

Prof. STOERK mentioned a similar apparatus applied by him some years ago.

Prof. SCHRÖTTER remarked that often patients without any larynx at all, or with only half a larynx, can produce a whispering voice.

Prof. BILLROTH also has observed a whispering voice in patients with extirpated larynx.

Profs. HOFMOKL and HACKER made some remarks concerning œsophagoplasty.

Prof. EISELSBERG showed a patient in whom he had extirpated the larynx some weeks ago for carcinoma. The patient has an artificial larynx. *Michael.*

Wilson, T. Stacey (Birmingham).—*Facial Paralysis.* "Brit. Med. Journ.," November 28, 1891. Midland Med. Soc., October 28, 1891.

EXHIBITION of a young woman, the subject of paralysis of the seventh and fifth nerves, probably due to a cerebral meningeal lesion. The author says that a point of interest in the case was that the palate moved perfectly, and that the uvula could be completely retracted without the least sign of paralysis. On the affected side there was distinct impairment of hearing, probably due to paralysis of the stapedius muscle. Taste on the anterior part of the tongue was lost. [As the researches of Vulpeau, Beevor, and Horsley have shown that neither the fifth nor the seventh nerve has anything to do with the motor innervation of the soft palate, it is not surprising that, in this case, neither palate nor uvula showed signs of paralysis. The spinal-accessory is the motor nerve of these parts.—ABTRACTOR.] *Hunter Mackenzie.*

Schiffers (Liège).—*Foreign Body in the Œsophagus.* "Annales de la Soc. Méd.-Chirurgicale de Liège," 1891, No. 11.

A YOUNG boy of sixteen had swallowed a Belgian two-franc piece, which had become arrested in the upper part of the œsophagus. The only symptom produced was difficulty of deglutition. An unsuccessful attempt was made to extract the coin through the mouth. The "potato cure" was adopted, and on the next day castor oil administered. On the fourth day the coin was discharged in the stools. *Hicquet.*

LARYNX, &c.

Wolf (Metz).—*Contribution to the Anatomy and Physiology of the Larynx.* "Deutsche Med. Woch.," 1890, No. 43.

A MAN, thirty years old, noticed crepitation when he moved his head up and down. Objectively the author found abnormal mobility of the thyroid on the cricoid cartilage. Sometimes he believed a little dyspœna arose. The author believes that there is chronic luxation of the crico-thyroid joint. [The same noise, by moving the cartilages with the hand,

can easily be produced in everybody, and there was nothing remarkable in the case.—REP.] *Michael.*

Munk.—*Experiments concerning the Superior Laryngeal Nerve of the Horse.* "Archiv für Anat. und Physiologie" (Physiol. Abtheil.), 1891, Heft 1 and 2.

POLEMICAL article, dealing with the papers of Pineles and Exner on the same subject. *Michael.*

Padütcheff, Vladimir A. (Ekaterinburg).—*Laryngitis Acutissima (Œdema Glottidis).* "Transactions of the Ural Medical Society," 1891, Vol. I., p. 26.

THE author relates a case of a schoolboy of eleven, in whom, during an attack of measles, there rather suddenly developed alarming symptoms of laryngeal stenosis. When brought to the author's hospital, a few hours later, the patient was in a semi-soporose state, accompanied by cyanosis, almost imperceptible pulse, cold perspiration, and complete aphonia. Without delay tracheotomy (through the crico-thyroid ligament) was performed, and a canula inserted, after which all urgent symptoms gradually subsided. Laryngoscopic examination, made on the next and third day, revealed a most intense œdema of the ary-epiglottic ligaments and epiglottis, the laryngeal introitus being totally closed, and the mucous membrane presenting a dark cherry-red colour. Repeated attempts at removing the canula were followed by attacks of suffocation until the thirteenth day, when the swelling decreased and the tube could be withdrawn. The wound rapidly healed, leaving a small scar. When shown to the Medical Society, four weeks after the operation, the boy was perfectly well in all respects.

