

NOSE.

Natier.—*Three Cases of Spontaneous Hæmorrhage from the Septum.* "The Laryngoscope," August, 1899.

The writer records three cases of hæmorrhage from the nasal septum which were cured by the use of the electro-cautery. The first was the case of an alcoholic aged sixty-three. The second case—a student twenty-eight years of age—had suffered for fifteen years from epistaxis. The third—a woman twenty-six years old—was cured after suffering for fourteen years.

R. M. Fenn.

Rogers.—*The Prevention of Nasal Catarrh.* "The Laryngoscope," August, 1899.

The writer advocates special attention to catarrhs in children, and insists on the importance of the usual preventive measures with regard to proper and moderate clothing, out-of-door exercise, and the ventilation of schoolrooms. Purulent rhinitis should receive continuous treatment.

R. M. Fenn.

Sendziak.—*Fibro-sarcoma of the Nose with Unusual Course.* From the *Rhino-Laryngologic Casuistic.* "Kronika Lekarska," Nos. 15-17, 1898.

The case is interesting from several points of view: (a) that the growth, soft and freely bleeding, was partially extracted by the endo-nasal method by means of galvano-cautery and the cold snare, while several advised only the external operation; (b) that during five years this tumour had not spread to neighbouring tissues (antrum Highmori, etc.); (c) that the malignant tumour (by microscopic examination fibro-sarcoma) had a cyst filled with serous fluid, of which a large quantity came out during operation. Cysts are not rare in benign tumours (polyps); in malignant, however, they are very seldom seen. The patient was a boy fourteen years old.

John Sendziak.

Veis, J.—*Suppuration of the Accessory Nasal Cavities, and their Importance in General Practice.* "Wien. Klin. Rundschau," Nos. 36 and 37, 1899.

In this paper a very clear sketch is given of the etiology, diagnosis, and treatment of these diseases.

Arthur J. Hutchison.

LARYNX.

Allan, C. M.—*A Suggestion as to the Treatment of Graves' Disease by the Administration of Bile by the Mouth, Hypodermically, and Intrathyroideal, with Cases.* "Lancet," August 26, 1899.

After accepting the view that this disease is an affection of the thyroid gland rather than of the nervous system, and giving some consideration to recent views on the functions of the liver, the author reports some cases in support of the line of treatment mentioned in the title.

StClair Thomson.

Baurowicz.—*Contribution to the Etiology of the so-called Chorditis Vocalis Inferior Hypertrophica.* "Przegląd Lekarski," No. 9, 1898.

In the year 1897 the author published in Polish language a large work on this question. Now he reports two observations of this

disorder. In both, bacteriological investigation with inoculation of the fragments extirpated from the nose showed the *rhinoscleromatic* nature of this disorder. *John Sendziak.*

Baurowicz.—*The more Important Cases from the Clinic of Professor Pieniazek for Diseases of the Larynx, Throat and Nose in the Hospital of St. Lazar.* "Przegląd Lekarski," Nos. 18, 19, 20.

1. Case of rhinoscleroma in which, besides stenosis of the larynx, there was also stenosis of the trachea and first bronchi.

2. Seven cases of stenosis of the larynx after croup; one of them ended with death, following on bilateral inflammation of the lungs: in three cases thyrotomy was performed.

3. Two cases of stenosis of the bronchi from pressure of enlarged tubercular glands in the mediastinum; one of them ended fatally, and the diagnosis was proved by autopsy.

4. Stenosis of the larynx in one case, and stenosis of the trachea in two cases of syphilitic origin. In the first case thyrotomy was performed with excision of swelling below the vocal cords, as well as cicatrix on the posterior wall; the patient (woman) died. In the cases of stenosis of the trachea, relief was obtained by specific treatment.

5. Four cases of cancer of the larynx, in one of which the laryngological picture and clinical course suggested perichondritis of the larynx; the autopsy, however, showed that there was cancer of the larynx.

6. Case of cancer of the soft palate, a tumour on such a thin peduncle that by palpation it escaped and was swallowed by the patient (? Ref.).

