

LARYNX, &c.

Hajek (Wien). — *Laryngo-Rhinological Communications*. "Internat. Klin. Rundschau," 1892, Nos, 31, 32, 33, 34, 35, 38, and 40.

1. IN a boy, twelve years old, a tumour was found to arise from the base of the tongue. The length of the tumour was two and a half centimètres, and it was of the same colour as the tongue, and covered with papillæ fungiformes. It was extirpated. Microscopical examination showed that it had all the histological characters of the tongue, viz., muscles, mucous membrane, and papillæ.

2. Tuberculous infiltration in the posterior regions, and multiple noduli in the anterior part of the tongue. Tuberculosis of the tongue combined with tuberculosis of the larynx and the lungs.

3. Tuberculosis of the gum observed in a phthisical girl, seventeen years old.

4. Sarcoma of the soft palate, simulating a peritonsillar abscess. The tumour seemed to present fluctuation. Incision was followed by severe bleeding. Some time later there was increase of the tumour, and death followed. Microscopical examination showed that it was a round-celled sarcoma.

5. In four cases the author observed symmetrical congenital defects in the arcus palati. By the absence of cicatricial tissue syphilis could be excluded.

6. In four cases accessory tonsils were observed, situated on or near the tonsils.

7. Bursitis and diffuse catarrh of the naso-pharyngeal space. Different variations of this disease have often been observed by the author.

8. Scrofulous ulcers of the pharynx have been sometimes observed; they are similar to tertiary syphilitic affection or hereditary lues, but can be distinguished from these by the failure of specific treatment. By curetting, followed by application of lactic acid, they are sometimes cured.

9. The author has operated in five cases of total adhesion of the soft palate to the posterior pharyngeal wall in the following manner:—After cocaineization of the pharynx and retro-pharyngeal space a curved probe is introduced through the nose down to the adhesion. By subsequent extension of the wound by a uvula hook and tampons of iodoform gauze, it is possible to remove the soft palate from the posterior wall without any loss of substance. By applying rubber plates recurrence is prevented; but for a long time afterwards the palate must be extended with the uvula hook.

10. Inflammation of a retro-pharyngeal struma was observed in one case, and cured.

11. Operations for deviations of the nasal septum were performed in twenty-five cases. In cases of circumscribed deviation of the cartilaginous septum, the author cut off the protruding piece. He has never seen that

the defect made by this operation caused any damage to the form of the nose, and therefore all complicated methods serve no purpose. In cases in which the deformed piece was too large to cut out, the author circumcised the whole cartilaginous septum; then he could dislocate it, and put it in the right position. He applies the instruments which are recommended by Jurasz.

12. Rhinolith. A stone, 2·7 centimètres long and 2 centimètres broad, was removed from the nose of a patient forty-two years old. It seemed to have been in its place twenty years, and had produced a perforation of the septum and atrophy of the turbinated of the diseased side.

13. Tuberculosis of the nose. Some cases have been treated with the best results by scraping and application of lactic acid.

14. Ulcus perforans septi narium. In cases of bleeding of the nose lasting a long time sometimes a defect of the septum arose, and a careful anamnesis of such cases nearly always demonstrated that bleeding had arisen there. The author has observed a patient who has had pruritus of the septum since youth. By scratching with the finger he always removed a crust. Suddenly he remarked a deflection in the septum.

Michael.

Spohr.—*Five Cases of Laryngeal Tumour.* "Journ. of Ophthalmol. and Laryngol.," July, 1892.

Two of these cases were ordinary papilloma of the vocal cords, which were successfully removed with Schrötter's forceps. A third was an example of local hypertrophy of mucous membrane, accompanied by general congestion, and was cured by insufflations of chloride of zinc. A fourth was a case of chondritis nodosum, which was treated by means of the solid stick of nitrate of silver applied to the elevations, which, along with general tonics, was successful. The author thinks that faulty and impeded abdominal breathing from constricted waist has much to do with the production of this laryngeal trouble. The last case was one of fibroma laryngis, following "la grippe." A cold wire snare was used to remove some of this, and the remaining portion was torn away with forceps. A few fragments still left are being treated with the solid caustic stick.