The author points out that (1) instances of measles complicated by such severe laryngeal œdema are exceedingly rare; (2) in his patient "exanthematic laryngitis was, probably, accompanied by laryngitis subserosa" [? REP.]; (3) in the course of the last seven years he happened to come across not more than three cases of laryngeal œdema necessitating tracheotomy, the grand total of hospital patients under his care during that period amounting to 11,500. The other two cases referred to patients, aged twenty and twenty-five respectively, in whom the œdema was caused by drinking ice-water, the patients being in an overheated state at the time.

In the course of a discussion which followed Dr. Padütcheff's paper, DR. BORIS I. KOTELANSKY (*ibid.*, p. 22) has communicated two cases of laryngitis acutissima recovering without tracheotomy. In one of them—that of a boy, aged eleven—the laryngeal affection had appeared a week and a half after an attack of measles. In about twenty-four hours there supervened suffocation with cyanosis, etc., the patient's condition becoming apparently hopeless. The boy's parents declining any surgical interference, the treatment was limited to the application of cantharide emplastrum to the neck and inhalations of hot steam, with a two per cent. solution of alum. In about an hour the respiration became free, the patient making a good recovery. The other case was that of an infant with extreme laryngeal obstruction developing in fourteen hours from the first symptoms. The treatment consisted in painting the neck

with cantharide collodion, and inhalations of hot vapours with a solution of perchloride of iron, the result being as strikingly successful as in the former case.

Valerius Idelson.

Zuffinger (Wien).—*Large Varix of the Left Plica Ary-epiglottica.* "Wiener Klin. Woch.," 1891, No. 41.

A PATIENT, sixty years old, had a blue-red tumour of the left plica ary-epiglottica of the size of a pea. Extirpation by the cold wire. The microscopical examination showed it to be a varix. *Michael.*

Zuffinger. — *Multiple Polypi with Cyanosis.* "Wiener Klin. Woch.," 1891, No. 41.

A GIRL, seven years old, suffering from loss of voice for some months, was found on examination to have a tumour filling the whole sub-glottic space. A small piece was removed, and a number of bacilli found therein.

A patient, sixty-five years of age, suffered from dyspnœa. Latterly there was marked stenosis and dilated veins in the neck. The mucous membrane was dark in colour. On the left vocal cord a red polypus was seen pressing against the right side and almost closing the glottis. Second and third deeper tumours could be made out. Extirpation of these removed the severe symptoms. *Michael.*

Scheinmann (Berlin).—*Treatment of Pachydermia Laryngis.* "Berliner Klin. Woch.," 1891, No. 45.

THE author has applied, with good results, inhalations of physiological solutions of salt and instillations of three per cent. acetic acid. *Michael.*

Grant, J. Dundas (London). — *Papillomata of the Larynx.* "Brit. Med. Journ.," Nov. 21, 1891. Hunterian Soc., Nov. 11, 1891.

EXHIBITION of a girl, aged ten years, from whose larynx papillomata had been removed. *Hunter Mackenzie.*

Waxham, F. E. (Chicago).—*Non-Malignant Growth on Vocal Cord.* "North American Practitioner," Vol. III., No. 9.

A MYXO-FIBROMA, half the size of a buckshot, and situated on the edge of the right vocal cord, was removed by cutting forceps.

R. Norris Wolfenden.

Böttcher.—*Syphilis of the Larynx.* Medicinischer Verein in Kottbus. Meeting, Feb. 1881.

RELATION of two cases without special interest. *Michael.*

Strübing (Greifswald). — *Case of Laryngeal Phthisis cured by Tuberculin.* "Deutsche Med. Woch.," 1891, No. 41.

This case is said to have made improvement after forty-three injections of 0·001—0·1 of Koch's lymph. A good portion of the left vocal cord had been destroyed by ulceration. *Michael.*

Williams, Watson (Bath).—*Some Cases of Tuberculous Laryngitis.* "Brit. Med. Journ.," Nov. 7.