7. Case of epistaxis in a young boy affected by Werlhof's disease.

8. Case of bleeding polyp of the nasal septum in a patient with dry catarrh of the anterior part of the septum.

9. Three cases of hæmatomata of the nasal septum—two of traumatic, one of idiopathic origin.

10. Twenty-one cases of peritonsillar abscesses, of which six were behind the tonsil in the posterior arch, the remainder near the tonsil: in one of them the inflammatory process spread to the larynx, resulting in transitory immobility of one side.

11. A case of paralysis of the recurrent nerve following excision of a fragment of the vagus during the removal of tubercular glands in the neck.

12. Five cases of foreign bodies in the air-passages—pea in the nose, needle in the inferior part of the throat, finally in the œsophagus: two of bone, and one of meat impacted. *John Sendziak.*

Biernacki.—*Intubation.* "Kronika Lekarska," No. 17, 1898.

The author gives the superiority of intubation upon tracheotomy, especially in cases of croup in country practice, where there is often the impossibility of the performance of tracheotomy on account of want of suitable assistance. *John Sendziak.*

Cieglewicz.—*The Therapeutic Action of Ichthyol in Catarrhal Inflammation of the Mucous Membrane of the Larynx.* "Przegląd Lekarski," No. 1, 1898.

In the acute form of this disorder, as well as in pseudo-croup in children, the author applied a powder containing 2 per cent. of ichthyol with good results. *John Sendziak.*

Carter, Godfrey.—*The Etiology of Graves' Disease*. "Edinburgh Medical Journal," October, 1899.

The pathological lesions we have to account for in this disease may be considered as being connected with either (1) an affection of the sympathetic nervous system, (2) a toxæmia from increased or altered secretion of the thyroid gland, or (3) the introduction into the system of a poison from without—analogue to the poison which is believed by some to exist in "progressive pernicious anæmia" or in "Hodgkin's disease."

The arguments in favour of the first hypothesis are not sufficiently convincing; against them may be urged (1) that the changes in the sympathetic described by some pathologists are not peculiar to Graves' disease; (2) that, though the sympathetic ganglia have been found diseased in some cases, this is not a constant feature; (3) that only some of the symptoms of Graves' disease can be accounted for by derangement of the sympathetic.

Against the second hypothesis several opinions are quoted. Thus Coates: "The condition of the thyroid gland is only part of the morbid phenomena, and shows no constant lesion after death. It has been found hypertrophied, or abnormally vascular or cystic, but also in many cases normal." Again, Ord and Mackenzie: "If over-activity or over-secretion of a hypertrophied thyroid gland were the whole disease, it ought to be possible to produce it by administration of large quantities of thyroid gland. No one has yet succeeded in producing exophthalmos in this way." As to the theory of the secretion being perverted as well as increased, "of this we have at present no absolute proof." "No explanation has yet been given of the relation of the persistent thymus to the disease."

As to the third hypothesis, viz., the absorption of a toxin from without, or possibly a protozoon, it is stated in Allbutt's System: "Some have looked on Graves' disease as an intoxication."

Progressive pernicious anæmia is probably due to the absorption of an intestinal toxin, Hodgkin's disease is classed amongst infective tumours, and leukæmia is linked with the latter in causation. Simple goitre is "ascribed to an unknown miasm" (Coates); to "the agency of some organic material" (Whitelegge); whilst in the blood of eight patients suffering from recent goitre, Grasset found special parasitic elements. These were spherical bodies, larger than red blood-corpuscles, having no nucleus, but containing pigment, and having a free flagellum four times as long as a red blood-corpuscle. There were also segmented bodies, agglomerated or separate; lastly, bodies of irregular contour containing red pigment, but no nucleus. Simple goitre is a general disease, due to a toxin introduced from without, of which the enlargement of the thyroid is only a part.

The symptoms of acute exophthalmic goitre at once suggest that it is a general poisoning. For example, there occur urticaria, mania, œdemas, diplopia, hæmorrhages, anæmia, acetonæmia with persistent vomiting, etc.

Again, like simple goitre, exophthalmic goitre is predominant in certain localities. In districts where the former prevails so does the latter occur. Lastly, "It is by no means an unknown thing for a person to begin with simple endemic goitre, to persist with it for a considerable time, and then to drift into the exophthalmic form."

The question may, then, be asked, "If the infective theory is correct,

why are women more frequently attacked than men?" A probable answer is that women are more frequently water-drinkers.

