LARYNX, &c.

Grossman.—*The Respiratory Centre and its Relation to the Larynx; and the Origin of the Peripheral Laryngeal Nerves.* Gesellschaft der Aerzte in Wien Meeting, November 29, 1889.

EXPERIMENTS performed upon rabbits prove that the isolated nucleus of the vagus cannot alone produce normal respiration. The same is also true of the isolated nuclei of the facial and phrenic nerves. The laryngeal nerves have their origin in three fascicles in the medulla oblongata. Each muscle also has its isolated nervous fascicle. It was therefore possible to produce by individual irritations abductive, adductive, and constrictive movements of the larynx. *Michael.*

Knight.—*Dysphonia Spastica.* "New York Medical Journal," September 14, 1889.

THE author considers it a rare condition, having only seen four cases in seven years, and of these three were men, and one a woman, and in all the cases it is impossible to say what is the lesion. The prognosis is very unfavourable, except in such a case as Hoffman's, where removal of the hypertrophied anterior ends of the middle turbinated bones cure.

B. J. Baron.

Jelenffy.—*What is Veritable Paralysis of the Posticus (Posterior Crico-arytenoid) Muscle?* "New York Medical Journal," August 31, 1889.

THIS paper requires to be seen and read carefully in order to be understood, as it is illustrated with a number of diagrams, which materially assist us in dealing with such a subject.

The author considers the symptoms of the unilateral paralysis of the posticus to be "voice more or less hoarse, arytenoid cartilage of the affected side bent forward, its posterior surface seen extraordinarily well, its summit lying more forward than that of the sound side. The vocal cord is in the middle line, sometimes even overstepping it. The process with the vocal cord lies somewhat deeper. The vocal cord appears to be less broad, shorter, and rectilinear. The false cord is much advanced inward and rectilinear too.

In respiration, the affected vocal cord goes back only as far as the cadaveric position; the true and false vocal cords remain less broad and rectilinear. The author has never seen a case of bilateral paralysis, but thinks that the voice ought to be weaker, deeper, and monotonous if this is present. *B. J. Baron.*

Wright.—*Two Cases of Laryngeal Paralysis, with a Consideration of the Points involved.* "New York Medical Journal," September 28, 1889.

THIS paper is worthy of perusal, as the writer of it quotes from no less than forty writers who have studied this abstruse subject. He also relates particulars of two cases, in one of which he considers the paralysis

to be of central origin, viz., at the spots where the nuclei of the hypoglossal vagus and other nerves are found; in the other case a cervical gland appeared to be the cause of the paralysis of one vocal cord by exerting pressure on the vagus. *B. J. Baron.*

Mackenzie, Stephen (London).—*Hysteria.* "British Medical Journal," April 27, 1889. Harveian Society of London, April 11, 1889.

A WOMAN, aged twenty-seven, was exhibited, who for about three years was the subject of peculiar spasms of the inspiratory and laryngeal muscles that gave rise to a peculiar sound. This for a time was incessant, or nearly so, and, when absent, was induced by taking food. A point of interest was the presence of a hysterogenic zone over the left elbow, pressure on which excited the attacks; lifting the arm also induced an attack. The case belonged to the category of respiratory and laryngeal spasm, which was not uncommon. It was very rebellious to treatment. By the persevering employment of faradism and artificial feeding she was temporarily relieved, but relapsed from time to time. The patient had always been a stammerer. Diarrhœa and family trouble appeared to have been predisposing causes. *Hunter Mackenzie.*

Dunn.—*Inter-arytenoidean Laryngitis.* "Journ. of Ophth., Otol., and Laryngol.," July, 1889.

BY this title, the author describes three ordinary cases of laryngitis, in which there was swelling, especially of the inter-arytenoid space, and one case in which there was a fissure in this region. There is nothing special about the relation of these cases, except the admission that whatever homœopathic remedies were employed in such conditions, he has "not been able, however, to heal the fissure or ulceration without the use of direct local applications." In the three cases recorded in this paper, those consisted of astringent solutions, apparently chloride of zinc, topically applied with regularity. *Norris Wolfenden.*

Robertson.—*Tubercular Tumour of the Larynx — Tracheotomy — Recovery.* "British Medical Journal," November 16, 1889.

