

anterior half of the dorsum, about the size of a pin's head, becoming white and vesicular later on; the latter he has also noticed on the inside of the mouth and soft palate. He refers to the bacteriological examination in cases of diphtheria, and is of opinion that microscopic and culture evidence cannot be relied on without confirmation by means of inoculation. *St. George Reid.*

**Troguart.**—*Two Cases of Adeno-Phlegmon of the Neck secondary to Angina.*  
"Journ. de Méd.," Bordeaux, June 9, 1895.

RELATION of two cases of extensive suppurative adenitis, after an acute angina. In the first case the patient, a lymphatic subject, had had a catarrhal sore throat, and during convalescence, twelve days after the beginning of the disease, there appeared a large abscess in the cervical lymphatic glands. The second case is similar.

*A. Cartaz.*

**Vergely.**—*Pharyngeal Angina caused by Influenza. Cervical Suppurative Adenitis.* "Journ. de Méd.," Bordeaux, Nov. 3, 1895.

A MAN, forty years old, had influenza and acute sore throat, with a slight adenitis of the cervical lymphatic glands. After a short journey there was sudden increase of the feverish state, then sore throat and adenitis. A large phlegmonous abscess of the neck appeared in the sub-clavicular region; another, some days after in the cellular tissue of the sterno-mastoid muscle. There was rapid recovery after opening of the abscess. \*

*A. Cartaz.*

## LARYNX, TRACHEA, &C.

**Bédos.**—*Laryngeal Ictus.* "Thèse de Paris," 1895.

A CRITICAL review of the principal symptoms of this curious affection. The author believes ictus to be the result of inhibition of the nervous centres through laryngeal reflex action. This inhibition is greatly facilitated by anæmia of the centres, a consequence itself of emphysema and crisis of coughing. The pamphlet gives an analysis of forty-three observations.

*A. Cartaz.*

**Corradi.**—*Considerations upon Stenoses of the Larynx; a New Method of Dilatation.* "Ann. des Mal. de l'Oreille," etc., Sept., 1895.

THE author discusses the disadvantages of the ordinary tracheal canula, the fenestrum of which is placed in an irrational position; if not actually provoking a stenosis, these canulas may favour a tendency to their production. The fenestrum is placed more behind than it ought to be, so that, in infants especially, it cannot correspond to the inferior opening of the larynx. A slight degree of swelling of the laryngeal mucosa obliterates the opening. Air does not pass through the larynx, and the laryngeal condition is unfavourably affected, the conditions all favouring stenosis; and stenosis is also favoured by too large a canula. As to the different methods of treatment of laryngeal stenoses, the author has applied laminaria cylinders, a method which he believes to be new as regards the larynx. He thinks Schrötter's method is complicated and requires great assistance from the patient, and other methods of dilatation are unsatisfactory. The pressure of laminaria is exerted in all directions equally, and it does not produce injuries and abrasions, as are caused by metallic and hard substances. Greater objections apply to bivalve dilators. The author's laminaria cylinders are graduated in series according to size, are two to three centimètres long, and are introduced from below



upwards. The method of introduction is by passing a threaded bougie through the tracheal opening into the mouth, one end of the thread being left outside the mouth. The bougie is withdrawn again with the thread through the tracheal opening. To this is attached a laminaria cylinder, which is drawn up into the larynx. The lower end of the cylinder has a thread which attaches it to a little hole in the bend of a specially constructed canula. The lower thread is then attached round the neck, having had two or three turns round a small button on the upper part of the canula, which thus renders it immovable. When removal is desired this is effected through the mouth by cutting the lower thread. Dilatation by this means is very well borne by the patient. In the intervals between the different applications of the laminaria tents a soft gum tube is introduced into the larynx in the same manner. The author's method of dilatation is also applicable to stenoses consecutive to adhesions of the palate.

*Norris Wolfenden.*

**Griffin, H.**—*Condylomata of Trachea.* "New York Med. Journ.," Nov. 16, 1895.

THE patient, a woman thirty years of age, who had had syphilis eight years before, presented herself for treatment for dryness and irritation of her throat, and dyspnoea. Her neck was enormously swollen and tender. In the trachea a growth was seen close below the cords, red in colour, covered with pultaceous secretion, and fissured; it was attached to the anterior two-thirds of the tube. The patient was cured in three weeks by the internal administration of pot. iod.  $\mathfrak{z}$ iv. daily, and the external use of ung. hyd. ox. rub.

