

## LARYNX.

**Hanszel, Dr. Friedrich.**—*Therapeutic Notes from Professor O. Chiari's Polyclinic, Vienna.* "Wiener Klinische Wochenschrift," No. 49, 1898.

ORTHOFORM has been used as a powder and as an ointment, 10 per cent. The powder has been used in tuberculosis of the pharynx, epiglottis, and larynx, with satisfactory results where there was pain on swallowing or coughing; in herpes and pemphigus of the upper respiratory tract; after nasal operations; and in empyema of the antrum. The ointment was used with success in eczema of the nasal orifice. Orthoform has proved the best substance at our disposal for relieving pain in ulcerative processes of the upper respiratory tract. Anæsthesia occurs in about three minutes and lasts for five hours. Maximum effect is produced in from half an hour to an hour. It has no effect on the uninjured skin or mucous membrane. In a few cases striking diminution of secretion from the membrane on which it was applied was noticed.

*Iodine and Menthol Vasogen.*

Vasogen is oxygenated vaseline, which has the property that drugs dissolved in it are very easily absorbed. It contains ammonia, which frequently produces too much irritation, especially in the nose. It is manufactured by E. T. Pearson, Hamburg. Formulae are, Iodi resubl. 6·0, vasogeni 94·0; mentholi 2·0, and vasogeni 98·0. The iodine preparation can be recommended as a pigment in old-standing dry catarrh of the pharynx or larynx, and in syphilitic affections. The menthol preparation is of use in hypertrophic rhinitis, if too much irritation is not caused by the ammonia. It is most useful in hypertrophic pharyngeal catarrh, especially in acute and subacute pharyngitis lateralis.

*Emma and Constantinquelle in Gleichenberg.*

These waters were found to have a very favourable influence on diseased mucous membrane of the upper respiratory tract. As regards carbonic acid, the Gleichenberger springs rival the Giesshübler König Otto and the Krondürfer Stephanie springs, the latter of which contains more carbonic acid but less chlorinated soda. The Emmaquelle also contains iodine and bromine; these are wanting in the Constantinquelle, which contains about double the amount of carbonate of iron, also more free carbonic acid and fixed ingredients.

They are used as gargles alone or with an equal quantity of milk. In dry pharyngeal catarrh they aid expectoration and relieve the disagreeable sensations of dryness, feeling of a foreign body, etc. They are also useful in painful catarrhal angina (pharyngitis subacuta).

They are useful for inhalation (especially the Emmaquelle) in chronic catarrh of larynx and trachea, with tenacious expectoration, and in slight cases of phthisis laryngea. They are contraindicated if there is a tendency to hæmoptysis. They may be drunk alone or with milk, and seem to increase the appetite.

*Airol, Traumatol, Xeroform.*

Airol has the greatest drying power. Their antiseptic properties are about equal; they are used as protective powders or impregnated on gauze. Infection of wounds has never been noticed, and although their antiseptic properties are not so powerful as iodoform, unlike the latter,

disagreeable consequences were never noticed. Further, they have no disagreeable odour. The gauze may be used to plug the antrum, but should not be left more than five days. The gauze is also used as tampons for the nostrils after operation. *Guild.*

**Lichtwitz** (Bordeaux).—*A Case of Double Prolapse of the Ventricle of Morgagni. Ablation; Cure.* "Revista de Laringologia," etc., Barcelona, October, 1898.

THIS case is peculiar in the occurrence of the prolapse of the right ventricle two months after that on the left side had been cured by operation.

The patient, a pilot, aged thirty-nine, of good personal and family history, after a violent sneeze felt a severe pain in the left side of the throat, followed by gradually increasing hoarseness. Laryngoscopy showed congestion of the left side of the larynx, and a dull red tumour covering the left vocal cord. The right side of the larynx appeared normal. The prolapsed ventricle was removed by cutting forceps under cocaine in two sittings. The voice returned, and remained clear for two months, when hoarseness again set in, and on examination the right ventricle was found prolapsed and removed in the same way. The patient made a good recovery, and five months later his voice was normal, though he complained of occasional pain in the throat. *James Donelan.*

**Martinez, Emilio** (Havana, Cuba).—*A Case of Respiratory Inhibition of Laryngeal Origin (Inhibición Respiratoria Laringea).* "Arch. de la Policlínica."