B. J. Baron.

Solis-Cohen.—*Laryngectomy.* "New Orleans Med. and Surg. Journ.," Aug., 1892.

THE man on whom this operation had been performed was shown to the members of the Philadelphia County Medical Society.

Nineteen years ago Lefferts removed a large papilloma of the larynx. For ten years the patient was quite comfortable. Then for several years various methods of treatment were tried, but without avail. Early in this year he was tracheotomized as dyspnœa was so urgent, and on a piece of the growth being removed and examined microscopically it was found to be sarcoma. Thyrotomy was then done, and the growth scraped away from the larynx. Rapid recurrence ensued, and laryngectomy was decided on. The previous operations, which led to cicatrization, caused some difficulty. A Trendelenburg canula was used, and a piece of ordinary sponge was moistened and secured around the canula, and over this was

tied a bulbous india-rubber tube, which answered admirably. The œsophagus was stripped from the tips of the arytenoid cartilages and larynx down to the base of the first ring of the trachea without perforating it. After the operation he was constantly watched for eighty hours, and twice during that time his life was saved by removing mucus from the tracheotomy tube. The œsophagus opens to receive water, and the case shows that it is physiologically correct to state that the lungs exhale moisture, since this man breathes exclusively through his tracheal tube, and yet his expired air is wet. The author does not think that this is an instance of the conversion of a benign into a malignant growth, but that the latter merely grew from the site of the former benign growth.

B. J. Baron.

Mules, P. H. (Bowdon).—*Thyrotomy in Childhood for the Removal of Laryngeal Growths.* "Brit. Med. Journ.," Feb. 27, 1892.

THE author recommends this step only where it is found impossible to effect removal intra-laryngeally. In his case, a delicate female child aged four, tracheotomy was performed some weeks previously. The child was anæsthetized through the tube, the thyroid split along with two rings of tracheæ, and twenty-five separate papillomata removed (with cutting forceps), which had completely blocked the larynx. The child was running about on the tenth day.

Wm. Robertson.

Kausch (München).—*On Pachydermia Laryngis.* "Münchener Med. Woch.," 1892, Nos. 29 and 30.

A REPORT of twenty-one cases of this disease; three times it was combined with tuberculosis.

Michael.

Robertson, W. (Newcastle).—*Laryngeal Paralysis in Infants.* "Lancet," Sept. 10, 1892.

THE condition in question is a state of persistent dyspnœa lasting over a considerable period and exclusively affecting inspiration. The dyspnœa, mild at first, increases to a state of dangerous asphyxia. The voice and cough were normal, and from this, coupled with the duration of the disease (many months), and the gradual deepening of the symptoms, Dr. Robertson excluded spasm of the adductors and papilloma. He attributes the symptoms to a temporary bilateral abductor paralysis. There was a granular condition of the pharyngeal and post-nasal mucous membrane, and he considered it "justifiable to suppose that irritation set up in these regions is transmitted to the medulla, there exciting and exhausting the accessory nucleus, and that this leads up to impaired nervous energy to the abductors." Unfortunately, no laryngoscopic examination was possible. The treatment found efficacious included the administration of bromide of ammonium, tepid sponging, a nasal alkaline spray, the instillation of a two per cent. solution of resorcin in mineral oil into the nose, the scraping away of the post-nasal granulations, and, in severe cases, occasional intubation of the larynx. [The success in the six cases described as following the treatment—especially that directed to the post-nasum—will impress even those who may not interpret the symptoms

and the results of treatment in quite the same way as our esteemed collaborator.] *Dundas Grant.*

Holz, Benno (Berlin).—*View of the Larynx in a Case of Traumatic Neurosis.* "Berliner Klin. Woch.," 1892, No. 33.