NOTES of the case of a woman, aged twenty-nine, with marked laryngeal and pulmonary phthisis, and in whose larynx a round, smooth swelling was noticed under the left vocal cord. Owing to suffocative attacks tracheotomy was performed. One or two doses of 20 per cent. solution of cocaine dropped into the trachea controlled the paroxysms of cough for hours. The operation was followed by improvement of nutrition, lessening of dysphagia, cough, and expectoration, the intra-laryngeal condition also improving in a marked manner. The operation of tracheotomy was performed under cocaine. *Norris Wolfenden.*

Fraenkel, E. (Hamburgh).—*Etiology of Tubercular Laryngeal Ulcers.* "Centralblatt für Klin. Med.," 1889, No. 37.

THE author believes that tubercular ulcerations in the larynx are produced by the entrance of the bacilli in the upper air passages and not as Heinze and others have held through infection of the lymphatic vessels.

Michael.

Rice.—*Some Unusual Manifestations of Tuberculosis of the Larynx.* "New York Medical Journal," August 31, 1889.

THIS paper was read before the American Laryngological Association, and unusual manifestations mentioned in the paper are as follows :—

1. In those cases where tuberculosis and syphilis co-exist, the lesions of one process mask those of the other. The syphilitic ulcerations, even when combined with a tubercular process, are frequently controlled by appropriate treatment, while the phthisical ulcers defy all efforts to heal them.

2. The typical appearances of a tubercular larynx are sometimes greatly hidden by the proliferation of two kinds of tissue—the one being ordinary granulation tissue, springing from an ulcerated surface, and the other an ordinary papillomatous growth, and existing, perhaps, as a mere coincidence, but probably occasioned by the chronic inflammatory condition of the larynx.

3. Adhesive inflammation at the anterior ends of the vocal cords may take place, but only if the cords be immovable and the tissue be generally proliferated.

4. The deposition of tubercle may be localized in one arytenoid, giving none of the typical signs, the larynx as a whole remaining perfectly normal in appearance. *B. J. Baron.*

Hirschfeld (Hamburg).—*Cicatricial Laryngeal Stenoses of Syphilitic Origin.* "Inaugural Dissertation." Hamburg, 1889.

THE author gives a very careful review of the cases up to now published. He refers to the paper of Photiades, who reported twenty-four cases published from 1860-75, and completes that author's list with six more cases not referred thereto. He then gives the dates of fifteen cases published during 1875-89, and records a case himself, and under the care of Dr. Paul Heymann. The patient was thirteen years of age, and the parents and six brothers were in good health, and at no time had been syphilitic. She herself had never had any infection, and became ill two years previously. At the time the patient came under observation, she was cyanotic, dyspnœic, and very hoarse. Large ulcers were present on the nose and lips, and the tongue was thickened, infiltrated, and had a large ulcer on the surface. Ulcers also existed on the *vola manus* of the right side, and the soft palate was occupied by a very extensive ulcer. The posterior pharyngeal wall, the lower portions of the pharynx, and the epiglottis were converted into radial cicatricial masses. Instead of the larynx, only a membrane, with a slight perforation moving during phonation could be seen. In spite of negative anamnesis, the case was looked upon as specific. The author concludes with a review of the etiology, pathology, and treatment of specific stenoses. *Michael.*

Solis-Cohen.—*Note on the Occasional Topical Use of Solutions of Nitrate of Silver.* "New York Medical Journal," September 14, 1889.

THIS is evidently a valuable note, as it deals with cases such as all who are doing throat work meet with—*i.e.*, people who are voice users, who have been under treatment for chronic laryngitis for some time,

during which they have much improved, but are not cured. In such cases Dr. Cohen recommends the daily use for two or three days of a solution of nitrate of silver—10 grains to the ounce—and then at longer intervals. Also, before this last obstinate stage is reached, a solution of the strength of 40 to 60 grains to the ounce applied once in two or three weeks is productive of much good. *B. J. Baron.*

Schley.—*Lupus Laryngis.* "Journ. of Ophth., Otol., and Laryngol., July, 1889.

