

L A R Y N X.

Bergengrun.—*A Case of Diaphragm in the Larynx.* Meeting of the Medical Society of Riga, Oct. 4, 1895.

A DIAPHRAGM occluding nearly the whole larynx in a patient of forty-three. The neoplasm had been growing fifteen years. The author cut the membrane and treated it for a short time with Schroetter's tube, with a rapid cure. Syphilis could be excluded. The author believes that it was caused by congenital causes.

Michael.

Bianchi and Massei, F.—*A Case of Hystero-Traumatic Aphonia.* ("Safrà un Caso d'Afonia Istero-Traumática.") "Arch. Ital. di Lar.," Oct., 1895.

THE patient, a woman of about twenty-five, belonged to a neuropathic family, but had no personal history of nervous disease, and presented not the least manifestation of hysteria. Being subject for some time to hoarseness and interference with breathing, she consulted Massei, who found on the right vocal cord a tumour, which was removed without difficulty; but the patient, less preoccupied with the laryngeal tumour than the hoarseness, retained after the operation a complete aphonia. At the end of some months, and after cicatrization of the seat of the implantation of the growth, the latter reappeared and soon developed in an alarming manner. The aphonia was naturally attributed to the growth, and a second operation was performed; nevertheless the aphonia persisted. At this time the idea of the hysterical nature of the aphonia suggested itself; but as all the means employed (among others electricity) gave no result, Massei, with the concurrence of Prof. Bianchi, concluded that there was hystero-traumatic paralysis of the vocal cord. Without deluding themselves as to the difficulties of the treatment—naturally more serious than in a case of simple hysterical aphonia—they tried successively suggestion while awake, local and general faradization, galvanization of the vagi, the recurrences, and the vocal cord, hydropathy, etc.; but none of these methods caused the least improvement. Examination of the patient gave no basis for diagnosis; no paræsthesia, no contraction of visual field, no abolition of reflexes, such as one often meets with in hysteria. Moreover, the patient displayed none of the stigmata of hysteria on the moral side; she was quiet, moderately preoccupied, not desirous of speaking of her trouble, and in no way inclined to exaggeration.

It was then decided to give hypnotism a trial. The first attempt to put her to sleep having failed, a second hypnotic *séance* was held, and a perfect somnambulistic sleep was obtained, during which they suggested to the patient that she would speak aloud for one hour—a result which was in effect obtained. At the end of one hour the aphonia returned. During subsequent *séances* the suggestion referred to periods of time of increasing duration. Ultimately they made the suggestion that the cure was complete and final, as was realized in effect. Since then five months have passed without manifestation of aphonia or other nervous complications.

The authors arrive at the conclusion that a surgical operation may sometimes disclose a constitution hysterical and neuropathic, and bring on an hystero-traumatic neurosis where the psycho-physical stigmata of hysteria are absent. They insist that hypnotism may be turned to account in such a case, not merely as a therapeutic agent, but also with a view to diagnosis, by bringing to light the close analogy, if not the identity, which exists between hysteria and traumatic neuroses.

"Arch. Inter. Lar., Otol., and Rhinol." *M. M. (Waggett).*

Guénet.—*Post-Influenzal Paralysis of the Velum, Pharynx, and Larynx.*

NOTES on the case of a man, aged fifty-five, who had a mild attack of influenza. Three weeks later, hoarseness, dysphonia, and dysphagia gradually appeared. The pharynx was paralyzed; reflexes abolished; the sensibility considerably diminished. In the larynx, paralysis of adductors complete on the left; incomplete on the right. The paralysis remained for three months, and was cured by electricity and internal treatment.

A. Cartaz.

Semon, Felix.—*A Clinical Lecture on Malignant Diseases of the Larynx.*
"Clinical Journ.," Feb. 26, 1896.

THE etiology of cancer of the larynx is involved in the same uncertainty as that of malignant disease elsewhere. It is always primary, never secondary or metastatic, or attacks the larynx by contiguity only. The reason of this is the lymphatics of the larynx do not freely anastomose with those of their neighbourhood. Sarcoma of the larynx is very rare; and of carcinomata, epithelioma is by far the most common. The male sex is infinitely more liable than the female, for some unknown reason. Smoking and professional voice-use do not account for the difference. Enormous majority of cases occur between forty and seventy years of age, the extremes in Dr. Semon's experience being twenty-six and eighty-three years of age.

