

tion should not be regarded as sufficient since in this case, at least, the first examination was "negative," though the Klebs-Loeffer bacillus was later found without any doubt whatever.

He regards these cases as true diphtheria if this bacillus is found to be present by an experienced bacteriologist, and thinks antitoxin should then be injected even if there are no corresponding clinical symptoms. He has only been able to find two other cases reported of this disease occurring so early in life, otherwise his case does not appear to differ materially from other instances of this disease nor his views and observations from those most generally held.

*Alex. R. Tweedie.*

**Salzwedel.**—*The Treatment of Colds and Chronic Nasal and Pharyngeal Catarrh.* Review in the "Corresp.-Blatt für Schweizer Aerzte," November 15, 1908. Quoted from "Therap. d. Gegenw.," February, 1908; "Centralbl. f. d. Ges. Therap.," Heft 9.

Salzwedel has seen good results ensue by the use of a 0.5 per cent. solution of silver nitrate. He has cured many cases of catarrh which had been of frequent recurrence for some years, and especially such forms as follow attacks of influenza. With the subsidence of the pharyngeal catarrh he also saw other manifestations disappear, which at first sight did not seem to have any causal relation to this condition. Thus, for instance, he noticed recovery from anæmia in children and young girls after such a course of treatment, and even bronchitis and attacks of coughing, the nature of which was attested by cultural experiments, ceased after the application of this solution to the nose.

The treatment is carried out by "pencilling" the interior of both anterior nares as far back as the anterior end of the inferior turbinal (not further), and the whole posterior wall of the pharynx accessible, whilst the patient holds the mouth open and says "ah." The anterior wall of the vestibule is also "pencilled" in the same way. The patient is instructed to incline his head backwards whilst the lotion is squeezed into the nares from a swab, so that the drops run towards the post-nasal space. At first the "pencilling" is limited and only performed lightly; later on energetic swabbing of the recesses of the pharynx is undertaken. In acute cases it is done once daily, rarely twice a day, afterwards treatment every three or four days suffices. Since at the commencement of treatment an increased secretion may take place, it is recommended then only to make this application in the evening about two or three hours before bedtime.

*Alex. R. Tweedie.*

## LARYNX.

**Koch, Dr. Adolf.**—*Annual Report of the Schömberg Sanatorium for 1907.* "Medic. Corresp.-Blatt. des Württemberg. ärztlich. Landesvereins," December, 1908.

In the conclusion of this report is an account of the congestive treatment and treatment by direct sunlight of tubercular disease of the larynx and their results.

By the first-mentioned method patients who had suffered from difficulty in swallowing reported considerable relief almost directly the bandage was put on, this being especially noticeable in cases of affections of the posterior wall of the larynx. A simple black rubber bandage was used about  $1\frac{1}{2}$  inches broad, which was adjusted round the neck below the

pomum Adami in front and carried as low as possible behind. The skin was previously well powdered. It was drawn sufficiently tight so as to be distinctly felt, but not so as to produce any symptoms of giddiness or headache, and was fastened with three hooks and eyes. The initial feeling of constraint soon passed off. On the first day the bandage was put on twice for about one to one and a half hours at a time, and afterwards four times a day for a period of one and a half hours, whilst it was always worn at meal times. It is not said for how many days this treatment was continued.

The treatment by direct sunlight was carried out as follows: An outline of the general anatomical construction of the pharynx and larynx was first given to the patients themselves, or the laryngeal image itself in another patient was shown them, after which they were instructed in the use of the laryngeal mirror, the technique of which was learnt by most of them in a short time, and eventually they were able to see their own larynx without much difficulty. A fairly large reflecting mirror was used with a view to make the procedure as easy as possible, and in addition its upper half was covered with some black material so as to obviate the reflection of the rays into the eyes.

Usually two applications of half an hour each were given, but on hot summer days the treatment was restricted to two or three applications of ten minutes' duration; the rays were not cooled. It was interesting that two patients who had always had a normal temperature, immediately after the treatment on a hot summer day showed a temperature in the mouth of 39.6 C. Within half an hour this fell to their usual temperature of below 37° C. Patients whose temperature was already raised were not submitted to this treatment as it entailed too much exertion. Since October, 1907, up till the issue of the report, twenty-one patients have been treated in this way; three were at the time of writing still under treatment; eight, for purposes of this account the author omits as they had not been long enough under treatment; whilst of the remaining ten a cure was attained in six cases, two were considerably improved, and in two some improvement had taken place.

The lesions which had been observed in the cases reported as "cured" included ulceration of the posterior wall, injection and swelling of the ary-epiglottic folds, the ventricular bands and ary-tænoid region, and infiltration of the posterior wall. In one case there was an ulceration of the right ventricular band, and in one a similar condition on the left vocal cord. The two cases which had considerably improved had an ulceration of the posterior wall, whilst in the two in whom some improvement had taken place there was an infiltration of the posterior wall in one, and an ulcer in the same situation in the other.

The duration of the treatment was from three hours on four days up to sixty hours on seventy-five days.

Although he does not mean to suggest that the other methods of treatment should be given up, the author considers the results are sufficiently encouraging to continue the practice of this form.

He thinks that his experiences justify him in making the following conclusions: That treatment by direct sunlight of tuberculosis of the larynx is suitable for cases of inflammatory conditions which are associated with tubercular foci, for superficial infiltrations and tumours and for surface ulcerations. It is also of use as a method of after-treatment in cases previously subjected to surgical interference.

*Alex. R. Tweedie.*

**Réthi, L.**—*Laryngeal Complications in Multiple Sclerosis of the Brain and Spinal Cord.* (Review by Siebenmann.) "Correspond. Blatt für Schweizer Aerzte," October 15, 1908.

