

LARYNX, &c.

Robertson, W. (Newcastle-on-Tyne).—*Pachydermia Laryngis Diffusa*. "Brit. Med. Journ.," Dec. 12, 1891. Newcastle-on-Tyne Clin. Soc., Nov. 26, 1891.

A CASE was shown in which there was thickening of the rima glottidis corresponding to that part of the mucous membrane covered by squamous epithelium.
Hunter Mackenzie.

Bandler (Prag).—*Relation of Chorditis Inferior Hypertrophica to Rhinoscleroma*. "Zeitschrift für Heilkunde," 1891, p. 227.

IN the specimen of a typical case of chorditis inferior dead from lobular pneumonia the author has found rhinoscleroma bacilli, and concludes that both are the same process.
Michael.

Zuffinger (Wien).—*Circumscribed Keratosis in the Larynx*. "Wiener Med. Woch.," 1891, No. 47.

A PATIENT, sixteen years old, had been hoarse for a long time. The laryngoscope showed white tumours situated on both vocal bands near the anterior commissure. On the tumours were three little spines, looking like little fish bones, or husks of corn, and it was thought probable, therefore, that there was a foreign body. Extirpation of the spines and the tumours by a sharp forceps. The microscopical examination communicated *in extenso* in the original showed that there was a process analogous to the so-called "cornu cutaneum," and therefore the author called it "keratosis."
Michael.

Daubney.—*Inherited Syphilis of the Larynx*. "Med. News," Oct. 10, 1891.

THE author relates a case of a girl, sixteen years of age, with ulceration of the uvula, epiglottis, and the ventricular bands. The vocal cords were hidden. The diagnosis lay between syphilis and tuberculosis. Full doses of iodide of potassium and perchloride of mercury, along with detergent sprays and nitrate of silver locally, soon improved matters.

Another case of a girl, seventeen years old, presented the appearances of perforation of the anterior pillar, ulceration of the pharynx and of the right ventricular band. Appropriate anti-syphilitic treatment cured.

B. J. Barou.

Lenzmann (Duisburg).—*Experiments on the Treatment of Pulmonary and Laryngeal Phthisis by Tuberculinum*. "Deutsche Med. Woch.," 1891, Nos. 50, 51, and 52.

IN forty patients with tuberculosis of the lungs were some patients with laryngeal phthisis; one of them has been cured. He has also treated one case of lupus of the larynx. The epiglottis was converted into an irregularly formed tumour, covering the entrance of the larynx. By the injections, the intumescence decreased so that the larynx could now be seen; but the last portions of the tumour did not disappear.
Michael.

Heryng (Warschau).—*Contribution to the Effect of the Cantharidinic Salts.* "Therap. Monats.," 1891, No. 11.

THE author has applied the treatment in twenty cases of laryngeal phthisis, in sixteen of them without any advantage, in four cases with good effect.

1. A patient, nineteen years old, with tuberculosis of the lungs, infiltration of the posterior laryngeal wall, and ulceration of the right vocal band. After five injections of 0'0002, cicatrization of the ulcer of the vocal band and improvement of the posterior wall.

2. A patient, nineteen years old, with progressed tuberculosis of the lungs and infiltration of the posterior laryngeal wall. After six injections improvement. Some time later recurrence.

3. A patient, thirty-five years old, with tuberculosis of the lungs, ulceration of the posterior laryngeal wall and of the left vocal band. Curettage, improvement. Some time later recurrence. After some injections the laryngeal ulcers were cured.

4. A patient, twenty-six years old, with progressed tuberculosis of the lungs, and ulceration of nearly the whole larynx. After the first injection some improvement; some time later recurrence, hectic and death.

Michael.

Lodge, S. (Bradford).—*Bilateral Palsy of Laryngeal Abductors.* "Brit. Med. Journ.," Dec. 26, 1891. Bradford Med. Chir. Soc., Dec. 15, 1891.

EXHIBITION of patient, improving under treatment with iodides.

Hunter Mackenzie.

Heryng (Warschau). — *Further Contributions: The Possibility of Complete Re-Absorption of Tuberculous Infiltrations.* "Berliner Klin. Woch.," 1891, No. 47.

REPORT on the specimen of laryngeal tuberculosis cured by enucleation and microscopically examined by Dr. E. Fraenkel in Hamburg, who reported that this was a case of absolute cure.

Michael.

Editor, "British Medical Journal" (London). — *Roaring in Horses: its Hereditariness and its Import.* "Brit. Med. Journ.," Dec. 12, 1891.