THE author relates the case of a woman, aged forty-four, in whom the skin was affected, the whole structure of the soft palate, the posterior wall of the pharynx, the naso-pharyngeal space, and the epiglottis were implicated. The right aryteno-epiglottidean fold was especially infiltrated and thickened; the left one being similarly affected, but to a lesser degree. The left ventricular band and vocal cord were also thickened and chronically congested. The patient had been suffering for twelve or fifteen years, and suffered from violent suffocative attacks. Not consenting to tracheotomy, she died eventually from asphyxia.

Norris Wolfenden.

Garré (Tübingen).—*Primary Lupus of the Introitus Laryngis, Operated upon by Pharyngotomy.* "Münchener Med. Woch.," 1889, Nos. 52 and 53.

A LADY, twenty-eight years of age, had had a warty growth of the tongue operated upon in Glarus a year previously. She now had a similar warty, indolent tumour on the back of the tongue; the glosso-epiglottic ligament was cicatricially shortened, and the epiglottis ulcerated and thickened on the free edge. On the right side an irregular infiltration of granular aspect was observed. A course of iodide of potassium being without effect, the author excised a portion of the epiglottis. Some time afterwards the infiltration and ulceration spread to the ary-epiglottic ligaments, and an ulcerated infiltration existed on the soft palate. The operation of sub-hyoid pharyngotomy was then undertaken, tracheotomy being previously performed, and the trachea being tamponned. The epiglottis and the mucous membrane of the upper part of the aditus laryngis was removed, and a cure was obtained. Histological examination proved the affection to be lupoid. The author completed his paper with a review of the literature of laryngeal lupus and pharyngotomy.

Michael.

Taylor and Wooldridge.—*A Case of Leprosy: Laryngeal Obstruction—Tracheotomy—Death, and Necropsy.* "Lancet," July 27, 1889.

THE patient was a boy, aged twenty, and appears to have first developed leprosy at the age of six, with characteristic appearances over the rest of the body; the condition of the upper air passages was as follows:—"The tongue is ulcerated at the tip, and covered at the sides and front with thick yellowish material and heaped-up epithelium; papillæ enlarged. What remains of each tonsil is covered with whitish tubercular masses. The soft palate is hyperæmic in patches and ulcerated. Uvula thick and scarred. The patient breathes through his mouth, as his nasal apertures are blocked with scabs and crusts. The breath is very foul. The epiglottis shows some loss of substance, with growth on the anterior surface. Ary-

epiglottidean fold thickened. No growth on the vocal cords, but they appear somewhat thickened. The patient's voice was normal till two days before admission, when it became as it is now, a husky whisper." Eight months after this date (Nov. 21, 1886) tracheotomy became necessary, and he died sixteen days afterwards. At the necropsy, the larynx was found to be covered by small ulcers except on the true cords, where they were absent, but these were clogged and almost fixed by secretions. The tonsils and fauces and back of the tongue were covered with ulcers. The epiglottis was shut, thickened, rolled transversely, and ulcerated. The trachea below the wound was clogged with blood-stained fibroid material; œsophagus was normal, but pale and flabby. *Norris Wolfenden.*

Bull (Buffalo).—*Papilloma of the Epiglottis and Base of the Tongue.* "Journal of Ophth., Otol., and Laryngol." July, 1889.

THE appearance of this papilloma is described as being a nodular mass about the size of an English walnut, divided into an anterior and posterior portion by a transverse sulcus, the anterior portion springing from the vallecula, between the tongue and epiglottis, the posterior one from the epiglottis, the whole anterior surface of which was covered by it. The growth was removed in two operations with the common forceps for adenoid vegetations. The author quotes a case in which Sir Morell Mackenzie operated upon an epiglottis for what he calls "papillomatous degeneration," and in which Mackenzie's treatment consisted in the "entire removal of the organ with his epiglottitome."

If we remember the case referred to rightly, the author's statements are absolutely incorrect. The disease for which the epiglottis was operated upon by Mackenzie was not "papillomatous degeneration," but epithelial cancer, for which, we presume, the author, even from his homœopathic standpoint of view, would have recommended radical removal. *Norris Wolfenden.*

Leal.—*A Case of Laryngeal Tumour cured apparently by Internal Medication.* "Journ. of Ophth., Otol., and Laryngol.," October, 1889.