This account is based on the laryngoscopic examination of thirty-eight such cases, two of which were afterwards subjected to an autopsy. Réthi arranges these complications into four groups:

(1) Symptoms apparent to the ear of the observer (scanning speech, lack of inflection, delayed production and incapability of maintaining a note, hoarseness, nasal speech, noisy inspiration).

(2) Paralyzes of the larynx.

(3) Tremors, jerky breathing, spasmodic action of the intrinsic and extrinsic muscles of the larynx.

(4) Impaired sensibility.

The third group is compared to similar appearances occurring in connection with hysteria, chorea, paralysis agitans, and tabes.

*Alex. Tweedie.*

**Smoler, F.**—*A Rare Case of Injury to the Throat.* "Prager med. Woch.," 1908, Nr. 27.

A boy, aged five years, fell down some stone steps with a glass bottle in his hand, and sustained a wound of the left side of his throat, on April 4, 1908. The wound was about 1 cm. long, and situated beneath the thyroid cartilage on the left side between the trachea and the anterior border of the sterno-mastoid. There was no emphysema and no dyspnoea, so the wound was merely dressed and the patient put to bed.

The next morning, on drinking milk, some drops were observed to come out of the wound, so an injury to the walls of the œsophagus was diagnosed, and the boy taken to the theatre. The wound was examined and found to lead down to the œsophagus between the sterno-mastoid and vessels on the one side and the trachea on the other. The mucous membrane of the œsophagus was slightly prolapsed through the wound, and in addition a small slit in the trachea was discovered between two of the rings about  $\frac{1}{2}$  cm. long. As this latter opening was considered prejudicial to healing, and as it was thought dangerous to entirely close the œsophageal wound, a regular tracheotomy was performed in the middle line, the edges of the accident wound merely brought together by a couple of sutures, and a small drainage-tube inserted, its outer end being stitched to the skin, through which the child was fed. With the exception of some bronchitis, which lasted a week, the recovery was uneventful. On April 16 the tracheotomy tube was finally removed, and in a few days the wound was healed. No complications ensued.

*Alex. R. Tweedie.*

**Møller, J.** (Copenhagen).—*Amputation of the Epiglottis in Laryngeal Tuberculosis.* "Zeitsch. f. Laryngol.," vol. i, Part I.

The writer reports ten cases in which this measure was employed. In four of them the laryngeal disease remained completely healed after two years, nine months, four months, and two months respectively. In one of these the disease before the operation not only involved the epiglottis, but was very extensive in other parts of the larynx. After removal of the epiglottis healing was rapid and uninterrupted. One case was still under treatment, the amputation wound being healed but there being other laryngeal disease, which was, however, making good progress. In one case there remained fairly extensive laryngeal tuberculosis, but dysphagia, previously very troublesome, was still absent a year after the operation.

Two patients had died. In another case there was no return of the dysphagia, but the patient died later of cerebral tuberculosis. In two cases the subsequent events were not known, but in one of them when last seen healing was almost complete.

The operation is not a very painful one, although when there is much infiltration the effect of the cocaine is only partial. Alexander's guillotine is an ideal instrument for the purpose.

The writer regards the operation as a very valuable one, and gives the following indications for it:

(1) Tuberculous disease completely or almost completely limited to the epiglottis, when the general condition is good enough to allow of this comparatively slight operation.

(2) Marked dysphagia, without reference to the condition of the larynx and lungs if the dysphagia is probably caused by the epiglottic disease.

(3) Advanced tuberculosis of the epiglottis in cases of more extensive laryngeal tuberculosis, even when there is no dysphagia, provided that lung disease is absent, or so slight that healing or considerable improvement may be expected.

Thomas Guthrie.

## EAR.

**Moy, M.**—*Otitis in Varicella*. "Thèses de Lyon," 1906-7, No. 53.

In 875 cases of varicella Semtschenko noted otitis in 17. This complication, which is most likely to occur in children with large tonsils and adenoids, is due to the bucco-pharyngeal inflammation spreading to the middle ear *via* the Eustachian tube as in other infectious diseases. The aural manifestations of varicella are: (1) Acute otitis media, due primarily to varicella; grave complications may arise, *e. g.* mastoiditis, meningitis, cerebral and cerebellar abscess, and thrombosis of the lateral sinus; (2) recrudescence of old otitis; (3) otitis externa, usually benign, but sometimes followed by mastoiditis and even meningo-encephalitis. Prophylaxis should consist in careful daily ear and throat examination, and in a rigorous bucco-pharyngeal antiseptics.

Macleod Yearsley.

**Ferreri, Prof.** (Rome).—*Labyrinthine Vertigo Caused by Irritation of the Vagus*. "Atti della Clinica oto-rino-laryngoiatrica, del Prof. Ferreri di Roma," Anno v, 1907.

He relates ten histories with many sphygmograms, by which he shows that in persons who suffer from cerebral vertigo the pulse becomes manifestly slow on compression of the *vagus* at the right part (cardarelli). In the others, which were classical aural cases, the line of the pulse in the same conditions of examination did not present any alteration.

V. Grazzi.

**De Carli.**—*A Case of Aural Diphtheria*. "Atti della Clinica oto-rino-laryngoiatrica, del Prof. Ferreri di Roma," Anno v, 1907.

This is the case of a person, about thirty years of age, in whom the *otitis media* was the only manifestation of the diphtheria.

The bacteriological examination gave an almost pure culture of the bacillus. Recovery with Behring's serum (9000 units). The otitic process, which had begun violently, ended in nine days.

V. Grazzi.