

## LARYNX.

**Kellock, T. H.**—*Foreign Body in Left Bronchus; Removal by Operation.* "Lancet," November 15, 1902.

After tracheotomy a bent silver wire was found more effective than the usual unbending instruments. *StClair Thomson.*

**Potter, E. Furniss.**—*Removal of the Epiglottis as a Palliative Measure in a Case of Inoperable Malignant Disease of the Larynx.* "British Medical Journal," July 19, 1902.

The main symptom in this case—one of rapidly-growing malignant disease of the larynx in a male patient, aged forty-eight—was excessive dysphagia. The epiglottis was markedly involved. The author removed by means of a galvano-cautery snare about four-fifths of the whole epiglottis, with very marked relief to the patient's sufferings. There was no hæmorrhage during the operation. A few days after the removal of the epiglottis the patient was able to enjoy an ordinary meal. *W. Milligan.*

**Younge, Eugene S.**—*The Treatment of Early Cancer of the Larynx by Thyrotomy, with an Account of Two Successful Cases.* "Lancet," November 15, 1902.

Refers to two cases of intrinsic epithelioma of the larynx. The first was in a male, aged fifty-seven, who had been hoarse for twelve months. Tracheotomy was performed one week before thyrotomy. The left cord was excised together with a portion of the left ventricular band and arytenoid cartilage. No recurrence one year and three months after operation.

The second case was a male, aged sixty-seven, who had been hoarse for eighteen months. Tracheotomy and thyrotomy were performed at the same operation. No recurrence one year and two months later.

*StClair Thomson.*

**Wishart, Gibb.**—*Abductor Paralysis of the Larynx.* "Canadian Practitioner and Review," July, 1902.

The writer records the history of an interesting case occurring in a male patient. At the age of eighteen he was supposed to have contracted a chancre. This was followed by an indefinite history of gummata, but not of glandular swelling or rash. Under antisyphilitic treatment he became well, marrying at the age of twenty-six years, and becoming the father of four healthy children.

It was not until he was fifty-five that paralysis began to manifest itself. It commenced in numbness of the outside and heel of the left foot. Sixteen months later paralysis appeared in the tongue, spreading to the left side of the nose, the cheek, and the face. After another three months hoarseness developed, the voice gradually weakening, and swallowing becoming difficult, as well as attended by regurgitation of fluids through the nose. Impeded respiration also developed. The patient lost 35 pounds in weight. Other symptoms that followed were incontinence of urine, loss of sexual power, atrophy of left temporal and masseter muscles, loss of knee-jerk, muscular sense in both lower limbs retained, but with much inco-ordination of movement. Hearing, sight, and digestion were unimpaired.

Examination of larynx showed vocal cords in position of phonation. In expiration they were slightly pushed apart, particularly the right

one; while in inspiration they sagged closer together, making the respiratory act still more difficult.

Low tracheotomy was done to relieve the stenosis, and the patient was put upon strychnia and arsenic, together with a mixture of iodide of potassa and mercury. Owing to indications of salivation, the latter was not continued very long.

Four years later and at the time of writing Wishart reports improvement. The lost flesh has been regained; the chink between the vocal cords has slightly widened, though the paralysis still continues; the tracheotomy tube cannot be dispensed with, although when the tube is closed with the finger the voice is better than formerly, and the breathing slightly improved.

*Diagnosis.*—*Tabes dorsalis*, with bilateral involvement of the bulbar nuclei of the spinal accessory, and unilateral involvement of the facial, trigeminal, and slightly of the oculo-motor nerves.

*Price-Brown.*

### MOUTH, FAUCES, Etc.

**Hall, F. de Havilland.**—*Death from the Bursting of a Tonsillar Abscess.* "Lancet," September 27, 1902.

Almost all the writers on diseases of the throat mention the possibility of this occurring, and a few cases are scattered about in medical literature. There is one, for example, in Sajous's "Annual of the Universal Medical Sciences," 1889, vol. iv., E. 13. The author examined a young woman suffering from quinsy who died suddenly the following night, and at the necropsy the larynx was found to be full of pus. In most of the fatal cases the abscess was ruptured during sleep. The risk of this accident occurring emphasizes the importance of incising the tonsil in cases of suppurative tonsillitis.

*StClair Thomson.*

**Lyons, Alexander.**—*Death from the Bursting of a Tonsillar Abscess.* "Lancet," September 20, 1902.

A man, aged twenty-eight years, was admitted suffering from a very large suppurative tonsillitis on the left side. He was given a warm bath and put to bed, where he partook of a glass of milk. About half an hour afterwards the nurse in charge of the ward heard him coughing feebly, and on going to ascertain the cause was surprised to find him cyanosed, and the patient was dead in five or six minutes.

At the post-mortem examination it was found that the abscess had burst, and that a large amount of pus had got into the upper part of the larynx.

On looking up the literature on the subject, the writer finds only one case of a similar kind recorded—viz., by Hilton Fagge.

*StClair Thomson.*

**Steward, Francis J.**—*Death after the Removal of Tonsils and Adenoids in a Hæmophilic Child.* "Lancet," November 15, 1902.

A boy, aged seven years, was admitted for enlarged tonsils and adenoids. Ether was administered, and the tonsils and adenoids were removed in the ordinary way. Hæmorrhage at the time of the operation was free, and the patient lost considerably more blood than is usually the case, a good deal being swallowed and subsequently vomited. The bleeding, although excessive, stopped spontaneously, and the patient was put back to bed, when it was noted that the pulse was