A LEADING article in the journal. The writer mentions the conditions of the larynx associated with this disorder, and says that practical proof of its hereditary nature is very abundant. For its eradication it is proposed that breeding from animals affected by the disease should be prohibited by law, as is now the case in France.

Hunter Mackenzie.

Mules, P. (Manchester). — *Thyrotomy for Papillomata of the Larynx.* "Brit. Med. Journ.," Dec. 19, 1891. Manchester Med. Soc., Dec. 2, 1891.

NARRATION of the case of a child, aged four years. *Hunter Mackenzie.*

Clarke, Ernest.—*Tracheotomy for Impaction of Foreign Body in the Bronchus.* "Brit. Med. Journ.," Dec. 26, 1891. West Kent Med. Chir. Soc., Dec. 4, 1891.

EXHIBITION of a child, aged one year, on whom tracheotomy had been performed for impaction of a piece of pear, the size of a large pea, in the

left bronchus. Twelve hours subsequently the foreign body was coughed up through the tube. Recovery. *Hunter Mackenzie.*

Lublner (Warschau).—*The Technique of Mechanical Treatment of Laryngeal Stenoses.* "Therap. Monats.," 1891, No. 11.

DESCRIPTION of Heryng's modification of Schrötter's method, consisting in the introduction of the tin bougie by direction of a tin bougie, and fixation in a canula with a hole, by which method the application of the "fixir pincette" is rendered superfluous. *Michael.*

Root (Albany).—*A Case of Total Extirpation of the Larynx; recovery with a useful voice.* "New York Med. Journ.," Oct. 17, 1891.

THIS is the case of a man aged forty-one years, the operation being performed by Dr. Greville Macdonald for cancer of the larynx. Gradually increasing hoarseness induced him to seek advice, and this was caused by a large irregular mass filling the anterior half of the glottis and concealing the anterior three-fourths of the vocal cords. There was a small ulcer on the posterior surface of the growth, and the latter was found to be extensively attached to the under surface of the left cord, the corresponding ventricular band not being implicated. The impairment of movement of the cords seemed to be purely mechanical.

He was first seen in April, but not until the end of October was the operation of partial excision of the larynx performed, owing to the non-consent of the patient and of other consultants who saw him. The growth was really larger than was suspected. The inferior cornu was cut off, the crico-thyroid muscle divided, the arytenoid enucleated, the alæ drawn forward, and the whole mass, including two-thirds of the right cord, was removed. Hahn's tube did good service, and the wound was dressed with corrosive sublimate and iodoform gauze. The growth was an epithelioma. An ordinary Durham's tube, covered with gauze so as to plug the trachea, replaced Hahn's tube the day after the operation. Three weeks after the operation the patient left the hospital with a good but hoarse voice.

About a fortnight later he was again admitted with difficulty of breathing necessitating tracheotomy, and recurrence was found to have occurred. The whole larynx was removed seven weeks after the first operation and he recovered. The voice has returned and is loud and hoarse, but not monotonous. The sound is produced by the vibration of the mucous membrane of the pharynx. An artificial larynx was found to be too cumbersome, and the sound produced by it was annoying to the patient. A tube like that of the artificial larynx was then attached to a Durham's canula. Immediately behind the shield there was a circular opening upon the surface; through this there passed a short curved tube upward and thence slightly backward, projecting about three-fourths of an inch. In the posterior wall of the projecting tube was an orifice to admit air into the pharynx or at the tracheal opening. The upper orifice was less than one-eighth of an inch in diameter. Voice was immediately produced by this, but soon became loud and vibrating, due to the falling over of the bilateral fold of the mucous membrane. A closed tube

replaces the small open one when food is taken. He speaks better without the upper tube, but this is necessary to keep the canula open.

B. J. Baron.

Turner, F. C. (London).—*Sarcoma at Root of Right Lung, invading Right Bronchus and Superior Vena Cava.* "Brit. Med. Journ.," Dec. 12, 1891. Path. Soc. of London, Dec. 1, 1891.

CARD specimen.

Hunter Mackenzie.

Fraenkel, A.—*Diagnosis of Thoracic Tumours.* Berliner Medicinische Gesellschaft, Meetings, Nov. 4, 11, and 25, 1891.

