swelling in the neck, and in other cases where there exists both an intra- and an extra-laryngeal distension.

The case here reported occurred three years ago, in a woman, aged sixty-nine, and developed in the course of a violent coughing spell. There was a distension in the neck, the size of a hen's egg, and an intra-laryngeal swelling which filled at least two-thirds of the space in the larynx. About a year after the development of the laryngocele the condition became infected, and the most annoying symptom since then has been the discharge of quantities of foul-smelling pus into the larynx; as much as a quarter of a tumblerful can be expelled at one time by pressure over the external swelling. The case has been greatly improved by an external operation, in which the cyst in the neck has been removed down to the opening of the thyro-hyoid membrane. The intra-laryngeal condition has been operated upon by slitting the cyst from below upwards with a hooked knife. There is still present an enlargement in the larynx which causes some annoyance, especially from the discharge.

Dr. E. Fletcher Ingals (Chicago): I had a similar case without infection. I treated it by aspirating the cyst, and then injecting it with equal parts of 95 per cent. carbolic acid and glycerin. At any rate, I got an excellent result at that time. But he came back to me within the past month, and the cyst is now altogether intra-laryngeal, as large as a filbert, and I must do the same thing over again.

Abstracts.

PHARYNX AND NASO-PHARYNX.

Professor Gerber (Koenigsberg).—Tumours of the Hypopharynx. "Zeitschrift für Laryngologie," Band vi, Heft 5.

If the pharynx and œsophagus formed a continuous wide tube, as the older text-books showed, there would be little difficulty in the recognition and treatment of pathological conditions of the hypopharynx. As a matter of fact, the posterior part of the cricoid cartilage is so firmly applied to cervical spine that we have a water-tight and air-tight closure which only yields on swallowing or the application of force. Formerly pathologists always spoke of affections of the œsophagus when they referred to the hypopharynx. Case 1: Male, aged seventy, had suffered for five weeks from hoarseness and dyspnœa, but not from dysphagia. On examination, the right half of the larynx was fixed, the right false cord was greatly thickened and covered the true cord, and the swelling also involved the arytænoid and pyriform sinus. The left ventricular band was also swollen and hard, but there was no ulceration. A piece of the swelling was removed and microscopically examined, but showed only evidence of inflammatory and hyalin change. Suspension laryngoscopy was carried out and another portion of the swelling removed; this was followed by hæmorrhage, and intubation was necessary. Later, tracheotomy had to be performed, but in spite of this the patient died. The *post mortem* showed an ulcer in the right pyriform sinus which communicated with the larynx. The ulcer was typically epitheliomatous. Case 2: Male, aged thirty-eight, complained of something sticking in his throat, since he had swallowed a fish-bone. The patient, however, had no difficulty in swallowing, but complained of dyspnœa and retching at

night if he lay on his left side. The case had been regarded as one of neurasthenia by many physicians and specialists, some of whom said it was due to deviation of the nasal septum and others to enlarged lingual papillæ. Operation on these conditions had been recommended. On examination, the larynx was normal, but, when the patient was asked to retch up the tumour, he obliged by doing so. The tumour turned out to be a polypi the size of one's little finger and appeared between the tongue and the soft palate on the left side. In another moment the tumour had disappeared again. With the aid of hypopharyngoscopy, the tumour was removed with the cold snare. Its site of origin was the lateral wall of the pharynx behind the posterior pillar.

Gerber remarks that the complete absence of dysphagia in the first case was very astonishing. In the second case, which appears to be unique, the polypus was a continuation downwards of the salpingo-pharyngeal fold. In its upper part the polypus had an intramural course, but the lower end lay in the hypopharynx behind the cricoid. The growth was over four inches long. Gerber remarks that if the surgeons who had missed the condition had used hypopharyngoscopy, they would have recognised this "flesh and blood" globus hystericus. It appears that tumours of the pyriform sinus give rise to almost no symptoms. Gerber explains this by the fact that these sinuses are always open. He has made horizontal sections through the hardened hypopharynx which appear to prove his contention. *J. S. Fraser.*

Schulz, Adolf (Danzig).—The Treatment of Naso-Pharyngeal Fibroma in Young People. "Zeitschrift für Laryngologie," Band vi, Heft 6.

