

LARYNX.

Gavello, G.—*The Paralysis of the Vocal Cords in Mitral Affections.* "Bolletino delle Malattie dell Orecchio," etc., Florence, November, 1905.

The author mentions the common causes of pressure in the laryngeal nerves from cardio-vascular disturbances. A new possible factor was indicated in 1897 by Ortner, who affirmed an etiological relation between paralysis of the left recurrent and mitral stenosis. He described two cases in which with mitral stenosis and marked dilatation of the left auricle there was complete paralysis of the left recurrent. The author mentions one case reported by each of the following authors—Kraus (Graz), 1900; Hoffbauer, 1902; Syllaba (Prague), 1903; Alexander, 1904; Sheldon, 1904. In all these the left recurrent paralysis resulted from stenosis of the mitral valve. He also gives details of a case of his own occurring in a woman aged nineteen. The author does not consider sufficient the view of Ortner, that the paralysis is due to direct pressure on the nerve by the dilated auricle, but inclines to the theory of Kraus and Hoffbauer, that it is due to a general descent of the heart and a dragging down of the aortic arch causing pressure on the recurrent and consequent degeneration.

James Donelan.

Gavello, G. (Turin).—*On the Laryngeal Disturbances in Syringomyelia.* "Archiv. Ital. di Otologia," etc., Turin, November, 1905.

A very careful and detailed account of the general and laryngeal features in the case of a woman aged thirty-one occurring in the clinic of Prof. Gradenigo. The right vocal cord was fixed in the cadaveric position, and the left in the median line in respiration, passing beyond it on phonation. The cases of several authors are referred to. There was no paralysis of the trapezius or of the sternomastoid, and these reacted normally to the galvanic current on both sides. The author points out that while from the researches of Grabower, Exner, and others, one is inclined to admit the absolute independence of the laryngeal motor innervation of the eleventh pair of nerves against the old theory of Claude Bernard, the latter tends to come into vogue again, being supported by the recent observations of van Gehuchten, who, by the study of the degenerations, has demonstrated the existence in the inferior laryngeal nerve of a number of fibres coming from the spinal accessory.

James Donelan.

Ferreri, G. (Rome).—*A Contribution to the Treatment of Laryngeal Tumours.* "Archiv. Ital. di Otologia," etc., Turin, November 5, 1905.

The author contributes a long and profusely illustrated paper on the removal of laryngeal growths by endolaryngeal means. The paper is too detailed to be treated adequately in an abstract.

James Donelan.

ŒSOPHAGUS.

Stewart, John (Halifax).—*Obstruction of the Œsophagus.* "Maritime Medical News," vol. xvii, September, 1905.

The writer defines obstruction of the œsophagus as any interference with its function, no matter what the degree or cause. Then follows a lucid anatomical and physiological description of the gullet, with its relations. The results of several biological experiments are also given. For instance, if the œsophagus be divided transversely, peristalsis of the lower end will result from stimulation of the mucous membrane of the pharynx, while stimulation of the lower segment of the tube will not be

followed by any movement. Again, section of both vagi is followed by spasm of the œsophagus, whereas paralysis might be expected. He explains this by the statement that "the vagus contains inhibitory fibres which restrain the constricting action of the sympathetic ganglia in the œsophageal wall."

The classical varieties—obstruction within the lumen, obstruction from external pressure, and obstruction due to changes in the wall—are described.

In speaking of the difficulties in diagnosis, he refers to instances in which bougies have been passed down the œsophagus to the stomach without discovering foreign bodies, such as coins, which at the time were lodged within the passage. In these instances the use of the X rays should clear away the difficulty. In other cases the passing of bougies may be easy at certain times and impossible at others. An illustrative case is given. At the *post mortem* a loose piece of malignant tissue at the lower end of the œsophagus was found to have acted as a valve, at one time closing the lumen of the tube, while at another it passed within the stomach, leaving an open gateway.

As an instance of the benefit to be obtained from gastrostomy in selected cases, one of cicatricial stenosis of the lower end of the œsophagus is described. It occurred in a boy aged twelve after swallowing concentrated lye. Gradual but painless contraction took place, until finally the smallest bougie could not be entered. At the time of operation the patient's temperature was subnormal, his pulse small and rapid, and his extremities cold. Witzel's operation was done. A large urethral catheter with funnel attached was stitched into the stomach and food was introduced. Eight years later the patient, well and rugged, still fed himself through the tube. After masticating his food with relish, he dropped it through the artificial gullet into the stomach regularly at each meal.

In all cases prognosis should be guarded. An instance is related in which death occurred from malignant stricture at the age of eighty-four, forty years after obstruction of the œsophagus first made its appearance, another in which simple cicatricial stricture produced death at seventy-four, in a man who all his life had suffered more or less from obstruction.

Finally, the writer lays down the law that once sure of the malignant nature of the obstruction, no attempt should be made to dilate the stricture. (*Even in these cases the careful and judicious use of the bougie will often give comfort to the patient and prolong his life.*—ABSTRACTOR.)

Price-Brown.

E.A.R.

D'Aiutolo G. (Bologna).—*A very Simple and Efficacious Aural Masseur.* "Bolletino delle Malattie dell' Orecchio," etc., Florence, November, 1905.

The author forms a piston by wrapping cotton-wool round a probe, and having dipped it in an oily antiseptic solution, introduces it in the meatus, where it is worked to and fro. He claims to have found it useful in cases of abnormal adhesions of the membrane and ossicles, and for the application of various solutions in chronic suppurative median otitis, in the withdrawal of plugs of cerumen, and other affections.

James Donelan.

Limonta, G., and Gavazzeni, S. (Bergamo).—*The Treatment of Ménière's Disease.* "Archiv. Ital. di Otologia," etc., Turin, November, 1905.

The authors discuss the causes, symptoms, and treatment of this