A PAPER taken as read before the Bath and Bristol Branch, British Medical Association, Oct. 28, 1891, *Hunter Mackenzie.*

Waxham, F. E. (Chicago).—*Pin in the Larynx*. "North American Practitioner," Vol. III., No. 9.

WHILE holding a pin in the mouth, it had slipped down the patient's throat, and, after coughing violently for a moment, a sharp pain was felt, greatly intensified on swallowing. The pin had fallen head first into the larynx, and the point was driven upwards into the epiglottis. On swallowing a crust of bread, as advised by his doctor, the point was driven deeply into the epiglottis. There was more or less frequent cough, constant pricking in the throat, and difficult and painful deglutition. The patient, a boy of ten, was intelligent, and permitted a careful laryngoscopic examination. The pin was plainly seen with the head directed downward into the glottis, and the point firmly implanted in the tip of the epiglottis. Under cocaine, and with a modified Cusco's forceps, it was extracted with only slight injury to the epiglottis.

R. Norris Wolfenden.

Rauchfuss.—*Intubation of the Larynx*. Deutscher Aerztlicher Verein in St. Petersburg, March 11, 1891.

A RECORD of thirty-five cases of intubation with thirty per cent. of cures. In eight cases tracheotomy had to be resorted to. *Michael.*

Küttner (Berlin).—*The Influence of Tracheotomy on Laryngeal Affections*. "Berliner Klin. Woch.," 1891, No. 35.

A CASE of tubercular ulcers of the larynx and pharynx had been treated with tuberculin and the curette. Dysphagia and dyspnoea followed, and tracheotomy was performed. Laryngotomy was afterwards resorted to, and the galvano-cautery applied. The canula was worn for fourteen days, and three months later there was nothing but cicatrices as residues of the disease. *Michael.*

Baginsky (Berlin).—*On Tracheotomies*. "Archiv für Kinderheilk.," Bd. 13, Glück } Heft 4, 5, and 6.

OF 244 cases of diphtheria at the Friedrich Krankenhaus in Berlin, tracheotomy had to be performed in 68 cases with 23 (34 per cent.) cures. The authors have observed that the cases with ascending temperature after operation gave a worse prognosis, because of complications. Some communicated cases prove this fact. In nearly all cases superior tracheotomy was performed. If there were no asphyxia, chloroform was given. The cricotomy should be made only in cases of great danger, because it causes granulation stenosis, and, if the disease is very severe, sometimes causes necrosis of the cartilages. followed by stenosis, and the removal of the tube is very difficult, as instanced by the following case. Fourteen days after the operation of cricotomy in a little patient, the canula could not be removed. Intubation was tried ineffectually. Necrosis of portions of the cricoid cartilage, with numerous granulations, had occurred. The condition was treated by enucleation of the granulations by means of different forms of dilating canules (Dupius, Stoerk, Bruns), but without effect. Laryngo-fissure was now performed, and the cicatrices extirpated, and the authors hope that the canula can shortly be removed. *Michael.*

Socin (Basel).—*Extirpation of Larynx.* Versammlung des Schweiz. Aertzlich. Vereins, March 31, 1891.

THE author records the case of the total extirpation of the larynx successfully. *Michael.*

Avellis (Frankfurt-a-M.).—*Clinical Contributions on Unilateral Paralysis of the Larynx.* "Berliner Klinik," Heft 40.

OF 150 cases observed in the clinic of Dr. Moritz Schmidt, in 85 cases the etiological cause could be found. It was caused by tubercular infiltration of the lung in 12; by swollen glands of the neck in 7; goitre and its operations in 15; œsophageal tumour caused 5; aneurism caused 24; other causes, 27. In 10 cases the unilateral laryngeal paralysis were combined with paralysis of the palate. The right band was paralysed in 92, the left in 46 cases, both in 12 cases. The second chapter relates a case of virile hysteria, hysterical anæsthesia, deafness, and other anomalies combined with unilateral paralysis of the vocal band. Firstly, a cerebral affection was suspected, but the case was cured by hypnosis. In the third chapter the author speaks of the combination of paralysis of the palate with paralysis of the laryngeal muscles, which he has observed in 12 cases, and which is not yet published by other authors. *Michael.*

Herringham (London).—*Fusiform Aneurism of a Right Aortic Arch.* "Brit. Med. Journ.," Nov. 21, 1891. Clin. Soc. of London, Nov. 13, 1891.