Arthur J. Hutchison.

Cox, Robinson.—*Graves' Disease, with Report of the Successful Treatment of a Case.* "Montreal Medical Journal," August, 1899.

In this case the patient was a lady, aged twenty-nine, married, and the mother of one child, aged fifteen months. The goitre and the exophthalmos were both prominent. Pulse 135 per minute; great prostration and loss of appetite; on the slightest exertion perspirations were profuse.

In treatment arterial sedatives, iodide of potassa, hydrochloric acid, and thyroid extract, were all tried faithfully without avail. The pulse by this time was 140 per minute. Then, on the recommendation of W. S. Muir, of Truro, the patient was put upon salicylate of bismuth combined with salol, together with an occasional mercurial purge. The diet consisted of milk and eggs almost exclusively, no meat of any kind, or fruit or vegetables, being given. Absolute rest in bed was enjoined. In six weeks there was marked improvement in every way, with pulse reduced to 100 per minute. In four months she was able to be up without injurious effect. Improvement continued, and a few months later exophthalmos was gone, thyroid enlargement not noticeable, and pulse reduced to 82 per minute.

Price-Brown.

Donogany, Dr.—*On the Function of the False Cords in Phonation.* "Monatschrift für Ohrenheilkunde," January, 1899.

Patients were selected who did not retch when examined. This was to exclude the action of the constrictors of the pharynx. Amongst over 1,000 patients only 150 were found suitable.

During normal phonation the false cords were seen to move in 62 per cent. of the cases examined. The movement always consisted in an approximation of the cords, and was increased during the production of the higher notes.

During ordinary quiet breathing the outline of the false cords is generally somewhat concave inwards and downwards, but sometimes they are convex inwards, and it is this form which shows the greatest mobility. At the moment of phonation they become rounder, thicker, and approach each other, the approximation generally being closest in the middle where a little swelling forms; but sometimes the anterior thirds approach most closely, leaving a triangular interval behind. This happens when a forced note is produced, all the anterior parts of the false cords touching.

On two occasions the false cords receded from each other during the production of high notes. The movements are most marked when short notes are sounded in rapid succession. This brought them out in every case of the 150. The movement begins at the moment when the glottis is closed, and lasts till it is opened again, and is independent of the height of the note.

During the intonation of an aspirate, as is well known, there is a gap between the true cords similar to that seen in paresis of the internus, and during this sort of intonation the false cords separate farther from each other. This was so in every case, both under pathological and normal conditions, unless some mechanical obstacle were present.

Vicarious movements of the false cords varied according to the amount of interference with the true cords, and were especially marked

when closure of the glottis was interfered with or prevented, as from muscular paralysis, ulcerations, tumours, infiltrations.

The false cords may thus touch only at one point (generally the middle) or *in toto*, assuming the function of true cords and producing a voice, which, however, is rough and capable of little modulation.

In pathological cases the false cords act as supplementary closers of the glottis.

When the closure of the glottis is normal, the movements of the false cords may be considered, (a) as associated movements connected with the action of the vocalis muscle, or, (b) as active movements contributory to the closure of the glottis. The latter view is the more probable, but there may be something in both. *William Lamb.*

Downie, Dr. Walker.—*A Case in which a Small Silver Coin was lodged in the Larynx for Four Weeks; Removal with Forceps under Cocaine.* "Lancet," October 14, 1899.

It is somewhat surprising that the coin in the following case did not cause more dyspnœa, obstructing as it did the rima glottidis to so great an extent. Had it been allowed to remain much longer in the larynx, it would have led to ulceration, which might have given rise on healing to such contraction as to have interfered permanently with speech. From a consideration of 1,674 cases of foreign bodies in the air-passages collected from various sources, Bosworth* has shown that 28.6 per cent. of the patients when no operation was performed died, and 25 per cent. died after operation.