THE patient, afflicted with "railway spine," became aphonic a short time after the accident. Laryngoscopically was seen pachydermia of the free edge of the right vocal cord. During respiration both vocal cords were arcuated, and the arytenoid cartilages made trembling motions. During phonation the processus arytenoidei touched one another, but vocal cords remained arcuated. Diagnosis: paresis of the thyro-arytenoid muscles and atonia glottidis.

In another patient, also affected with traumatic neurosis, the author stated atonia glottidis and a paresis of the postici. This symptom cannot be simulated. *Michael.*

Newcomb, J. E. (New York).—*Notes on a Case of Laryngeal Vertigo.* "New York Med. Journ." Sept. 10, 1892.

THE patient was a man of forty, short and thick-set, of neurotic temperament, who suddenly took cold and became hoarse, having also a spasmodic cough, coming on every half-hour, causing great headache and pain in the side. Discharge of thick yellow mucus terminates the cough. There was catarrh of the nose and pharynx. Examination of the larynx produced violent spasmodic cough, and momentary apnœa, the spasm relaxing with the discharge of thick yellow mucus. Fifteen grains of bromide of potassium, and a sedative cough medicine, were given three times a day. The cough increased, causing a sub-conjunctival hæmorrhage. This continued six weeks and the frequency of the cough diminished, but was followed by general clonic spasm of all the muscles, uncontrollable by the patient, and momentary unconsciousness, and the patient became "blue in the face," and fell down unless supported. There was no preceding dizziness and subsequent drowsiness or mental confusion. These lasted a month, and were finally cured. A little thickening and congestion of the cords was left, with normal incursion. The results of treatment were apparently negative, the attacks subsiding of their own accord. *R. Norris Wolfenden.*

Betz (Heilbronn).—*Etiology and Therapy of Laryngeal Œdema.* "Allgem. Wiener Med. Zeit.," 1892, No. 34.

RECOMMENDATION of injection of pilocarpin. *Michael.*

Kraus, Eugen (Paris).—*Tuberculous Laryngeal Stenoses and their Treatment.* "Allgem. Wiener Med. Zeit.," 1892, Nos. 29, 30, 31, and 32.

A WELL-WRITTEN review of the different methods of treating tuberculous stenoses. *Michael.*

Grayson, C. P.—*General Respiratory Tuberculosis; Pulmonary. Laryngeal, Nasal.* "Med. News," Aug. 13, 1892.

THE case was interesting from the generalization of the disease. The patient derived most benefit from applications of mercury chloride 1-500.

The nasal lesion was curetted, and the same solution rubbed in. Insufflations of iodoform and other powders were ineffective. The patient of course died.

R. Norris Wolfenden.

Seton, B. G. (Punjab).—*Reflex Spasm of the Glottis following Distension of Stomach.* "Lancet," Oct. 1, 1892.

A NATIVE soldier was attacked with severe laryngeal spasm. He had eaten a large quantity of uncooked goat's flesh in pieces of considerable size. After an hour he had discomfort in his larynx. Fomentations over the larynx gave no relief, and that from chloroform was transitory. No emetic could be given on account of the difficulty in swallowing. Counter-irritation, by means of blisters along the course of the vagus, diminished the spasm, and an emetic could then be administered with immediate benefit. The writer holds that the spasm was reflex, and not the result of direct pressure on the larynx by a mass of meat in the œsophagus.

Dundas Grant.

Hulke, J. W. (London).—*A Case of Suicidal Wound of the Throat, completely severing the Larynx and opening the Gullet; suturing of each; survival during several hours.* "Lancet," Aug. 20, 1892.

THE patient was able to speak in a whisper soon after the infliction of the wound, although the upper portion was separated from the lower by an interval of several centimètres, and one vocal cord was damaged. Stout silk sutures were used for the larynx in preference to catgut, and before the stitching a large Trousseau's tube was inserted in the trachea. The title of the paper describes the general nature of the case.