*R. Lake.*

**Levi and Laurens.**—*Acute and Primary Laryngeal Œdema.* "Arch. Gén. de Méd.," Dec., 1895.

THE patient, thirty-four years of age, was admitted into the hospital for intense dyspnoea with cyanosis, after slight irritation of the fauces. A month before the patient had a cold with great prostration, but gradual recovery followed. The recent disease appeared two days before entrance into the hospital. Temp., 38.4; no albumen in the urine; no inflammation on the fauces; the tonsils, soft palate, and pharynx were normal. In the larynx was œdema of the epiglottis and aryteno-epiglottidean ligaments. With the application of leeches to the front of the neck there was diminution of the dyspnoea and laryngeal troubles, and complete cure.

The authors believe that the œdema was of infectious origin. *A. Cartaz.*

**Thompson, A. S.**—*Sarcoma of Larynx. Laryngectomy by an Improved Method.* "Med. News," Oct. 26, 1895.

THE patient, a man of thirty-five years, was first seen on June 20, 1895. A large pink lobulated tumour filled the glottis. Hoarseness and dysphagia were present, and the tumour could be felt externally; symptoms had only been marked for four months. Anti-syphilitic treatment failed to produce any beneficial result. At the operation the crico-thyroid articulations, thyro-hyoid and crico-thyroid membranes were first divided; next, the superior thyroid cornu; the arytenoids disarticulated and the larynx removed. The inferior constrictors were sewn together in such a way as to make a continuous passage to the œsophagus. These did not unite primarily, and the patient was therefore fed by a tube for five weeks, when secondary union occurred.

*R. Lake.*

**Mackenzie, Hunter.**—*A Case of Cystic Tumour of the Larynx.* "Lancet," Dec. 7, 1895.

THE case was one of a man, aged sixty-seven years, who complained of difficulty of breathing. On laryngoscopic examination a pear-shaped tumour was seen

lying on the left vocal cord and left ventricular band; it was attached by a short pedicle at or near the anterior commissure, and extended as far as the left arytenoid cartilage. The tumour was removed with the rectangular forceps, with immediate and complete relief. After its removal the left vocal cord was found to have disappeared, probably from the pressure and erosion of the tumour.

*St. George Reid.*

**Mandelstamm.** *A Case of Hysterical Aphonia.* "Ann. des Mal. de l'Oreille," etc., Aug., 1895.

A CASE of adductor paralysis in a woman.

*Norris Wolfenden.*

**Morgan, J. H.** (London).—*A Case of Foreign Body impacted for Forty-six Days in the Left Bronchus; Operation; Recovery.* "Lancet," Sept. 28, 1895.

THE lecturer first drew attention to the various substances which may pass into the respiratory tract, and their mode of entrance; to the necessity of consideration on the part of the surgeon as to the further changes which may occur in the nature of the substance, and as to the position it may be arrested in. The case in point was one, under the care of Dr. Mitchell Bruce, of a girl, aged eight years, who drew a portion of a plum-stone into the respiratory tract: paroxysmal cough was the prominent symptom. On admission into the Great Ormond Street Hospital for Sick Children, three weeks after the accident, the left side of the chest was seen to be flattened, chiefly over the second and fifth ribs, with deficient movement, the interspaces being sucked in during inspiration. The whole of the left side of the chest was dull, excepting over the left of the sternum, the dullness extending over the left lung posteriorly. Eight days after admission the trachea was opened by an incision extending from below the third and fourth rings to well above the level of the isthmus, but although the foreign body could be felt in the left bronchus it could not be removed. A good deal of cough and mucopurulent expectoration followed the operation. A fortnight after the first operation a second attempt at removal was made; the foreign body could be distinctly felt about five inches down the left bronchus, and, at length, by means of a long pair of curved forceps, was successfully removed. It proved to be nearly half of a broken plum-stone impacted apex downwards. The child made an excellent recovery.