OF this comprehensive paper only those parts relating to laryngeal and tracheal complications will be referred to here. Dyspnoea and stridor alone cannot prove the existence of an intra-thoracic tumour, but they are often combined with symptoms of involvement of the laryngeal nerves. If then both recurrents are paralysed we may believe a tumour to exist, because in cases of aneurism double paralysis is only exceptionally observed. The author then relates a case of a patient in whom a tumour was diagnosed, in spite of its being rather little. The patient, fifteen years old, was hoarse, and had inspiratory and expiratory stridor. The left radial pulse was not so strong as the right. On the right side of the neck there was distention of the venous plexus. No dulness over the thorax. The left vocal cord was in the cadaveric position, also the right could not be moved *ad maximum*. The author diagnosed an intra-thoracic tumour. Some months later a dulness over the higher parts of the sternum was detected, with oedema of the anterior thoracic wall and the face. Some days later death occurred. The specimen shows a tumour in the region of the bifurcation, causing a compression of the right bronchus. The vena cava is thrombosed, also the left vena anonyma and jugularis; oedema laryngis; total destruction of the left and partial of the right recurrent nerve. The microscopic examination gave no certain result, but it seemed to be a syphilitic neoplasm.

B. FRAENKEL remarked that often in cases of paralysis of the recurrent nerve there is no hoarseness because the vocal band stands often in the median line. Paralysis of the right recurrent nerve, and of both recurrents, is rather rare in aneurisms. An important symptom is pulsation of the trachea, felt by the finger introduced as deeply as possible in the jugulum. The aneurisms sometimes dislocate the trachea, but the compression of the trachea, the so-called scabbard-shaped trachea, is always caused by a tumour.

FURBRINGER recommended probe puncture as not dangerous, and often declaring the nature of the case. Tumours are often as painful as aneurisms, so that this symptom (pain) is without value.

EWALD remarked that the injection of the skin veins occurs more often in cases of tumours. The stridor is usually stronger when the patient lies; in one case the patient derived more relief from lying, and the *post-mortem* examination showed that the tumour compressed the trachea more in the erect position.

VIRCHOW showed a specimen of *Cancer of the Bronchi*. Concerning the case of A. Fraenkel he confirmed the diagnosis of syphilis.

GUTTMAN related a case of *Primary Intra-Thoracic Cancer* diagnosed by the paralysis of the left recurrent nerve.

TROYE showed a specimen of an *Aneurisma Arcus Aortæ*, of the size of a child's head. The patient, sixty years old, was hoarse and feeble, had dulness round the sternum, pulsation of the whole thorax, recurrent paralysis of the left side. Death by increasing debility. A differential diagnosis between tumour and aneurism could not be made *intra vitam*.

Michael.

NECK, & c.

Spanton, W. D. (Stafford).—*Goitre*. "Brit. Med. Journ.," Dec. 19, 1891.
Staffordshire Branch Brit. Med. Assoc., Nov. 26, 1891.

EXHIBITION of a woman, aged thirty-six, in whom the right lobe and isthmus of a fibrous goitre had been removed, and a girl, aged fifteen, in whom the isthmus had been divided. Both patients had done well, and had been freed from the dyspnoea from which they formerly suffered.

Hunter Mackenzie.

Helferich.—*Cases of Struma*. Greifswalder Medicinischer Verein, Meeting, August 1, 1891.

THE author showed three cases of struma operated upon lately. 1. A patient, twenty-six years old, struma of the left side; operated upon by intra-capsular operation: cure. 2. A patient, fifty-two years old, with a large double-sided struma, dyspnoea and hoarseness; the laryngoscope showed a paralysis of the recurrent nerve of the left side; total extirpation of the right struma, and resection of the left-sided struma. During the operation a substernal goitre was also found, which was extirpated; the trachea was compressed: cure. 3. A patient, thirty-eight years old, had a large struma, and was hoarse; paralysis of the left recurrent nerve, intra-glandular enucleation: cure.

Michael.

MacLaren (Carlisle).—*Large Cyst of Thyroid Removed by Operation*. "Brit. Med. Journ.," Dec. 12, 1891. Border Counties Branch Brit. Med. Assoc., Nov. 12, 1891.

THE subject was a farm labourer, aged sixty-two, in whom the cyst had existed for nearly twenty years. It was removed by an oblique incision and enucleation. It was largely calcareous, and weighed with contents nearly two pounds. A month afterwards the patient was nearly well.

Hunter Mackenzie.

Targett, J. H. (London).—*Sub-sternal Goitre*. "Brit. Med. Journ.," Dec. 19, 1891. Path. Soc. of London, Dec. 15, 1891.

CARD specimen.

Hunter Mackenzie.

Loewy (Berlin).—*Case of Myxœdema in a Cretinized Dwarf*. "Berliner Klin. Woch.," 1891, No. 47.

SEE the report on the meeting of the Berliner Medicinische Gesellschaft, July 1, 1891.

Michael.