A man, aged forty-six years, was seen by Dr. Walker Downie at the Western Infirmary, Glasgow, on September 8, 1899. The patient complained of loss of voice and difficulty in breathing, particularly on exertion, of four weeks' duration. The story which he gave was that on August 12 he was intoxicated. In the early part of that day, while sober, his voice was clear and he had no difficulty in breathing, but on waking up on Sunday morning he could only speak in hoarse whispers, he had considerable pain over the larynx, his respirations were noisy, and he felt as if his windpipe was closing. These symptoms were supposed to be due to a "bad cold," and the use of many homely remedies was accordingly resorted to, without, however, giving him any relief. His nephew, who had been with him on the previous night, told him that he had swallowed a "threepenny-bit," but the patient had no recollection of the alleged occurrence, and maintained that he had done nothing of the sort. (This latter statement was not made until after the coin had been removed.)

On laryngoscopic examination the parts were found to be deeply injected. Both ventricular bands were swollen and inflamed. The greater part of the glottis was seen to be occupied by a flat body thickly covered with muco-pus. The body lay on the vocal cords so that their extremities, anteriorly and posteriorly, alone could be seen. This foreign body was then gently mopped over with a swab of cotton-wool on a laryngeal probe, after which its nature was recognised without difficulty. Although it had lain in the larynx for four weeks, the metal for the most part was bright, and the raised edge and the figure in the centre of the threepenny-piece were readily seen in the mirror. The interior of the larynx was anæsthetized with cocaine, and the coin was at once removed by means of Mackenzie's rectangular laryngeal

* "Diseases of the Nose and Throat," third edition, p. 729.

forceps opening antero-posteriorly. Flat foreign bodies fixed in the position which this one occupied are most readily extracted by forceps of Wolfenden's pattern, but on this occasion none were at hand. After the removal of the coin the upper surface of both vocal cords was seen to be eroded. This erosion quickly healed under the influence of soothing inhalations, and within one week from the date of the removal of the threepenny-piece the patient had fully recovered his voice, and all symptoms of the laryngeal distress complained of while the coin was lodged within the larynx had disappeared. *StClair Thomson.*

Earle, Edward R. C.—*Two Cases of Cut Throat with Opening of the Air-passage.* "Lancet," October 28, 1899.

It is still an unsettled question whether it is desirable in all cases of cut throat to completely close the opening into the air-passage. It was formerly taught that in no case should the wound be quite closed, for œdema of the larynx was very likely to supervene and prove fatal before help could be obtained. Since the introduction of the use of antiseptics the tendency has been towards immediate closure of the wound of the larynx, for it has been found that the diminution of sepsis has resulted in a great decrease in the number of cases in which œdema of the larynx has occurred, and the teaching of the present day is generally that the wound may be completely closed at once with impunity. This is only true of cases which are seen a short time after the infliction of the wound, and in which no laryngeal inflammation has commenced. When, however, many hours have intervened between the injury and the operation, it is advisable to leave the aperture in part unclosed, so that asphyxia cannot supervene, and this is especially advisable when help cannot be speedily obtained should suffocation threaten. Dr. Earle's two cases are interesting examples of severe cut throat, and show how comparatively slight is the general disturbance in such cases if no large vessels have been severed. They are described in detail. The results in both these cases were eminently satisfactory, though they had been subjected to the most unfavourable conditions. Both patients arrived at the hospital considerably over twelve hours after the infliction of the injuries, after having travelled in an uncovered cart, exposed to the mid-day rays of a tropical sun, a distance of twelve and thirteen miles respectively. In the latter case the wound had not even been covered during all that time. Luckily, no large arteries had been severed. In neither case were there any lung complications. This fact was no doubt due to the warm temperature of the air, for the thermometer must have registered from 110° to 120° in the sun. In both cases recovery was complete, the acts of speech and deglutition being unimpaired. *StClair Thomson.*

Faure, Maurice.—*A Fatal Case of Graves' Disease with Co-existing Myxœdema.* "La Presse Médicale," September 23, 1899.

The author records at considerable length the history of this interesting case. A woman, aged thirty-two, began to develop symptoms of Graves' disease, and by the end of six years presented a complete picture of exophthalmic goitre. During the seventh year cardiac insufficiency supervened; during the eighth year the signs of exophthalmic goitre retrogressed, and the cardiac condition improved; then during a period of about three years, during which the signs of Graves' disease, especially the tachycardia, still persisted, myxœdema appeared. During these three years the treatment was at times directed against

the myxœdema, viz., thyroidin or thyroid gland; at others against the cardiac condition, viz., digitalis, with suitable diet, etc. During the eleventh year cardiac insufficiency became very serious, the myxœdema increased, and finally the patient died in asystole.