*St. George Reid.*

**Secrétan.**—*Laryngeal Herpes.* "Ann. de l'Oreille," etc., Aug., 1895.

THIS is an acute affection occurring sometimes in healthy individuals as well as in those who have suffered for long with chronic laryngitis; sometimes epidemic, sometimes sporadic. The onset is sudden, with more or less intense fever and shivering; there is hoarseness or aphonia, lancinating pain, and sometimes dyspnoea, with acute inflammation, redness, swelling, or œdema of some portion of the larynx, preceding by a day or two the development of vesicles. These are few—rarely more than a dozen—small, not bigger than a millet seed, and very ephemeral; they leave small erosions covered with a whitish crust, adherent and sometimes hæmorrhagic, which falls at the end of five or six days, leaving a simple depression. The laryngeal eruption is sometimes the sole manifestation; at others it is accompanied, preceded, or followed by similar cutaneous or pharyngeal manifestations. Diagnosis is not easy at the onset, and it is most liable to be confounded with diphtheria. The general disseminated distribution of the lesions and the slight tendency to confluence are the chief diagnostic points which can be confirmed bacteriologically. In other cases, more rarely observed, the laryngeal vesicles develop during the course of an acute disease, such as pneumonia, and then have the same significance as labial herpes; the former is "essential," the latter

“symptomatic” laryngeal herpes. Laryngeal herpes is precisely the same in etiology, symptoms, and pathology as the same disorder of the skin. The author has recently seen two cases: the one idiopathic, the other symptomatic—since it preceded a pneumonia. The author suggests that in such cases the infection is caused by the pneumococcus. Many years ago he had seen a case of acute median suppurative otitis which preceded by two or three days a pleuro-pneumonia. In both these cases the local symptoms (laryngeal and aural) subsided entirely on the appearance of the pneumonia. The author gives detailed notes of these two cases.  
*Norris Wolfenden.*

**Spiessler** (St. Petersburg).—*Parachlorophenol in Laryngeal Phthisis.* “Lancet,” Dec. 14, 1895.

ADVOCATING the use of parachlorophenol in laryngeal phthisis. Mixed with glycerine in equal proportion, it was found to have marked microbicidal action, and its soothing effect to be more prolonged than cocaine. *St. George Reid.*

## THYROID AND NECK.

**Bartholow, R.**—*Cases Illustrative of the Character and Treatment of Exophthalmic Goitre.* “Med. News,” Sept. 16, 1895.

1. PATIENT, a lady of about twenty years. Her symptoms were: exophthalmos, goitre palpitation, and rapid pulse—170. She was cured three years ago by galvano-faradization of the cervical sympathetic and of the pneumo-gastric, and the internal use of duboisin, picrotoxins, and tonics.

2. Patient, a lady aged forty-two, suffered from vertigo, occipital pains, flushings of head and neck, with increased intracranian tension, etc. This case yielded to Barii chlor. liq.

3. A goitre of several years' standing, accompanied by weakness and wasting, rapid pulse, occasional attacks of palpitation, was greatly reduced in size and its symptoms relieved by thyroid extract. *R. Lake.*

**Brown, W. H.** (Leeds).—*Notes on two Cases of Enucleation of Thyroid Cyst.* “Lancet,” Sept. 21, 1895.

Two cases of thyroid cyst occurring in young unmarried women. The cyst was first opened and emptied of its liquid contents by means of a free incision over the tumour, and the cyst wall was then stripped off by means of the finger and a blunt director. Both cases did remarkably well without any important rise in temperature. The author also mentions a case of enucleation of an adenoma of the thyroid gland in a girl of fifteen, where the tumour was without any difficulty detached from its surroundings, the patient making a satisfactory recovery. In operating on these cases he is in favour of a free incision over the tumour, in order to obtain a better view of the wound cavity. *St. George Reid.*

**Gayet, G.**—*Cancer of the Thyroid, with Extension to the Trachea; Tracheotomy; Death.* “Archiv. Provinciales des Chir.,” IV., No. 11, 1895.

THE patient, a man forty-five years old, had recently had (three months ago) the first symptoms of this disease, viz., hypertrophy of the thyroid, hoarseness, and, by degrees but pretty rapidly, complete aphonia, extreme difficulty of breathing, with suffocation and abundant hæmoptysis. Then arose an urgent necessity for tracheotomy. Death occurred two hours after the operation.