, but failed on account of the toughness of the base of the growth.

Pathological examination of the specimen first submitted showed it to be papillomatous in character, but differing from the ordinary laryngeal growth in the large number of horny epithelial cells in the outer layers. Post-mortem, the growth was seen to fill almost all the larynx, but did not extend to the surrounding tissues. A microscopical examination of the growth showed the characteristics of a benign papilloma, though the tremendous proliferation of squamous epithelium and the tendency to the formation of twists resembling epithelial pearls were suspicious.

The quiescent nature of the growth for about two years is worthy of notice, and then its activity and extension within a few months. Is not this the history of a benign growth taking on malignancy, possibly because of intra-laryngeal manipulation in removing pieces for microscopic examination? *Dodd.*

Mayer, Emil.—*Laryngeal Stenosis due to Complication of the Thyroid Cartilages.* "Jour. Amer. Med. Assoc.," Oct. 27, 1900.

The man, aged twenty-five, private, received a wound July 2, 1898, in Cuba, the bullet entering alongside and over the right eye, passing through the superior maxilla downward and backward out through the soft palate and entering the neck. It became deflected here, probably by the thyroid bone, and entered the thyroid cartilage, thoroughly comminuting it, cutting into the œsophageal wall, where, being spent, it dropped into the stomach. He came under observation in December, 1898, in the following condition: Absence of the greater portion of the posterior fold of the soft palate on the right side; the left side was normal. A tracheotomy had been performed in the August previous. In the larynx the infundibulum was seen tightly closed, and not even admitting a small probe. No air passed through, and there were no voice sounds. The larynx was dilated with a Schroetter fenestrated tube, and in March an O'Dwyer intubation tube was inserted. But it would remain only a short time. Finally an opening was made in a large intubation tube opposite the tracheotomy opening, and the solid tube screwed into it, being fastened by a plug to prevent unscrewing. This was left in for two months, and when removed a large space was visible in the larynx. His voice was clear and respiration free. This lasted for ten days, and he then had a severe spell of dyspnœa, and had to be again intubated. Following this dilation with Schroetter tubes was done daily until March 1st, 1900. An intubation tube made without the retaining swell, and with a threaded opening for a screw-piece, was used with a hollow introducer. This could be easily introduced, as the ordinary tube with the solid introducer produced severe dyspnœa. After its use the condition improved very much until June 1st, a year and a half after entering the hospital. The larynx seems to be in good condition. The space is somewhat narrowed, but the vocal cords act well. It is expected that by the use of an intubation tube that will allow deglutition, a prompt cure may be obtained.
Dodd.

McIlraith, C. H.—*Congenital Laryngeal Obstruction.* "Lancet," April 28, 1900. Harveian Society.

Dr. C. H. McIlraith read notes of a case of congenital laryngeal obstruction in which sudden death took place from laryngeal spasm (a specimen of the larynx was shown). The case was that of a female child, aged six months, who had been seen to be suffering from persistent respiratory stridor from the age of six weeks. There were no other cases in the family, and no history of injury at birth or convulsions after. The child had, however, congenital syphilis. The stridor was entirely inspiratory, expiration being noiseless. It varied at different times both in character and in intensity. When the breathing was regular or superficial the stridor was diminished or absent. It was absent during sleep. It was increased when the child's breathing was irregular or deepened, as after crying, and also by changes of temperature, as on taking the child from a warm to a cold room, and to a lesser degree from a cold to a warm room. There were no signs of obstruction. The mucous membrane of the nose and naso-pharynx was generally relaxed, and there was some small amount of post-nasal adenoids present. On examination of the larynx the epiglottis was seen to be sharply folded and incurved on itself. The aryteno-epiglottic folds seemed to extend from the tip of the epiglottis to the tips of the arytenoids as thinned bands, which were closely approximated to one another. Thus the upper aperture of the larynx was reduced to a narrow slit with two small openings, the one at the tip of the epiglottis and the other between the arytenoids. The thin folds seemed quite flaccid, and flapped to and fro on respiration. There was some slight œdematous swelling over the arytenoids. The child died suddenly two months later, apparently from laryngeal spasm. A post-mortem examination had been obtained. The larynx gave appearances much the same as seen during life, except that there were evidences of considerable relaxation of the mucous membrane over the arytenoids. The case was brought forward as one of interest on account of the comparative rarity of the disease, the possibly fatal issue, and as confirmatory by means of post-mortem evidence of the views put forward by Dr. G. A. Sutherland and Dr. Lack.* From the post-mortem appearances it was impossible to consider otherwise than that the stridor was purely mechanical, produced by the valvular action of the upper aperture of the larynx, depending partly on the peculiar malformation and partly on the flaccidity of these parts in infants. If post-nasal adenoids affected it at all it would only be by rendering the tissues more liable to relaxation, and thus producing still more narrowing of the upper lumen of the glottis.

