

## LARYNX.

**Ebstein.**—*Case of Syphilis Hereditaria of the Pharynx and Larynx*  
 "Wien. Klin. Rundsch.," No. 48, 1898.

Child, eight years old; signs of cured keratitis. Saddle nose; maxill. super. sunk in; cicatrices of rhagades in the mouth. Ulcers on pharynx and epiglottis. The right arytenoid cartilage swollen and also ulcerated.  
*R. Sachs.*

**Herr Brauer.** (Naturhistorisch Medicinisches Verein, Heidelberg).—*Pedunculated Intratracheal Tumour, causing an Inspiratory Clapping Sound.* "Munchener Medicinische Wochenschrift," No. 6, 1899.

A woman of forty-eight had for three years felt something in her throat flapping upwards and downwards with respiration; latterly there was increasing dyspnœa. There is to be heard on respiration, both in the neck and over the lungs, immediately after the beginning of inspiration, a short clapping sound, which is propagated from the laryngeal region, and which laryngoscopic examination shows to be due to a pedunculated tumour on the tracheal wall. The tumour encroaches on a large part of the tracheal lumen. It is pedunculated, and springs from the first tracheal ring. It was removed by tracheotomy, and microscopic examination showed it to be an angio-sarcoma, apparently a fibroma undergoing sarcomatous degeneration.

*Guild.*

**Lambert, W. W.** (Kamloops, B.C.).—*Sixteen Cases of Serum-Treated Diphtheria.* "Montreal Medical Journal," March, 1899.

In all these cases the writer appears to have depended entirely upon serum-therapy for treatment, for there is no mention in his article of any other treatment whatever. Fortunately, all the cases recovered but one. In this case the patient, aged fourteen months, did not come under treatment until the sixth day, and notwithstanding that he administered by injection 12,500 units of antitoxin in three doses, the child died (!).

The other fifteen cases were all between the ages of seven years and fifty years. All were treated early, only two being as late as the third day. The largest amount of antitoxin given to any of them was 5,000 units, to a boy aged twelve years. All were cured between the periods of six hours and four days, and in no case was there a sequel of post-diphtheritic paralysis or nephritis.

Five of the cases are reported as "diphtheria and scarlet fever," and eleven as "diphtheria."

Bacteriological examination is not mentioned (?), neither is the Klebs-Loeffler bacillus referred to in the article (?).

Speaking of serum treatment, Lambert says that it has no unpleasant or harmful effect upon the system, and should be used fearlessly. He claims that it is of great value in diagnosis, and is so certain in its action, that should diphtheria be present, the symptoms will ameliorate; while if no effect be produced, the case will be scarlet fever or ordinary tonsillitis. He says, also, that the injection should not be made in the arm, as it will be followed by local dermatitis or urticaria.

*Price-Brown.*

**Weber, F. P.**—*Case of Dysarthria and Delay in Learning to Speak following Cerebral Disturbance in Infancy.* "Roy. Med. Chir. Soc.," April 25, 1899.

The patient, who belongs to a healthy family, is now seven years old. The history is that at two years of age he was just learning to speak like other children, when he was attacked by some acute disease with cerebral symptoms. This illness left him unable to speak, but apparently unaffected in other ways. When seen at five years of age he was able to utter peculiar sounds, doubtless an attempt at articulate language. He was physically fairly well developed, could hear well, understand what was said to him, and appeared to be of average intelligence. He then gradually began to speak, though with obvious difficulty in getting the sounds out, and with great defects in pronunciation, dropping the consonants at the end of most words, and replacing the sounds of *K*, *G* (hard or soft), *Ch*, and *S* by a *D*-sound or *T*-sound. Such "lalling"-like defects, together with stammering, rendered his speech most imperfect. He could recognise single figures and the letters of the alphabet, but could hardly recognise even short words when shown them on paper. He sometimes made mistakes in writing his own Christian name, although he had doubtless been repeatedly drilled at it. He could not recognise his name when shown it in printed characters. He seemed, in fact, almost word-blind. Such was his condition at the age of seven, when seen in January, 1899. He is now making rapid progress in pronunciation.

The condition may best be accounted for by supposing that the infantile illness injured the cortex of both cerebral hemispheres, chiefly affecting the speech-centres (parts concerned in some of the most highly-differentiated functions of the brain). The present case and similar cases differ from the typical ones of cerebral diplegia, with bulbar (pseudo-bulbar) symptoms, in the fact that the movements of the palate and the mechanism of swallowing are not in the least affected.

The speech defect in this case, as in other similar cases, is probably a minor form of what has been described as "idio-glossia" by Hale White and Golding-Bird, and for which F. Taylor has suggested the terms "idio-arthritis" or "idio-phasisia."

A practical point in regard to the present case and similar cases is that the speech-centres, although damaged by some early disease, seem, nevertheless, capable of ultimate fairly normal development. This is confirmed in the present instance by the rapid progress which the boy is making since real trouble has been taken in teaching him by the oral and other methods.

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### THYROID, Etc.

**Baurowicz, A.** (Cracow).—*Thyroid Gland Tumours in the Interior of the Larynx, Trachea, and Bronchi.* "Archiv für Laryngologie und Rhinologie," Bd. viii., Heft 2.

The first reference to a tumour of thyroid gland tissue causing stenosis of the lower part of the larynx was made by Ziemssen in 1875. The patient was a man, aged thirty, who had complained of difficulty in breathing for some weeks. The laryngoscope revealed nothing of importance, and, as he had a moderately large struma, compression of the trachea was suspected. Owing to suffocative