Schulz thinks that naso-pharyngeal fibroma is intimately connected with the growth of the base of the skull, and that, in some cases, when this ceases, the tumour disappears spontaneously. The tumours are simple, and danger only arises from hæmorrhage and from interference with the supply of food and air. Schulz records the case of a male, aged seventeen, who appeared pale and cachectic. A large ulcerated tumour was present, and the patient's breath was foul. Microscopic examination was to the effect that the condition was one of fibro-sarcoma. Several operations were performed with the galvano-caustic snare under local anæsthesia, but the tumour recurred in six months and was again dealt with. At the time of publication—three and a half years after the last operation—the patient was free from recurrence. A second similar case is recorded. Schulz is of opinion that endo-pharyngeal operation alone is necessary and favours the use of the galvano-caustic snare, or the Vulpius burner, under local anæsthesia, so as to avoid the danger of inhalation pneumonia. *J. S. Fraser.*

Richardson, J. J.—A Study of Vincent's Angina. "Annals of Otology, etc.," xxiii, 335.

Vincent's angina is the local manifestation in the throat and mouth of a disease caused by the fusiform bacillus and the spirillum having Vincent's name, probably the same organism in different phases of existence. It frequently occurs after measles, scarlatina, diphtheria, pertussis, etc. It is more serious as a secondary infection than when occurring primarily. It is more common in malnutrates and children and adult males. Primary infection is probably preventable by proper care of mouth, teeth, and general health. It is more common than is

supposed and is contagious on close contact. Usually acute, it may be chronic, and recurrence is not uncommon. The tonsil is, as a rule, the point of attack. It usually lasts but a few days, but may run into weeks and months. Symptoms are chiefly local. The organisms are anaerobic, and proper diagnosis depends on a smear. Treatment is principally local. Trichloracetic acid, chromic acid, and salvarsan give the quickest and best results. *Macleod Yearsley.*

NOSE.

Zemann, W.—Bilateral Submucous Resection of the Lateral Nasal Wall and Removal of a large Foreign Body by this Route from the Maxillary Antrum. "Zeitschrift für Laryngologie," Band vi, Heft 6.

The author remarks that the foreign bodies in the maxillary antrum seldom enter by the natural ostia and are usually introduced by artificial openings. They consist of drainage tubes, cotton wool, broken instruments, etc. Broken and diseased teeth are not infrequently forced into the antrum. Sterile and non-irritating bodies may remain a long time in the antrum without causing symptoms, and a case of antral suppuration has recovered in spite of the presence of a drainage tube in the cavity. Small bodies may be felt by the patient to move about in the antrum, while a sudden stoppage of the flow of fluid during lavage may indicate a foreign body. It may also be due to swelling of the mucous membrane. The usual method of removal is by the Caldwell-Luc operation. Zemann's patient was a soldier, who stated that he had fallen and received a wound under the right eye. This wound continued to suppurate externally, and in addition blood-stained discharge came from the nose. On examination no pus was seen in the middle meatus, but a radiogram showed a foreign body in the antrum, while on proof puncture purulent fluid returned through the external fistula, *but not by the nose*. The operation was as follows, under local anæsthesia, the anterior third of the middle ? turbinal was removed. ? Inferior turbinal. An incision was now made in a horizontal direction as far forward as the pyriform aperture. A vertical cut was now made at the anterior end of the first incision and the inner wall of the antrum submucously resected. Part of the antral mucous membrane was next removed and the foreign body extracted. This proved to be a bullet weighing 13 grms, and the patient confessed that the injury had been due to the explosion of a weapon which he had himself manufactured. *J. S. Fraser.*

Sippel, Otto (Wurzburg).—Choanal Polypi. "Zeitschrift für Laryngologie," Band vi, Heft 5.