The most prominent symptoms throughout the course of this case were cardiac, increasing rapidity and irregularity of beat, progressive hypertrophy and dilatation, ending finally in insufficiency. Goitre, exophthalmos, attacks of dyspnœa, bronchitis, tubercular infiltration of the lungs, and myxœdema, were the most important coincident conditions.

Towards the end of the case the thyroid gland was believed to have diminished to its normal size again, but it was found post-mortem to be still three times the normal size, and to press on the cervical sympathetic nerves. Microscopical examination revealed no alteration in its structure.

Exophthalmic goitre and myxœdema co-existed in this case during at least two years. It is therefore impossible that the former should be due to increased secretion, while the latter should be due to diminished secretion by the thyroid gland; but it is quite possible that the function of the thyroid may undergo abnormal alterations in two directions at one time, and give rise to Graves' disease on the one hand, and myxœdema on the other.

The bulbar theory of Graves' disease is not supported by this case, as no changes were found in the restiform bodies or other part of the medulla oblongata.

As for the "sympathetic" theory, no microscopic alterations were to be found either in the ganglia or in the course of the nerve. On the other hand, it was clearly shown at the post-mortem examination that the enlarged thyroid pressed upon the sympathetic nerves on both sides. Claude Bernard has proved experimentally that slight compression of the cervical sympathetic nerves produces increase in the beats of the heart, and its arrest in systole, also exophthalmic and vaso-motor disturbances of the face, neck, and encephalon. These symptoms have also been produced in man by certain tumours in the neck.

Pathological alterations of function of the thyroid gland might account for some of the symptoms of this case. Pressure by the enlarged thyroid on the cervical sympathetic nerves would also account for some of the symptoms; but the question, "What gave rise to the changes in the thyroid gland?" still remains unanswered.

Arthur J. Hutchison.

Freudenthal, Dr. W. (New York).—*The Treatment of Cough and Dysphagia, particularly in Laryngeal Tuberculosis.* "Monatschrift für Ohrenheilkunde," March, 1899.

1. Curetting after Heryng's method. Of twenty-nine cases carefully recorded, eighteen were not improved; in seven there was slow improvement, fairly attributable to the curetting, and in four there was temporary improvement. Of the eighteen not improved, thirteen were in advanced phthisis, with cavities in the lungs, and five were in the early stage. Many of the eighteen thought the curetting did them harm, and with this view the author was often compelled to agree. In many of these cases there was infiltration or ulceration of the interarytenoid mucosa. In the cases which improved, the disease affected various parts of the larynx. The author cannot recognise in advance cases suitable for this treatment; it is with him experimental.

2. He found *orthoform* most useful for dysphagia. It is a white powder (derived from benzoic acid) sparingly soluble in water, inactive upon unbroken skin or mucous membrane, but actively analgesic and non-toxic when nerve-endings are exposed. The following is the best formula :

R. Menthol.	...	...	10.0 grammes
Ol. amygd. dulc.	...	...	30.0 „
Vitelli ovi	...	...	30.0 (about two yolks)
Orthoform.	...	...	12.5 grammes
Aq. destillat.	...	q.s. ad 100.0	„
		Ft. emulsio.	

To be injected with an ordinary laryngeal syringe. (Dose not given.) The emulsion will keep for some weeks. A transient burning sensation sometimes follows the injection, and may be prevented by cocain.

3. For cough the author found *heroin* invaluable. It is a white crystalline powder derived from morphia, slightly soluble in water, but freely so in alcohol, best given in tablets or powder. When given in drops, a little acetic acid must be added. Free from unpleasant effects, except sometimes constipation.

Dose from 4 milligrammes to 1 centigramme for an adult ; for a child, from $\frac{1}{2}$ to 1 milligramme. The author found it to act better than morphia in phthisis, laryngitis, and bronchitis. It diminishes the number of respirations, but increases their depth, and has no injurious action upon the heart and circulation. It is much less toxic than codeia.