THE growth, grey in colour, projected from the right vocal cord and its under surface. The patient was treated with a spray of tanno-glycerine night and morning, afterwards with Lugol's solution (which appears to have been applied only once), and various curious homœopathic remedies, over a period lasting from the beginning of July, 1883, to March 25 following. On November 1 the growth was still present apparently as before. On August 28, 1885, the note made was: "Growth only noticed as a slight prominence over original site." The last note, on January 14, 1886, was: "No appearance of growth." The patient was under observation for two years and six months. The author remarks that he had been seen by several specialists, who advised immediate operation, and further says, naively, that he is "courting the criticism that such growths—"papillomata—are uncertain in their course, and not infrequently dis-"appear without recognized therapeutic intervention." He reports the cases "for what they are worth, merely remarking that the histories "show that the neoplasms were not coughed up, but disappeared

"gradually," and that "the results are evidence that watching and "waiting is preferable to early operation, with its risk of changing a "benign into a malignant neoplasm." Putting aside the last statement as an absurdity, the author will find few laryngologists to agree with him in the idea that this growth was cured by internal medication, or that it could have been possible with any of the marvellous homœopathic remedies that he mentions in connection with the case. The disappearance of the growth was probably nothing more than a coincidence. Two other cases he mentions casually, as to the one of which he gives no details, except that the growth had disappeared, and the third case, a small angioma, is said now to be under treatment, and improving, as to hoarseness and size of the tumour, under "causticum" (*sic*).

Norris Wolfenden.

Thost.—*Laryngo-fissure for a Laryngeal Growth.* "Hamburger Aerztlicher Verein," December, 1889.

THE author showed a man, sixty-four years of age, who had submitted to laryngo-fissure for a tumour which appeared to be papilloma. A preliminary excision of a piece of the growth had been followed by a violent inflammation and perichondritis of the larynx. Notwithstanding the microscopical diagnosis of papilloma, laryngo-fissure was performed, the tumour removed completely, and the place of origin treated thoroughly with the thermo-cautery. To the present there has been no recurrence, and the patient has a pretty good voice. *Michael.*

Egidi.—*Statistics of Tracheotomies.* "Bulletino della Societa Lanci," 1889.

COMMUNICATION on this subject was made to the Academy on the 13th April, 1889, founded upon fifty-two tracheotomies, of which forty-two were performed in children for croup (thirty-one times for simple, eleven times diphtheritic). There were twenty recoveries, of which nineteen were of the thirty-one operations for simple, and only one for the eleven cases for diphtheritic croup. The author prefers the rapid operation for children. *Massei.*

MacDonald, Greville, and Symonds, Charters (London).—*Case of Total Extirpation of the Larynx for Epithelioma, with Recovery, and a Useful Voice.* "British Medical Journal," May 4, 1889. Clinical Society of London, May 4, 1889.

THE patient, a man, aged forty-one years, was exhibited to the Society. When first seen by Dr. MacDonald, on April 6, 1888, the laryngoscope revealed a large, irregularly lobulated, greyish-pink neoplasm, occupying the anterior three-fourths of the rima glottidis. On its posterior surface there was a small superficial ulceration. Examination with the probe showed an extensive attachment to the infra-glottic portion of the *right* cord; the ventricular band was quite free. Both cords moved freely, except so far as they were impeded mechanically. There was no glandular enlargement. A small portion of the growth was removed, and was found to be epitheliomatous. An external operation having been declined, the whole of the projecting neoplasm was removed with the forceps on April 24: hæmorrhage was rather profuse. Next day the voice was

completely restored ; no trace of the growth was seen, but the *left* cord was uniformly thickened, rounded, and deeply congested, its movements being perfect. A week later there was seen at the junction of the anterior with the middle third, a sharply defined silvery surface, two or three lines in diameter, flush with the mucous membrane, and minutely villous in structure. On July 30 the villous surface appeared slightly raised above the surrounding surface, which was yellowish and opaque. On September 8, the growth had taken a fresh start : an operation was again urged, but another opinion, while admitting malignancy, was adverse to operation, which was accordingly declined—until October, when Mr. Symonds was consulted, and asked to operate.

