LARYNX, Etc.

Denault.—*Syringomyelia, with Serious Laryngeal Symptoms.* "Ann. des Mal. de l'Or.," May, 1898.

The case of a girl of twenty-two with the usual symptoms of syringomyelia, which are reported in full in the original. In 1893 a goître was first noticed, and soon afterwards the sensory phenomena of syringomyelia commenced. In 1896 laryngeal symptoms commenced, with cough, and in 1897 nocturnal dyspnœa became pronounced, so that the goître was extirpated on the assumption that this was causing pressure symptoms. Slight relief was afforded by the operation. Late in the same year deglutition became embarrassed. The author saw her at the end of 1897, and found the dyspnœa to be due to paralysis of the cords, which on inspiration were not separated more than 2 millimetres posteriorly, the edges being somewhat concave. The right half of the palate was paralyzed. Laryngeal and pharyngeal reflexes were somewhat exaggerated. *Waggett.*

Gaudier.—*Typical Hyaline Myxoma of the Larynx.* "Ann. des Mal. de l'Or.," April, 1898.

A smooth, translucent, pedunculated polyp growing from the anterior commissure in a man of thirty-four. Symptoms of three years' duration. The growth was the size of an almond, and had all the appearance of a nasal polyp.

Microscopic examination: Stratified squamous epithelial covering, in direct continuity with a matrix, showing a few bloodvessels and containing cell nuclei of various forms, with a fine network of delicate anastomosing fibrillæ. At certain spots the cells were arranged in clumps. *Waggett.*

Griner, A.—*The Recurrent Paralysis.* "Thèse de Paris," 1898.

An excellent critical review, based upon Lermoyez's report to the Parisian Laryngological Society. Under the term of recurrent paralysis Griner includes only the laryngeal paralysis caused by organic lesion of the recurrent nerve or bulbar and cortical roots; the hysterical and muscular paralyses are not studied in the pamphlet.

After a good and elaborate account of the innervation of the larynx, Griner studies the recent researches on bulbar or cerebral centres. He denies the middle laryngeal nerve, Esner's nerve, and his preference is for Rosenbach-Semon's theory on primary paralysis of abductors.

The paralyses are divided into cerebral, bulbar, and peripheral. Griner studies in particular every sort, debates the symptoms and differential diagnosis, and concludes that recurrent paralysis is grave because it is the ordinary manifestation of serious and frequently incurable disease. *A. Cartaz.*

Hartley, John.—*Rebreathed Air as a Poison per se.* "Lancet," September 17, 1898.

The modern treatment of phthisis is made up of three essential factors: (1) The discontinuance of the supply of bacilli from without; (2) the abundance of nutritive material for the tissues; and (3) the supply of an abundance of fresh air uncontaminated by the products of respiration. This seems to mean that the tissues, if not too enfeebled, may be trusted to deal with the bacilli already present if their

metabolism is kept going at high pressure. Rebreathed air and sewer gas should not be looked upon as mere carriers of accidental poisons, but as poisons *per se*. Hence the writer enters a strong plea for thorough ventilation—a different thing from the small trickle of air supplied by the tiny "ventilators" which are so hopelessly inadequate.

StClair Thomson.

Lermoyez.—*Benign Incurable Recurrent Nerve Paralysis.* "Ann. des Mal. de l'Or.," April, 1898.

The case of a lady of thirty, showing the left cord in the cadaveric position. Going carefully into the history, it became evident to the author that this condition had existed for some twenty-seven years, and was the sequel of an attack of measles at three years of age. Examination of the chest indicated the presence of some induration in the upper part of the thorax, due to former adenitis of the tracheo-bronchial glands. *Waggett.*

Percepied, E.—*Laryngeal Ictus.* "Normandie Méd.," February 1, 1899.

Report of twelve cases of laryngeal ictus: five patients were asthmatic or emphysematous; one had hay fever; four had bronchitis and emphysema, two were tuberculous.

In three cases, the patients were great smokers; eight had chronic pharyngitis; five hypertrophy of turbinated bones.