Choanal polypi occupy a position between ordinary nasal polypi and typical naso-pharyngeal polypi. Cyst formation is common in naso-pharyngeal polypi, which were formerly said to arise from the outer boundary of the choanæ. In 1905 Killian pointed out that they really came from the maxillary antrum, emerging through an accessory ostium. He also held that they might originate in the posterior ethmoidal or sphenoidal sinuses. The polypi may emerge during the act of sneezing. They grow quickly on account of stasis due to partial strangulation. [The abstracter is of opinion that, if the mucosa of the antrum be polypoid, the act of hawking may suck out a piece of the polypoid

tissue through an accessory ostium.] Lang holds that choanal polypi only occasionally come from the antrum (one in six). In other cases they originate from the middle meatus or posterior end of the middle turbinal. Lang made use of antroscopy to diagnose the site of origin. Killian's observation has, however, been confirmed by Kubo and a host of other observers. Sippel records two cases in which the patient suffered from cough on going to bed. This symptom was due to the tumour touching the posterior wall of the pharynx. Sippel records seven further cases: (1) The polypus originated from the middle turbinal and was removed with the snare. (2) Similar (the results obtained from transillumination and X-rays are not stated, and the cases are not reported at a sufficiently long time after operation to be o great value). (3) Origin from septum. (4) Antral case: removal with the snare; cure after some days. (5) Origin from pterygoid fossa: this polypus is said to have had two stalks. The left ethmoid was cloudy and was cleared out. (6) Origin from middle turbinal. (7) Apparently from sphenoid. On going over the literature Sippel finds that the site of origin of choanal polypi is as follows: Nasal cavity, twenty-five cases; accessory sinuses, fifty-nine cases (maxillary antrum in fifty). Sippel suggests that cases should be classified into primary and secondary—the former coming from the choanal margins and the latter being subdivided into antro-choanal, spheno-choanal, etc. *J. S. Fraser.*

Müller, J. (Nuernberg).—Gangrene of the Nose and other severe Results of a Diagnostic Tuberculin Test. "Zeitschrift für Laryngologie," Band vi, Heft 5.

Müller's case was that of a male, aged fifteen, who had suffered from enlarged glands in early youth. These had been excised. Moro's test was markedly positive, and microscopic examination showed caseated tubercle. Again in the same year glands had to be excised. In the following year (1912) a von Pirquet reaction was performed by a doctor who did not know about the microscopic examination of the glands. A subcutaneous injection was performed at the same time—one drop of a per cent. solution of old tuberculin being employed. (There seems to have been some doubt as to the strength of the solution, and a later investigation showed that the solution was only 1 in 1000.) Twenty-four hours after the injection the patient vomited and suffered from diarrhœa and fever. The face became livid, and the neck, lips, eyelids, and nose swelled up. An eruption appeared on the back, and the mental faculties were dulled. The site of the von Pirquet reaction healed well, while that of the injection became red and swollen, and covered with small punctiform hæmorrhages. The right knee showed a bluish-green area, the size of a five shilling piece, and a black blister appeared on one of the toes, from which a stinking hæmorrhagic and purulent exudate was evacuated. The pharynx and tonsils became inflamed, but the lungs, heart, abdominal organs, and urine remained normal. Under treatment by ointment, powders, etc., the skin lesions healed, and the patient eventually made a good recovery. Müller states that the opinion now usually held is that severe tuberculin reactions, dangerous to life, do not occur. But after his experience of the present case Müller is against intracutaneous injection, though he admits that the patient got a dose either five or fifty times as large as was necessary. Müller thinks that the case was one of focal reaction, and that, at the affected spots, small foci of tuberculosis were present. According to the author, the only other possible explanation is to be found in anaphylaxis. Müller has seen similar cutaneous

hæmorrhages in a case of severe antipyrin anaphylaxis. He admits, however, that the cardinal symptoms of anaphylactic shock—lowering of blood pressure, leucopenia, lowered clotting power of the blood, etc.—were not present when the patient was admitted to the clinique.

