

Spivak, C. D. (Philadelphia).—*Nasal Affections as Factors in Chronic Gastritis.* "Philadelphia Polyclinic," March 7, 1896.

THE author draws attention to the probability of pathogenic changes in the nasal mucous membrane being the exciting cause of gastric disturbance in some cases, and strongly recommends more attention being paid to the condition of the nasal passages in obstinate cases of chronic gastritis.
St George Reid.

LARYNX AND TRACHEA.

Lack, H. L.—*Tracheotomy and its After-Treatment.* "Clin. Journ.," Feb. 5, 1896.

AN excellent clinical lecture, in which the author discusses the indications for tracheotomy and the details of its performance and after-treatment, both in acute and chronic laryngeal obstruction. An interesting case is recorded where a malingerer simulated laryngeal stridor, "and submitted cheerfully to tracheotomy without an anæsthetic," before the true nature of the case was discovered.

Middlemass Hunt.

Lacoarret.—*Diffuse Subglottic Papilloma; Extirpation by the Endo-Laryngeal Method.* "Rev. de Laryng.," Jan. 4, 1896.

THE author relates in detail a case treated in this manner and makes some remarks upon treatment. He thinks that endo-laryngeal treatment should always be employed where possible, laryngotomy being only a last resource. In children under seven years of age endo-laryngeal methods are extremely difficult; where they fail and symptoms are urgent tracheotomy may be performed, and endo-laryngeal methods practised at leisure. After tracheotomy, the growths may disappear spontaneously or be expelled. In other cases, as the child becomes more intelligent, extirpation may be made by the mouth—if necessary under chloroform. In a few cases where this is not successful, or where the tumours are subglottic, numerous, or inaccessible, laryngotomy may be a last resort. The author recommends the usual cutting forceps, and, in cases of diffuse small growths, scraping and cauterization.

R. Norris Wolfenden.

Lichtwitz.—*Traumatic Longitudinal Division of the Right Vocal Cord, caused by a Foreign Body with Cutting Edges.* "Ann. des Mal. de l'Oreille," Jan., 1896.

A CHILD, five years of age, playing with a leaden toy, got it into the larynx. Tracheotomy, being urgent, was performed forty-eight hours after. Twenty days after unsuccessful attempts were made to remove the foreign body, which could be felt by the forefinger behind the epiglottis. A week afterwards the body could be neither felt nor seen, but was, however, still there. Thyrotomy was performed and the foreign body easily removed. The canula was removed some time after, but respiration remained difficult. This was found to be due to the presence of a whitish band, thinner in front than behind, which was attached from the anterior internal third of the left vocal cord to the middle of the interarytenoid region. A new thyrotomy was performed by Prof. Demons. The author found the band still there after the operation, and a third crico-thyrotomy was then performed. When the larynx was opened examination under strong light failed to reveal this band. The introduction of a curved probe beneath the left vocal cord allowed the author to raise and surround a fine vertical riband, consisting of a portion of the

cord itself (which, however, was only discovered afterwards—histologically), which resembled a cicatricial formation and was resected at its two points of insertion. Respiration became free; but phonation was worse than previously, requiring much effort to emit a sound. The foreign body had, therefore, torn a portion of the right vocal cord throughout its whole extent, as well as a portion of the mucous membrane comprised between the right vocal apophysis and the interarytenoid region.

R. Norris Wolfenden.

Sendziak. — *Rheumatic Inflammation of the Crico-Arytenoid Articulations.* "Archiv. Ital. di Otol.," 1896, Vol. IV., fasc. 2.

RECORD of a case in which the joints mentioned were first affected, causing serious symptoms of pain, dysphagia, aphonia, high fever, and prostration, followed by affections of the larger joints. This affection is rare, and in the present case the diagnosis had to be made from simple inflammation, tubercular laryngitis, and influenza.

StClair Thomson.

Trifiletti, A. — *Experimental Researches on the Physiological Pathology of the Inferior Laryngeal Nerves.* "Archiv. Ital. di Laringol.," 1895, fasc. 3.

THESE experiments tend to show the different results obtained according to whether the animal is or is not anesthetized; and also according to the intensity and quality of the electric stimuli. The conclusions are as follows:—

1. The recurrent laryngeals in animals (dogs) submitted to the ordinary conditions of electric experiment (anæsthesia, etc., and, above all, the use of electric currents that are neither feeble nor slowly interrupted), behave as nerves of motion. When the entire trunk is stimulated, or its peripheral extremity after section, there is produced first a slight and then a decided movement of the corresponding cord, or of both the cords, to the middle line. When, however, the stimulus is applied to the central extremity of the cut nerve, there is no movement of the cords; and the cord corresponding to the one cut continues to remain in the cadaveric position (paralysis).