Percepied admits Merklen's theory on the etiology of these laryngeal crises, and advises the use of antipyrine. *A. Cartaz.*

Sainsbury, Dr.—*Case of Acute Membranous Laryngitis in a Child, requiring Tracheotomy and Intubation. Recovery.* "Lancet," October 8, 1898.

A child was admitted to hospital suffering from laryngeal obstruction. No membrane was found in the fauces, and a culture from the pharynx was negative so far as regards Klebs-Löffler bacillus. The breathing became more difficult, so that tracheotomy was required. Later on attempts to do without the tube were unsuccessful on account of the dyspnœa which supervened. This was overcome by wearing an O'Dwyer intubation-tube for twelve hours.

The case is well worthy of being recorded, especially in connection with the very similar case reported in the "Lancet" of August 13. Although the failure to find the bacillus of diphtheria is no certain proof of the absence of that disease, yet if the examinations have been careful and numerous we are fully justified in saying that the case is in all probability not diphtheritic. Theoretically it is by no means impossible for an inflammation caused by streptococci to be accompanied by a membranous exudation; all that is required is that the inflammation should be of sufficient intensity to give rise not merely to a "serous" exudation, but to an exudation which can coagulate. In the analogous case of inflammation of the serous membranes the degree of coagulability of an exudate varies greatly. There is much to be said in favour of the view of the existence of a membranous laryngitis not due to the Löffler bacillus, but its existence can only be proved by the putting on record of all cases which have been carefully observed and bacteriologically examined.

This case presents one or two points of special interest. In the first place, it would seem to be an instance of a non-diphtheritic membranous laryngitis arising independently of any direct damage to the part, as by

scalding or other form of mechanico-chemical irritation. In favour of this conclusion there are (1) the negative results of cultures taken from the fauces and the direct negative examination of the membrane coughed up; (2) the absence of any albumin in the urine; (3) the absence of any paralytic sequelæ; and (4) the fact that no history pointing to contagion could be obtained. Non-diphtheritic membranous laryngitis, contended for by many, amongst others by Fagge, denied by many others, and in any case regarded as a rare event, would seem to have been present here. In the next place the case is of interest on account of the speedy relief, obtained by intubation, of that troublesome condition which makes it sometimes so difficult to remove the tube after tracheotomy. It is not a question here of discussing the relative merits of intubation and tracheotomy, and the case is an instance simply of the value of intubation as a supplement to tracheotomy. Lastly, assuming the case to have been non-diphtheritic, we may note the complete harmlessness of 8,000 units of diphtheria antitoxin. *StClair Thomson.*

Wishart, Gibb.—*Coin in Larynx; Tracheotomy; Recovery.* "Canad. Lancet," October, 1898.

A foundryman, aged forty, who was holding a ten-cent piece between his teeth, accidentally drew it into his larynx. He was seen by the doctor eighteen hours after the accident. There was neither weakness nor dyspnœa. On examination, the coin was found lying on the anterior half of the vocal cords, held down by the ventricular bands above. All attempts at removal being ineffectual, local anæsthesia was produced by injecting Schliech's solution into the cellular tissue over the thyroid. The two upper rings of the trachea and the lower part of the cricoid were then severed, and the coin was successfully removed through the opening by means of curved forceps. The patient made a good recovery. *Price-Brown.*

EAR.

Barkau, A. (San Francisco).—*Chronic Otitis Media Purulenta. Abscess in the Temporo-sphenoidal Lobe, followed by Purulent Leptomeningitis. Operation; Death.* "Archives of Otology," vol. xxvi., No. 4.

In this case the symptoms had become very extreme before it came under the writer's care. (The temperature was higher and the pulse more rapid than usual in uncomplicated abscess.) The abscess was discovered and evacuated, but death occurred from purulent meningitis. *Dundas Grant.*

Biehl.—*Cholesteatoma of the Middle Ear.* "Wien. Klin. Rundsch.," No. 29, 1898.

Historical review on the genesis of cholesteatoma. *R. Sachs.*

Druault.—*Sarcoma of the Internal Auditory Meatus.* "Ann. des Mal. de l'Or.," August, 1898.

The patient, a girl of seventeen, developed at the age of ten facial palsy on the right side, together with headache. Under electrical