THE patient, a girl of nine years of age, suffering from papilloma of the glottis after tracheotomy, was operated on by thyrotomy for removal of the numerous papilloma obstructing the glottis.

After anæsthesia by chloroform, the operation was conducted without an accident; but on scraping the tumours from the larynx with a curette introduced through the thyroid incision, the respiratory movements ceased, and artificial respiration was performed for about five minutes, until normal respiration was re-established. Fearing this accident might be due to the anæsthetic, this was suspended, and after the return to consciousness the scraping was tried again, but the same phenomenon was repeated, and then for over ten minutes it was necessary to keep up artificial respiration. During this accident the pulse preserved its normal rate, but became slow and weak if artificial respiration was abandoned. The operation was suspended. The patient recovered in a few days, and was subsequently operated on through the mouth with the snare on various occasions, freeing the glottis of the tumours that were not scraped out. The tracheal tube was then removed, and at present—one year after the operation—the patient is doing well, and with the exception of some hoarseness, can breathe freely.

The author considers this accident as a clinical proof of the inhibitory function of the superior laryngeal nerve, and confirmatory of Risenthal's experiment, in which irritation of this nerve in animals inhibits the respiratory function. Also, he thinks it is possible that some cases of death from chloroform, not attributed to an overdose, might have been caused in this manner, and proposes local anæsthesia of the larynx with cocaine as a precaution before administering chloroform.

**Uchermann, Professor** (Christiania).—*Laryngitis Rheumatica Circumscripta (Nodosa)*. "Centralblatt für Innere Medicin," No. 39, 1898.

THE criticisms of Professor Goldscheider, Dr. Hirsch ("Deut. Med. Woch.," No. 50, 1898), and Herr Ephraim ("Centralblatt für Innere Medicin," No. 4, 1898) have prompted this paper. Ephraim concludes that one case was acute rheumatism of the crico-arytenoid joint, the other localized catarrh over the arytenoid. Uchermann states that he did not describe acute articular rheumatism and accompanying laryngeal affection, but an acute laryngitis, which is independent of acute rheumatism, and does not end in this disease, but which, nevertheless, rests on a rheumatic basis, is not accompanied by symptoms of catarrh, and exhibits a firm, sensitive infiltration, which disappears quickly with salicylic acid.

He has seen four cases: two had had articular rheumatism some years before, but had had no recurrence; the other two had had rheumatic muscular pain or neuralgia, due to exposure to damp. There is no fever; it is allied to, but not complicated with, cutaneous rheumatism. Catarrh does not occur in these rheumatic forms, and its absence is of importance in differential diagnosis. Inflammation in the crico-arytenoid joint is accompanied by marked œdema; the swelling is more diffuse, and does not show the firm sharp contour of this infiltration, which may also occur on the aryepiglottidean fold without interfering with the movements of the vocal cord. He does not doubt that a similar appearance may occur in articular rheumatism and erythema multiforme. Angioneurotic œdema, which occurs in erythema multiforme (also in urticaria, etc.), may be confounded with rheumatic laryngitis. Gummatous infiltration of the introitus laryngis resembles most closely laryngitis rheumatica nodosa (*sui generis*). The resemblance may be so close that a diagnosis can only be made *ex jurantibus*, as in the following case:

N. N.—, fifty-five years old, baker. After a stay at the coast in bad weather, hoarseness with slight cough, no dyspnœa. Syphilis twenty-five years ago, since then no symptoms of this disease. Slight tenderness on pressure on the left side of the thyroid cartilage. No pain on swallowing. Pharynx is injected and covered with a little mucus. Left arytenoid process markedly œdematous, greyish blue, left vocal cord immovable in the cadaveric position, injection of the false cord on the same side. September 25: Salicylate of soda. October 1: No improvement; iodide of potash. October 11: Vocal cord slightly movable, infiltration has disappeared. October 16: Dismissed cured. He therefore advises in doubtful cases salicylate of soda to confirm the diagnosis. In this case there was no pain on swallowing, otherwise it resembled a rheumatic affection. He has seen a similar case which was rheumatic in a young girl; the part affected was the pharynx. On the right side of the pharynx was a whitish-red, firm, sensitive infiltration the size of a hazel-nut, which, apart from nodosa rheumatica, he would have diagnosed as a gumma. There was no history of syphilis, and it disappeared with salicylate of soda. He differentiates rheumatic laryngeal affections as follows:

1. Acute rheumatism may be accompanied by rheumatic laryngeal affections. They occur most frequently in acute articular rheumatism, and in the form of inflammation of the crico-arytenoid articulation.

2. Independent rheumatic laryngeal affections in people with a rheumatic constitution or predisposition: (1) Laryngitis simplex with

great sensitiveness and injection, slight swelling of the mucous membrane and no catarrh (laryngitis rheumatica simplex—Inglas, Thorner, etc.). (2) Form with infiltration (laryngitis rheumatica nodosa, *sui generis*—Uehermann). (3) Laryngitis rheumatica œdematosa. This form can only be diagnosed from infectious œdematous laryngitis by the history and the rapid improvement with anti-rheumatic remedies. These forms also occur in the pharynx. Guild.

### E A R.

**Cozzolino, Prof.** (Naples).—*On some Operations for Primary Thrombo-Phlebitis of the Jugular and Transverse Sinuses, and for Otitic Extra-Dural Cerebral and Cerebellar Abscesses.* "Bolletino delle Malattie dell' Orecchio della Gola e del Naso," Florence, September and October, 1898.

PROFESSOR COZZOLINO gives a summary of thirty-six cases in which mastoidotomy was performed with success for the cure of pyogenic processes in the cavities connected with the tympanum, and details of six cases in which, owing to extension of the infection, aural surgery had to be supplemented by endocranial measures.

The following is a brief summary of the leading features of these cases and of the operator's remarks :

*CASE I. Primary Thrombo-Phlebitis, or rather Acute Streptococcic Phlebitis from Circumscribed Osteomyelitis of Portion of the Walls of the Tympanum and Mastoid.*—The patient, a carpenter, aged thirty, underwent myringotomy for acute phlegmonous median otitis, but the pain and fever continuing, with signs of endo-mastoiditis, antrotomy was performed next day, evacuating pus which, like that from the myringotomy, yielded a pure culture of streptococcus. The fever persisting, some small cells were laid open, and perfect drainage established through the tympanum. During this operation the patient developed remarkable hyperæsthesia of the right cervico-lateral region, slight friction producing contractions of the muscles of the neck and limbs of that side. Pain, increasing from below upwards, was elicited along the anterior margin of the sterno-mastoid, and though there were no rigors and no other local symptoms, primary phlebitis of the bulb of the jugular was diagnosed. Next day, as there was some paresis of the right arm, the jugular and some of its affluents were ligatured. No thrombi were found, but they were choked with pus which yielded a pure culture of streptococcus of unusual virulence. The transverse sinus was normal in appearance and movement and the blood, removed by exploratory puncture, normal. Temperature fell next day to 38° C., but fever persisted to the seventh day from ligature, when it rose to over 40° C., preceded by rigors. No signs of metastasis, but the patient died two days later, having been unconscious for twenty-four hours.

*Post-mortem.*—Remarkable inflammatory thickening of the walls of the bulb, which did not, however, extend below the resected portion of the vein; some affluents of the jugular also infected. None of the paired or unpaired sinuses of the dura-mater were involved, and the walls of the sigmoid sinus were unaffected as far as their passage through the foramen lacerum. On the other hand, the cerebral symptoms were explained by a purulent lepto-meningitis of the convexity of the right anterior cerebral lobe, and of part of the left