2. The recurrent nerves also behave as nerves of motion, and show the influence of the cords already noted when the electric stimulus is applied either to the entire or divided nerve immediately after the death of the animal in the chloroform narcosis.

3. In these conditions the branch of the superior laryngeal nerve which supplies the crico-thyroid muscle is also shown to be a nerve of motion.

4. When the animal is not submitted to the ordinary conditions of electrical experiment (*i.e.*, without anæsthesia, and more particularly with currents of variable intensity and slow rhythm), the recurrent laryngeals react in a different manner — (a) when the entire nerve or its central extremity is stimulated there is abduction, accompanied by a forced inspiration, followed by an immediate and noisy expiration; (b) when the peripheral extremity is stimulated we have tonic adduction.

5. When the animal is not perfectly anesthetized and submitted to currents of variable intensity and rhythm, stimulation of the recurrents gives results which participate in those indicated under paragraphs 1 and 4.

6. In order to explain the apparent contradiction between groups 2 and 3 and the results obtained in group 1, it would seem well to admit there are fibres with reflex action (Krause and Burkart) in recurrent laryngeals, their action in the ordinary conditions of experimentation being masked or prevented by the anæsthesia of the animal; but it is much more reasonable to explain the new phenomena obtained as simply an *experimental result* connected with the intensity and rhythm of the electric currents used as stimuli, exactly as in the last experimental results of F. Hooper, etc.

7. In order to examine directly the laryngeal cavity and the movements of the cords, it would seem advisable to adopt the method of operation employed—*i.e.*, incision of the integuments as far as the deep aponeurosis in the middle line of the neck; detachment of the sterno-hyoid and thyro-hyoid muscles; transverse section of the thyro-hyoid membrane and incision of the lateral glosso-epiglottic ligaments; finally, hooking and pulling out the epiglottis by the opening made.

A good bibliography is added.

StClair Thomson.

Palliative Measures to be Employed in the Dysphagia of Laryngeal Tuberculosis
"Arch. Int. Laryng., Otol., Rhin.," Jan., 1896.

AN editorial note recommending the following:—

Chloro-hydrate of cocaine	25 centigrammes.
" " , morphine	10 "
Antipyrin	2 grammes.
Eau distill. de laurier cerise.....	} āā 50 ..
Boiled water	

"Three or four dessertspoonfuls to be used in the twenty-four hours in the form of a spray."

More efficacious is the following insufflation, the anæsthetic effects of which are established in forty-five minutes, and often persist for many hours, and even all day:—

Chloro-hydrate of morphine.....	2 centigrammes.
Milk sugar	} āā 4 ..
Gum arabic	

The larynx must first be cleared of mucus with an alkaline spray (Vichy water).
Ernest Waggett.

THYROID, NECK, &C.

Berry, J.—*Thyroid Cysts and Adenomata.* "Lancet," March 21, 1896; and "Transaction of the Pathological Society," Vol. XLVII.

THE main object of the communication was to show the manner in which certain common and important thyroid cysts were formed—namely, from solid adenomatous nodules, by the gradual breaking down of the centre of the nodule. Many of the cysts removed by the operation of enucleation could be shown, if properly prepared by hardening in alcohol, to be in reality adenomata. Specimens were shown to illustrate all stages of transition between the early solid adenomata without any cyst to the almost completely cystic tumour, in which mere traces of gland tissue, adhering to the inner surface of the cyst wall, were all that remained of the original solid adenoma. It was pointed out that cysts formed in this manner were particularly well suited for enucleation, since the cyst wall was usually thick and only loosely embedded in the surrounding thyroid gland tissue.
StClair Thomson.

Latter, Dr.—*Surgery of Glands in the Neck.* Folkestone Medical Society.
"Brit. Med. Journ.," March 14, 1896.

OF acute conditions requiring intervention, the adenitis of scarlet fever, coming on during early convalescence, was the most common. Enucleation might be performed or suppuration awaited. With regard to tubercular glands, their removal was indicated by (1) extensive implication of glands (with or without definite suppuration); (2) failure to subside after medical treatment; (3) progressive deterioration of general health.