J. S. Fraser.

Gerhardt (Würzburg).—Serous Meningitis in Diseases of the Nose. "Zeitschrift für Laryngologie," Band vi, Heft 5.

Quincke, in 1893, first drew attention to this condition, which not infrequently follows injuries to the head and otitis media, but is rarely the result of disease of the nose and accessory sinuses. Gerber, Reipen, Onodi, and Wendel have, however, recorded cases of nasal origin. Gerhardt's cases are as follows: (1) Female, aged fifteen, had complained for a year of sudden attacks in the street, during which everything appeared black. There was no giddiness. The vision of the left eye had been diminished for six months, but there was no headache. Choked disc with early atrophy were noted, and there was some limitation of the field of vision. The ears were normal and the Wassermann reaction negative. After many visits to the nasal clinique, a little pus was discovered in the ethmoidal cells. The cerebro-spinal fluid was under increased pressure, but contained only a trace of albumen and no globulin. Treatment consisted of rest in bed and repeated lumbar puncture. The sight of the right eye became normal. (2) Male, aged nineteen, had complained of morning vomiting for two weeks, also of pain in the stomach and head, constipation, and cough. The pulse varied from 64 to 76. There was slight right facial paresis, and Babinski's sign was present. Choked disc on both sides. Wassermann reaction negative. Kernig present. Cerebro-spinal fluid under pressure but otherwise not pathological. An intravenous injection of collargol was given and quinine and pyramidon administered by the mouth. Two months after admission pus was discovered in the left ethmoidal region, and the bulla was found to be bulging. The mucous membrane of the ethmoidal region was polypoid. Three weeks later the headache improved. (3) Male, aged eleven, had an injury to the head four years ago. This was followed by headache. A second head injury resulted in giddiness, tinnitus, double vision, and twitching of the left side. Two weeks later, another injury to the head was followed by recurrence of all the former symptoms, along with diminution of the vision of the right eye and slight deafness in the right ear. On admission, the right disc was choked and the left one slightly affected. On X-ray examination, the right ethmoidal region was cloudy, and pus appeared on the application of suction. The condition cleared up without operation. (4) Female, aged sixteen, suffered from *anæmia* and had had frontal headache for two months. Cerebro-spinal fluid was under increased pressure. There was a little dry pus in the posterior part of the right nose, and the posterior end of the right middle turbinal was removed, without the discovery of any sinus suppuration. The headache, however, disappeared. Gerhardt remarks that probably all headaches are due to increased pressure of the cerebro-spinal fluid. He thinks that the first two cases are clear, but admits that in Case 3 the traumatism and in Case 4 the anæmia might give rise to headache. The exact pathology of serous meningitis is not known, but the possibilities are: (1) penetration of organisms and (2) collateral œdema. Gerhardt thinks we must assume in these cases that disturbance of the paths of absorption of the cerebro-spinal fluid, *i. e.* the

cerebral sinuses, Pacchionian bodies, arachnoid veins and lymph channels, and the nerve sheaths. For rhinologists the conclusion is comforting, *i. e.*, local operative treatment is important in cases of acute or chronic serous meningitis. The nasal condition may be only a slight mucous catarrh, which may only be discovered after minute investigation. Gerhardt thinks that probably many idiopathic and influenzal cases of serous meningitis are not recognised as being due to nasal conditions. [It might probably be as correct to state that intra-nasal treatment accompanied by blood-letting may lower the tension of the cerebro-spinal fluid, and so remove headache at least for the time.—*Abstracter.*]

J. S. Fraser.

LARYNX.

Sheldon, J. H.—Note on a Case of Congenital Laryngeal Stridor. "Lancet," November 14, 1914, p. 1147.

A Madrassee male infant, aged five months. Born at eighth month and hand-fed from birth. The chief features of the case were: (1) Stridor present from birth; (2) transverse furrowing of the lower chest-wall; (3) certain auscultatory signs (division of inspiratory murmur during stridor into two, sometimes three, separate sounds); (4) absence of cyanosis; (5) absence of laryngeal excursion; (6) a heart-rate uninfluenced by respiratory movements; and (7) excellent health of the child. The stridor was inspiratory and always present, both sleeping and waking, save for short periods of half an hour during sleep and whilst taking the bottle. *Macleod Yearsley.*

EAR.