THE author read an account of the case of a man, aged thirty-nine, in whom a right aortic arch passed behind the œsophagus to the left side of the spine, and, becoming dilated, killed the patient by long-continued pressure of the trachea. The symptoms were severe cough, great inspiratory dyspnœa, paralysis of the right side of the larynx, hæmoptysis, and, later, dysphagia. After death there was found a fusiform dilatation of the aorta extending from the ascending part of the artery to the origin of the cæliac axis. Instead of passing in front of the trachea as usual, the right aorta had been preserved, and this, to reach the normal position on the left of the spine, passed to the right of the trachea and œsophagus, and then between the œsophagus and the vertebræ. Becoming dilated, it pushed forward, and bent and compressed the trachea. Instead of passing under the subclavian artery, the right recurrent laryngeal nerve passed under the aortic arch: hence the paralysis of the right side of the larynx and the escape of the right pupil. The specimen is now in the museum of St. Bartholomew's Hospital, and is believed to be quite unique, only twenty instances of the anatomical variety being known, none of them aneurismal.

Hunter Mackenzie.

Roman von Baracz (Lemberg).—*Median Tracheocele.* "Langenbeck's Archiv," No. 42, p. 523.

THE patient had a tumour about the size of a walnut in the jugular region, covered with normal skin. A tympanitic note was got on percussion. During the act of coughing the tumour enlarged to the size of an egg. An incision was made, when a large quantity of mucus and

air passed through the opening, and a probe went directly into the trachea. The author treats of the etiology, and points out that embryonic malformations may give rise to these tumours as well as disease of the tracheal cartilages.

Michael.

Treitel (Berlin).—*Stammering followed by Stuttering.* “*Berliner Klin. Woch.*,” 1891, No. 39.

DESCRIPTION of a case in which both anomalies were combined.

Michael.

Wyllie (Edinburgh).—*The Disorders of Speech—Stammering.* “*Edinburgh Med. Journ.*,” Oct., 1891.

Dr. WYLLIE recalls the two mechanisms required in speech—the laryngeal and the oral (the vibrator and the resonator). Normal speech requires perfect co-ordination of the action of the two. Very commonly stammering is due to delayed action of the vocal or laryngeal element, as is proved by its disappearance under the strong voluntary or automatic vocal effort made in singing, or shouting, or intoning. In speech some consonants are voiced (*b, d, z*, etc.), others are voiceless (*p, t, s*, etc.), and it is in the latter that the stammerer is most likely to come to grief. There is commonly a want of promptitude in attacking the initial consonant, and often the chest is only half filled with air. Sometimes again there is a surcharge of energy, and the explosives and nasal resonants are prolonged. Spasmodic movements may also take place. The greater frequency (5 to 1) in boys than in girls is not explained. Heredity and, probably still more, imitation appear to be causes. Sudden and violent emotion, such as a severe fright, is a well-known exciting cause. Dr. Wyllie advises that the patient should direct his attention instantly to the production of laryngeal sound (as by intoning the first syllable of his sentence), and not to the formation of speech by the mouth. He should utter full and resonant but natural tones, reading aloud, and if possible singing. He should be instructed to fill the chest at proper intervals. A study of the physiological alphabet is often of value. In cases of difficulty the daily attention of a specialist is indispensable, but intelligent determined patients can do much for themselves. [It will be seen that this well-reasoned analysis of the phenomena of stammering agrees in the main with the views expressed somewhat more popularly by Mr. Emil Behnke, whose lecture on the subject we abstracted in the number for July, 1891, of the *JOURNAL OF LARYNGOLOGY*. The opinions of an enlightened physician, like Dr. Wyllie, are well worthy of study in the original paper.]

Dundas Grant.