The nature and technique of the operation are fully described by Mr Symonds. On October 28, a partial laryngectomy was performed. The growth was found to be larger than was expected, and to involve the whole of the *left* vocal cord, while the anterior part of the right looked granular and swollen. Recurrence took place, and on December 22, seven weeks from the first operation, total extirpation of the larynx was successfully effected. An interesting result now is, that the patient can speak in a low, distinct, though gruff, voice, by simply sending the air upwards through an opening in the cannula, and setting in vibration some folds of the pharyngeal mucous membrane. Four months had elapsed from the date of the second operation, without indication of further recurrence. *Hunter Mackenzie.*

Fowler.—*A Case of Modified Laryngectomy for Epithelioma of the Larynx—Recovery.* "American Journal of Medical Sciences," October, 1889.

A PRELIMINARY tracheotomy had been performed four days previously. The larynx being exposed, the crico-thyroid muscles were divided near their attachments, the soft part retracted, and the cricoid cartilage separated from the first ring of the trachea by a transverse incision. The stump of the trachea was drawn forward and rapidly packed with gauze. The trachea being drawn forward by a silk ligature, each wing of the thyroid was split down to the crico-thyroid membrane, about a quarter of an inch on either side of the angle of junction of the two wings. The inside of the larynx was cleared, and the soft parts behind and to the sides of the cricoid with the articulation of the latter to the inferior cornuæ of the thyroid, and its connection with the œsophagus was separated. The œsophagus was opened in the median line, and the index finger passed into the pharnyx and hooked over the epiglottis, the whole being drawn forcibly downwards, so that the attachment of the thyro-hyoid membrane could be identified. This being now incised, the epiglottis was detached from the aryteno-epiglottidean folds, and the whole mass released from its remaining attachments. The stump of the trachea was repacked with dry gauze, and an œsophageal tube passed eight inches down the œsophagus, and the parts above and below the section of the gullet, as well as the neighbourhood of the feeding tube, was well packed with oxide of zinc gauze, a safety pin being passed through the œsophageal tube. Anæsthesia with nitrous oxide gas was kept up during the operation for one hour and forty minutes. Within a minute after the completion of the

dressing the patient left the table fully conscious, without the slightest symptom of shock. The separated thyroid wings were next day brought as near coaptation as possible. The œsophageal tube was removed and re-introduced on the second day, being left in for eight hours. On the eighth day, the tracheal tube was removed from the tracheotomy wound and inserted into the stump of the trachea. The cavity left by removal of the larynx contracted with marvellous rapidity. On the tenth day, the patient was allowed to attempt to swallow. On the twenty-fourth day, the œsophageal tube was removed from the wound, and henceforth passed through the mouth. On the forty-first day, a modification of Gussenbauer's artificial larynx was placed in position, the modification consisting of substituting aluminium for hard rubber or silver, and in dispensing with the cumbersome projecting ring collar, and replacing it with the flat plate and retaining button of the ordinary silver tracheotomy cannula. In August, 1889, nine months after the operation, the patient was perfectly well and without evidence of recurrence. The author believes this to be the first case reported in which the retention of the thyroid cartilages has been carried out as suggested by Solis-Cohen. "The comparatively small "gap left by the incision and removal of the diseased parts, and con- "sequently lessened traumatism inflicted, the readiness with which the "parts filled up by the reparative process, and the firm support afforded "for the artificial larynx, together with the great advantages gained by "preserving, apparently unimpaired, at least, one of the pairs of the muscles "of deglutition, will, it is believed, lead to the adoption of this method of "operation, to the exclusion of all others, in cases in which laryngectomy "is at all applicable." It is also the first attempt to make an artificial larynx from aluminium. It is much lighter than other materials, and is free from the objection urged against silver, namely, its decomposition by the secretions. *Norris Wolfenden.*

Beverley.—*A Case of Thyrotomy for Foreign Body in the Larynx.* "British Medical Journal," July 6, 1889.

THE case of a railway porter who had swallowed a threepenny piece, and was admitted to the hospital for dyspnœa. The assistant house-surgeon passed an œsophageal bougie (*sic*). The laryngoscope was then used, and the coin found to be across the vocal cords. Laryngeal forceps were employed, but owing to the oblique position it could not be grasped. Inversion and succussion were tried without avail. After repeated trials laryngotomy was performed. An attempt was made to remove the coin from below, but it did not avail. Having ascertained with the laryngoscope that the coin was still in its original position, thyrotomy was then performed. When the larynx was exposed fully no coin could be seen or felt, and it had evidently passed backwards (the patient being supine and under chloroform) into the gullet. The ninth day after operation the coin was passed *per anum*. After the union of the thyroid cartilages the vocal cords were found not to meet anteriorly, the patient remaining hoarse.