Photo-therapeutics.—Dr. Freudenthal's patients often expressed themselves as feeling better after transillumination of the larynx, and the works of Koch, Moleschott, and Gebhart, on the action of light in inhibiting the growth of tubercle bacilli and in promoting tissue change, induced him to try transillumination in laryngeal phthisis. He claims to have obtained encouraging results. *William Lamb.*

Dr. Lublinski reports a case of *Duplication of the Median Glosso-epiglottic Ligament.*

Dr. Henke reports a case of *Entire Absence of the Uvula.* The posterior border of the soft palate was notched at a point generally occupied by the uvula. *William Lamb.*

Ingersoll.—*Benign Laryngeal Tumours.* "The Laryngoscope," August, 1899.

Growths in the posterior part of the larynx should always suggest syphilis or malignancy. If papillomata occur congenitally, they are usually associated with hypertrophy of the faucial tonsils and Luschka's tonsil, or both. If due to laryngeal irritation from mouth-breathing in children, they disappear when this is remedied.

The author records three cases of papillomata removed with Krause's double curette. In the case of a child aged six, the removal was not complete owing to the usual difficulties of intralaryngeal operations at that age. He also records three cases of fibromata successfully treated. Drawings illustrate the various conditions described. *R. M. Fenn.*

Johnson.—*Report of an Interesting Case of Dyspnœa in an Adult.* "The Laryngoscope," July, 1899.

A lady aged twenty-six, of highly nervous temperament, in the sixth month of pregnancy, was taken suddenly ill on January 1 with chills,

raised temperature, stridulous cough, flushed face, great oppression, and failure to talk above a whisper. Her condition improved till January 8, when acute lobar pneumonia supervened. On January 10 dyspnoea increased, and asphyxia threatened; but the breathing was relieved by the expulsion of much viscid secretion and some blood.

Two days later the author found the same laryngeal symptoms and turgescence of the pharynx and larynx; the mucous membrane of the larynx was swollen and presented a dark bluish-red colour. The vocal cords and trachea were not well seen. During examination the patient coughed up a small hard piece of bloody material. On January 13 the dyspnoea increased and cyanosis supervened. Intubation was performed and excited much coughing, with the result that much blood, bloody mucus, a piece of dark-coloured material the size of a large pea, and lastly the tube, were expelled. The symptoms were greatly relieved and the tube was not reintroduced.

There was a slight return of dyspnoea the same night and some dysphagia. She also expectorated a number of pieces of hard membranous material. The larynx was dark reddish-blue and swollen; the cords and the trachea were red. A larger piece of membranous material was subsequently coughed up. It looked like a hard, dry, bloody membrane or scale, and on examination was found to be composed of several layers of dried mucous deposit. No Klebs-Löffler bacilli were found, neither was there tubercular infection of the mucus. The superficial layers contained broken-down epithelium and clusters of pneumococci.

The patient, with the exception of one rise of temperature, did well, aphonia alone remaining on January 24. It is noteworthy that the various attacks of dyspnoea followed a rise in temperature. Lime-water, used in the form of a steam jet, was of value in treatment.

R. M. Fenn.

Martin.—*Report of a Case of Empyema of the Frontal Sinus, with Orbital Abscess; Operation and Cure.* "The Laryngoscope," August, 1899.

This case recurred after the first operation (a modification of Czerny's method), but was finally cured. The middle turbinate was cut out by means of Myles' nippers to allow free drainage.

R. M. Fenn.

Méneau.—*A Case of Argyrism of the Skin and Mucous Membranes due to Repeated Cauterization of the Pharynx with Silver Nitrate.* "Arch. Inter. de Lar.," January-February, 1899.

The author gives a historical account of the literature of such cases, with a bibliography, and adds one personal case. The latter occurred in a man of seventy-three, who had made applications of silver nitrate to his throat on over one thousand occasions. Well-marked argyrisms of the face and thorax was present, and a nasal polyp proved on removal to contain black granules and to present the chemical reactions of silver.

Waggett.

Richardson.—*Asthma as a Reflex Manifestation from Abscess of the Antrum.* "The Laryngoscope," August, 1899.

The author gives two cases of persistent and severe asthma associated with empyema of the maxillary antrum. In the first case (a young woman) a recurrence of the abscess was accompanied by a

return of the asthma. The opening of the antrum, however, on both occasions was followed by immediate relief of the breathing. The patient, who had suffered thirteen years, has remained quite well ever since (three years). In the second case (a man aged thirty-four) there was also immediate relief to the breathing after operation. Any relaxation in the treatment of the antrum is still attended with the reaccumulation of pus and an attack of asthma.