Dundas Grant.

Ast.—*Foreign Body in the Air-Passages.* "Münchener Med. Woch.," 1892, No. 34.

A CHILD, four years old, had inspired a small stone. No cough or dyspnoea followed. Two days later slight attacks of suffocation occurred. The examination of the chest showed that there was on the right side of the lung dulness without breath sounds. Respiration and pulse were accelerated. Temperature 39·5. For the next few days the symptoms of pleuritis appeared. Ten days later a severe attack of suffocation occurred. The stone was coughed out. The pleuritic symptoms afterwards ceased. Convalescence was followed by cure.

Michael.

Harris, T. J.—*A Foreign Body in the Trachea.* "New York Med. Journ.," Sept. 17, 1892.

A PIECE of meat half an inch long was impacted below the vocal cords and posteriorly in the trachea of a woman. A portion was removed by the long œsophageal forceps, the rest being expelled by the patient.

R. Norris Wolfenden.

Spishamy (Moscow).—*Tumours of the Hyoid Bone.* "Deutsche Med. Woch.," 1892, No. 38.

UP to now only one case of tumour of the hyoid bone has been published by Boeckel. It was of the size of two fists. The patient died a short

time after the operation. It was a mixed malignant tumour, cystic fibro-enchondroma. The author's patient, twenty-five years old, had a tumour on the right side of the hyoid bone of the size of an egg. The tumour was remarked five years ago. Operation was performed by Prof. Skliwosowsky. Cure followed. The microscopical diagnosis of the tumour was enchondroma.

Michael.

THYROID GLAND, &c.

Warren, J. Collins (Boston).—*A Case of Enlarged Accessory Thyroid Gland at the Base of the Tongue.* "The International Journal of the Medical Sciences," Oct., 1892.

THE author refers to a tumour the size of a hen's egg, attached to the tongue, in front of the epiglottis, in a female aged fifty-two, who had suffered from its presence thirty years, first noticing it at the birth of a child. Becoming inflamed, it caused laryngeal irritation. By drawing the tongue well forward by ligatures passed through its base, the tumour was brought well into view, and enucleated by incisions through the mucous membrane, under which it lay, three vessels requiring ligature. Convalescence occupied two weeks. The tumour was found to possess a smooth fibrous capsule, and to consist of minute cysts, filled with a viscid yellowish colloid material. Under the microscope closed cavities from 0.07 to 0.40 millimètres, lined with low cylindrical epithelium, and filled with a homogeneous material, staining deeply with picric acid and eosin, were observed, all indications that the structure is that of a ductless gland, histologically corresponding to the thyroid. Dr. W. F. Whitney, of the Harvard Medical School, who examined the structure of the growth, is of opinion that it is a thyroid inclusion, pointing out that the middle lobe of the thyroid is developed in a tract which is directly continuous with the foramen cæcum of the base of the tongue. Butlin reports ten such cases, and Bernays and Sutton regard them as accessory thyroid glands, while Wölfler cites accessory glands developing into tumours, both median and lateral *e.g.*, mucous cysts near the hyoid, retro-sternal goitres, tumours below the angle of the jaw, or beneath the sterno-mastoid muscle, etc.

Wm. Robertson.

Palma (Prague).—*Case of Sarcomatosis following Primary Sarcoma of the Thymus Gland, similar to Lymphatic Leukæmia.* "Deutsche Med. Woch.," 1892, No. 35.

THE patient, eighteen years old, suffered from symptoms of leukæmia, evidenced by the result of the microscopical and chemical examination. There was also a tumour of the left inguinal region, with dulness on percussion of the upper part of the left thorax. He died two months later, and the *post-mortem* examination showed sarcoma glandulæ thymicæ progrediens ad pericardium et pleuras, sarcoma secundaria glandularum lymphaticarum hepatis et lienis.

Michael.

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