A second case is mentioned in which a man swallowed a sixpence, and continued at his work without any inconvenience except occasional

spasmodic cough and pain in the throat, until ten months afterwards when he coughed it up. This man was not operated upon at all.

Norris Wolfenden.

Massei.—*Foreign Bodies in the Air Passages.* "Archivii Italiani di Laryngologia," 1889.

ELEVEN cases were reported by the author to the Royal Academy of Medicine and Surgery, in Naples, and three to the last Laryngological Congress, in Paris. Attention is drawn by the author to the fact that a foreign body may penetrate into the windpipe without any sign, and even without the knowledge of the patient, even though he be an adult and with perfect presence of mind. Secondly, movable bodies may produce symptoms of suffocation, and the necessity of tracheotomy may be recognized, even when there is no immediate danger. Laryngoscopic examination is, of course, most serviceable, but fails in some cases to discover the true cause, as for instance, when the foreign body is situated under the vocal cords, and keep them in the phonatory position, and in an infiltrated condition. In those cases, the necessity for differential diagnosis from syphilis and tuberculosis may arise. *Massei.*

Moure.—*Contribution to the Study of Foreign Bodies in the Air Passages.* Reprint. Paris, 1889.

IN this paper, presented to the "Société de Médicine et de Chirurgie de Bordeaux," the author presents the notes of six cases of foreign bodies in the air passages amongst which spontaneous expulsion occurred once, three times the bodies were extracted after surgical intervention, and twice death occurred. No astonishment can be felt at the prolonged sojourn of different foreign bodies in the air passages, for it is known that under certain conditions they may become fixed in some part of the aerial passages, and may remain there for years without determining any kind of accident. Thus, Mondière relates a case in which a piece of bone remained for six years in a bronchus without causing any trouble; and Hayfelder relates cases where foreign bodies have remained in the air passages for ten and eleven years. Bodies, such as haricots, which swell up under the influence of moisture are, beyond all, those which are the least well supported. As a general rule, however, foreign bodies in these passages lead to local irritations, ending, sooner or later, by death from suffocation or pulmonary complications. The diagnosis is almost always at first obscure. There is the history of a foreign body in the mouth, its disappearance and sudden suffocation, with repeated attacks of asphyxia. There are variable intervals of calm. The voice is altered only if the foreign body be situated about the vocal ends. There is raucous and convulsive cough, with suffocation and expulsion of thready, aerated, and, in some cases, sanguinolent mucus. It is during the coughing efforts that the well-known "bruit de drapeau" or "de soupape" is perceived when the body is movable in the trachea. Auscultation and laryngoscopic examination help to locate the position of the body. The finger should on no pretence be introduced into the larynx. If the body is situated in the bronchi, there will be absence or diminution of the vesicular murmur of the corresponding side, together with the existence of bronchial lesions

or caseous pneumonia. As to treatment:—emetics produce more harm than good, favouring the deeper penetration of the object, impaction in the larynx, or sudden suffocation. Hard and heavy bodies may be displaced by inversion, especially under chloroform, to relax glottic spasm. No attempts at removal should be done with forceps blindly, the gravest consequences often following such proceedings. If it is decided to open the larynx (thyrotomy, etc.), previous tracheotomy is preferable. If the body is situated in the trachea or bronchi deep tracheotomy is necessary, proceeding slowly and exposing a large part of the trachea. If the body is not expelled or extracted during the operation, the tracheal wound should be left open, and attempts at spontaneous expulsion be excited, or the patient's body be inverted. Of course, in all cases of foreign bodies in the air passages, intervention ought to be as speedy as possible.

Norris Wolfenden.

Bryant.—*Two Cases of Partial Obstruction of a Bronchus by a Foreign Body, with Remarks on the Operation of Tracheotomy for its Removal.* "British Medical Journal," June 15, 1889.