In intrinsic disease the cords are most frequently first affected, and the one invariable symptom present is hoarseness. This may last for months, or even a year or more, without a single other symptom intervening. Pain does not depend on the disease *per se*, but on the implication of the sensory nerves, and may never occur up to the time of death. Slight and repeated hemorrhage is very characteristic, but often there is none. Malignant disease may commence locally as a simple congestion, followed by tumefaction, or may assume at once the form of diffuse tumefaction in any part of the larynx. It may begin as a globular, sessile, nodulated mass, or present the characters of a simple papilloma or fibroma. To distinguish simple from malignant growths, remember the tendency of benign growths to localize themselves in the anterior parts of the cords, while malignant growths appear on the posterior parts, or on the interarytenoid fold, the epiglottis, or aryteno-epiglottidean folds. Again, in simple papilloma the apices are more or less rounded, while in malignant disease the individual projections of the growth are very much pointed, and the growth is much whiter in colour. Impaired mobility of the cord need not always be present in cancer, for the disease may be of a superficial character at first. The average duration of life in cancer of the larynx is between two and three years. The cases most favourable for operation are those in which there is a definite tumour of one cord. Thyrotomy, with removal of all the soft parts on the affected side, has yielded in Dr. Semon's hands fifty-eight per cent. of lasting cures. Where the disease is too advanced for thyrotomy, a part or half of the larynx must be extirpated. The cases most suitable for this operation are those in which the disease is situated on the front parts of the larynx. In cases which do not permit of radical operation early tracheotomy is the best palliative.

Middlemass Hunt.

Thompson, S. A. (Cincinnati).—*Sarcoma of the Larynx.* "Med. News," Mar. 28th, 1896.

THE final report of a case operated on in October, 1895. After a temporary improvement, recurrence took place in November, and at an operation undertaken for removal of the growth it was found impossible to remove all the affected glands, extending as they did under the sterno-clavicular articulation. The tumour was

removed and measured three inches by two in width. The patient rallied rapidly after the operation, but died on December 21st from recurrence in the lungs.

St George Reid.

THYROID, NECK, &C.

Baumann (Freiburg-i-Br.).—*On Thyro-iodine.* "Münchener Med. Woch.," 1896, No. 14.

THYRO-IODINE found by the author in thyroid glands can be obtained by treating the gland with sulphuric acid or by artificial peptonization. It is insoluble in water and ether, but soluble in alcohol and alkalis. It contains ten per cent. of iodine. An analogous specimen, iodogorgo-acid, has been found in Gorgonia, Carolina. Thyro-iodine is combined in the gland with albumen and globuline. Roos has used thyro-iodine in parenchymatous goitres, and has obtained the same results from the use of fresh thyroid gland, but more rapidly. The quantity of iodine found in a gland varies from three to seven and a half milligrammes. Experiments prove that iodine is necessary for the existence of the animal body, and it is possible also for the existence of plants; its presence is indispensable to sea plants, in which it is found in great quantities. The author also has found iodine in calf thymus. It seems that in enlarged thyroids, and especially in colloid goitres, the quantity of iodine is much less than normal.

Michael.

Fischer (Wien).—*The Relation between the Thyroid Gland and the Female Sexual Organs.* "Wiener Med. Woch.," 1896, Nos. 6, 7, and 8.

IN the time of the Roman Empire it was believed that relation existed between thyroid gland and female sexual organs, especially that the circumference of the neck increased after defloration. Goitre is often observed in females at the age of puberty. The thyroid gland increases and goitres most develop at this time. Also during menstruation a swelling of the gland is often observed. The same swelling has been observed by the author in pregnancy. Basedow's disease and myxœdema are influenced unfavourably by gravidity. By labour the gland sometimes increases, and if there is a goitre the swelling may be sufficient to necessitate artificial evacuation of the uterus. In puerperum the gland decreases, but during lactation it increases. By the climacteric, and by genital diseases, goitre and other thyroid diseases are diminished.

Michael.

Formanek and **Haskovec**.—*Contribution on the Function of the Thyroid Gland.* "Klinische Zeit. und Stenitfragen," 1895, Heft 3 and 4.

THE authors conclude: In cachexia strumipriva the number of the red corpuscles decrease, the leucocytes increase, and microcytes appear; the hæmoglobuline is diminished, and the iron in the organs is increased. The thyroid gland is an hæmopoetic organ.

Michael.

Gottlieb (Heidelberg).—*On the Effect of Thyroid Gland Preparations on Dogs after Removal of the Thyroid.* "Deutsche Med. Woch.," 1896, No. 15.

FEEDING with the gland substance or with thyroïden cures the pathologic symptoms after thyroïdectomy. The animals fed with thyro-iodine died from eclampsia in spite of the treatment. The experiment shows that thyro-iodine