Dr. Herbert Tilley pointed out that Avellis (Frankfort) had stated that in some cases congenital laryngeal stridor was due to pressure on the trachea by an enlarged thymus gland. The condition was (in such cases) at once relieved by removing portions of the gland or stitching it forward on the sternum, or by performing tracheotomy and inserting a long tube which passed beyond the obstruction.

Dr. Lack said that the specimen was an extremely interesting one to him, as it was a further proof of the correctness of the views which Dr. Sutherland and he had expressed as to the pathology of this disease, and quite fatal to the hypothesis of those who had ascribed the disease to adenoids.

Replying to Dr. Tilley, Dr. McIlraith stated that the thymus gland

* "The Lancet," September 11, 1897, p. 653.

was of the usual size, and that in a case of pressure on the trachea by an enlarged thymus which he had seen the character of the stridor was quite different, and was both inspiratory and expiratory, chiefly expiratory. *StClair Thomson.*

EAR.

Haike, H.—*Contribution to the Pathology and Pathological Anatomy of the Middle Ear and Labyrinth.* "Münchener Medicinische Wochenschrift," No. 36, 1900.

The malleus and incus were removed at a radical operation for chronic middle-ear suppuration, and unintentionally the stapes. A small spot continued to discharge, and the secretion showed tubercle bacilli. The plate of the stapes showed slight necrosis. There were no signs of tubercle in the other organs.

Haike has found by examination of the literature on the subject that in all cases of unintentional removal of the stapes in the radical operation where little force was used there was no vertigo, while in intentional removal, or in unintentional where force was used in extraction of the malleus and incus, vertigo has followed. *Guild.*

Heine, B.—*The Special Danger of Acute Purulent Ear Suppuration in Elderly People.* "Berliner Klinische Wochenschrift," No. 35, 1900.

He describes the particulars of several cases with fatal results. The disease develops obscurely; the usual symptoms of mastoid disease are undeveloped or very indefinite; sclerosis of the bone exists, and suppuration progresses towards the top of the petrous portion of the temporal bone, where it may be missed at the operation. Operation must be more frequently undertaken in elderly people where there is pain of short duration over the mastoid, where there is slight depression of the posterior superior wall of the auditory meatus, or where there is severe pain on one side of the head. *Guild.*

Hessler, H.—*Middle-ear Suppuration and Brain Tumours.* "Münchener Medicinische Wochenschrift," No. 36, 1900.

Hessler has collected eighteen cases of brain tumours with ear suppuration from literature, and added one of his own. Case 13 should have been excluded, as the brain symptoms occurred seven years after the cessation of the otorrhœa. The ear suppuration was chronic in most of the cases. He discusses the differential diagnosis between brain tumour, brain abscess, hydrocephalus, and hysteria. The more prominent the ear symptoms, the more likelihood of brain abscess. Those cases of chronic middle-ear suppuration which are complicated with cholesteatoma or necrosis are more apt to lead to brain complications. This fact is of great importance in the difficulty of diagnosis. *Guild.*

Körner.—*Surgical Treatment of Suppuration in the Labyrinth.* "Münchener Medicinische Wochenschrift," No. 37, 1900.

Middle-ear suppuration spreads not unfrequently to the labyrinth. Owing to its connections pus finds its way easily to the posterior