AN account of those cases read at the Royal Medical and Chirurgical Society. The first was that of a man who, while sucking a button, fell asleep, and awoke gasping. Physical signs were not sufficiently marked to suggest the presence of a foreign body in the bronchus. He refused an operation, and left the hospital with a cough, but with no further evidence of the presence of a foreign body in the chest. Some weeks later he entered St. Saviour's Infirmary, with constant cough and profuse expectoration of fœtid pus, dullness of the chest, and loud mucous râles throughout, and died in ten days from exhaustion. At the autopsy the button was found resting on the spur formed by the first bifurcation of the right bronchus, the mucous membrane being ulcerated at this spot, and the whole lung being consolidated. The second case, was that of a boy, aged seven, who had inhaled the mouthpiece of a trumpet. The physical signs of the presence of a foreign body were very uncertain. An operation was performed on the thirteenth day, and the whistle was extracted with a pair of forceps out of the left bronchus, introduced five and a half inches from the lower border of the tracheal wound. Rapid recovery followed. In both these cases physical diagnosis was obscure, but they forcibly illustrate the evil of procrastinating, or more than suggest the expediency of performing tracheotomy in all cases in which even the suspicion of a foreign body in the trachea or one of its branches found any support, from either the history of the case or the physical phenomena which might be present. Small light bodies were generally expelled by coughing after tracheotomy; small heavy bodies would tumble out on succussion. The most difficult cases were those in which the bodies were light, and stuck to the mucous membrane. Forceps were then most useful. *Norris Wolfenden.*

Hall, De Havilland.—*Perichondritis of the Larynx.* "Lancet," September 28, 1889.

AT the meeting of the British Medical Association in Leeds, the following points were submitted for discussion:—1. Is there such a disease as primary laryngeal perichondritis? 2. Are there any characteristics by

which the laryngeal perichondritis of tuberculosis, of syphilis, and of cancer can be differentiated? 3. The occurrence of laryngeal perichondritis in enteric fever. 4. The causes of the dyspnœa. 5. The prognosis. 6. The treatment of laryngeal perichondritis.

Evidence in favour of the occurrence of primary laryngeal perichondritis was adduced, but the author laid stress on the difficulty of excluding the possibility of the perichondritis being of a secondary nature. In the diagnosis of the different forms of secondary perichondritis much difficulty was at times experienced. The presence of tubercle bacilli in the secretion from the larynx, pale and puffy swelling of the epiglottis and arytenoids, the occurrence of ulceration in the inter-arytenoid fold, and the existence of apical mischief in the lungs, spoke for the tubercular origin of the disease; the absence of pain, extension of ulceration from the pharynx, a history of past syphilitic manifestations, and the effect of full doses of potassium iodide were the chief points to be noted in syphilitic cases. In perichondritis of malignant origin, a thickened and infiltrated condition of the thyroid and cricoid cartilages and surrounding tissues, and the occurrence of hæmorrhage from the larynx, were the chief diagnostic points. Microscopic examination might be of use. The cause of the perichondritis of enteric fever was attributed to defective nutrition rather than to any specific inflammatory process. The absence of symptoms was stated to be a marked feature of typhoid perichondritis. Œdema of the larynx, immobility and median position of one or of both vocal cords, abscess, impaction of the necrosed cartilage in the glottis, collapse of the cartilaginous wall of the larynx, and, finally, in the more chronic cases, stenosis from cicatrisation, were mentioned as the causes of the dyspnœa in laryngeal perichondritis. The prognosis in this disease was always a gloomy one; in the primary and limited variety, however, it was more hopeful. Of secondary perichondritis, the traumatic and syphilitic varieties were the most hopeful, though, in the latter, stenosis as the result of cicatrisation, usually occurred. In cancer the occurrence of perichondritis accelerated the end by exhaustion from the profuse suppuration. Typhoid perichondritis was a very grave complication.

Functional rest and the use of ice-bags, or Leiter's coil externally and ice internally, were enjoined for the treatment of the disease at the outset. Œdema should be treated by the application of cocaine and scarification, abscesses should be opened, and necrosed cartilage should be removed by the laryngeal forceps. Early tracheotomy was advocated, and subsequent dilatation by Schroetter's method practised. Allusion was made to the plan originally suggested by Dr. Duncan Gibb of splitting the thyroid and removing dead structures. This plan has been recently advocated by Dr. Sajous, and its employment in suitable cases was recommended. *R. Norris Wolfenden.*

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