Barnhill, J. F.—Two Cases of Sarcoma of the Dura Mater arising in the Vicinity of the Mastoid Process, with vague Symptoms simulating Mastoiditis. Operation in each Case followed by ultimate Death. "Annals of Otology," xxiii, 381.

The somewhat long title explains the paper. The patients were: female, aged thirty-six, and male, aged twenty-eight. The writer can only find one very similar case reported (by Glogau, *Annals of Otology*, xx, 428). *Macleod Yearsley.*

MISCELLANEOUS.

Perutz and Sippel (Würzburg).—Chemio-Therapy of Skin Tuberculosis by the Intravenous Infusion of Gold Potassium Cyanate, with special reference to Lupus of the Mucous Membrane. "Zeitschrift für Laryngologie," Band vi, Heft 6.

Herxheimer and Altmann have treated twelve cases of lupus with a combination of salvarsan and old tuberculin, with success. Finkler and von Linden have used hydrochlorate and hydriodate of methylene blue, chloride of copper, and also a combination of copper and lecithin. These preparations can be given internally, subcutaneously, or by intramuscular or intravenous injection. Of late gold salts have been employed, especially gold potassium cyanate. Bruck and Glück treated twelve cases intra-

venously with this remedy. Some of the patients got tuberculin as well. In Seifert's Clinique at Würzburg, eighteen cases of lupus of the skin and mucous membrane have been treated with gold potassium cyanate alone, since January, 1913. Perutz and Sippel began with 0·07, and had no bad local results as regards the vein injected, and only two cases of infiltration. The injections, however, were often followed by a rise of temperature. One patient, who had already had two injections, soon after the third complained of giddiness and fainted. Later, the patient suffered from spasms, sweating, and vomiting. The writers state that gold is supposed to have a great effect in preventing the development of the tubercle bacillus. The writers, however, found that gold potassium cyanate did little good, and they appear to have carried out the treatment very thoroughly. Four cases had only one series of injections, six cases had two series, and two cases had three series. The writers state that fresh nodules appear soon after the treatment, and think that the remedy seems to "mobilise" the tubercle bacillus. They do not think that in gold we have found the wished-for chemio-therapeutic remedy for tuberculosis.

J. S. Fraser.

Turner, Logan, and Fraser, J. S.—Direct Laryngoscopy, Tracheo-bronchoscopy, and Œsophagoscopy. "Edin. Med. Journ.," January and February, 1913.

In this paper the authors give a clear account of the indications, the technique, the difficulties, and dangers, etc., of the direct method of examination of the upper air-passages and œsophagus. Several illustrations help to make the description clearer, and a number of cases are reported. *Arthur J. Hutchison.*

REVIEW.

The Origin and Nature of Stammering.

Stammering and Cognate Defects of Speech. By C. S. Bluemel. Two volumes. New York: G. E. Stechert and Co. London, Leipzig, Paris. 1903.

As everybody knows, most books on stammering, voice-production, and similar topics are, like the diadactic novel, written "with a purpose." That we should thus compare them with, say, "The Sorrows of Werther," or "The Sorrows of Satan" (we name these in their chronological order), seems a little unfair to Werther and to Satan, neither of whom, if their biographers are to be relied upon, either stammered or required lessons in voice-production. But the fact is that in both of these classes of literature, the author is getting at us, although, to be sure, it may not be until the last line of the last page has been reached that the uneasy suspicion begins to dawn upon our minds that things are not what they seem, and that we have been done.

Sometimes, it is true, the suspicion never dawns. In which case, to continue to metaphor, we remain enveloped in the darkness of ingenuousness, and the author has laboured in vain.

When, however, the suspicion does dawn, then works on stammering and voice-production join those masterpieces of Goethe and Marie Corelli, than which no fate more gloomy can be imagined.