R. M. Fenn.

Sendziak.—*Contribution to the Importance of Examination of the Larynx, as well as Application of Roentgen's Rays in Aneurysm of the Aorta.* "Gazeta Lekarska," Nos. 21, 22, 1898.

In a man, aged forty-five years, with hoarseness, caused by paralysis of the left recurrent nerve, the physical investigation did not show any changes in the thoracic organs. Transillumination, however, by means of Roentgen's rays discovered the existence of a large pulsating aneurism of the aortic arch, which, by pressing upon the left recurrent, caused the cadaveric position of the left vocal cord and hoarseness. Large doses of iodide of potassium afforded relief—the voice became stronger and less hoarse, the left vocal cord assuming a median position. Frequent transillumination with Roentgen's rays showed the diminution of the aneurism, which after two months did not show pulsation. Besides this case, the author reports several others in which transillumination facilitated the diagnosis.

John Sendziak.

Sendziak.—*Cancer (?) of the Larynx—Stenosis of the Œsophagus From the Rhino-Laryngologic Casuistic.* "Kronika Lekarska," Nos. 15-17, 1898.

The above case is interesting on account of difficulty of diagnosis. The most probable was that of cancer of the larynx, the more so as stenosis of the lowest part of the œsophagus was undoubtedly of carcinomatous origin. Against this supposition, however, was the considerable improvement of the state of the larynx (uneven swelling—tumour—in the region of the left arytenoid cartilage, with complete immobility of the whole left side of the larynx). This affection could be of tuberculous origin, although there were no distinct changes in the lungs and *bacilli tuberculosi* were not found in the sputa after several examinations. The patient (a man, fifty-one years of age) died from exhaustion; the autopsy, unfortunately, could not be obtained. The correct diagnosis of the laryngeal disorder was not clear; *i.e.*, had we to do in the above case with primary cancer of the larynx and secondary in the œsophagus, or with tuberculosis of the larynx, evidently also primary?

Microscopical examination of a fragment of the laryngeal swelling, which could be the only absolute criterion of the nature of the disease, could not be obtained.

John Sendziak.

Semon.—*Blood-clots simulating Laryngeal Neoplasms.* "Ann. des Mal. de l'Or.," March, 1899.

Within the last seven years the writer had observed three cases in which blood-clots in the larynx simulated actual neoplasm so closely that an erroneous diagnosis resulted.

Case I.—That familiar in this country, as described in the Transactions of the Pathological Society of London (1891-94)—a case of papillomatous cancer, encased in a blood-clot and bearing a histological resemblance to such tumours occurring in the bladder. As seen in the larynx, it simulated in many respects a pedunculated angioma attached to the ventricular band.

Case II.—That of a clergyman of gouty habit, with a tumour occupying the middle third of one vocal, and apparently attached to its edge. The case has been described in the *Archiv. für Laryngologie*, vol. vi., p. 3. Both in appearance and by reason of its rapid growth, in spite of vocal rest and the exhibition of iodides, the growth closely simulated a malignant neoplasm. Thyrotomy was performed, and, with the exception of some general tumefaction and interstitial hæmorrhage of the cord, nothing was found beyond a simple blood-clot, which was easily wiped off the cord.

Case III.—That of a neurasthenic woman of forty, who had suffered with almost complete aphonia for some eighteen months—a sequel to nervous excitement caused by the death of her father. On examination, which was difficult owing to her extreme nervousness, a large polyp was seen springing from near the anterior commissure. It was red and spherical, and resembled an œdematous fibroma. In an access of cough caused by the introduction of a brush, the whole tumour was rejected, and proved to be nothing more nor less than a blood-clot, though on superficial examination it much resembled a soft fibroma into which hæmorrhage had taken place. The aphonia did not disappear without further treatment in the way of laryngeal swabbing and electrical stimulation.

It is noteworthy that any history of the previous rejection of blood was completely absent, and it is surprising that throughout many months—three months under actual observation—the clot was not expelled by cough.

These three cases differ both in the etiology of the hæmorrhage and in the character of the tumour simulated—angioma, cancer and soft fibroma—and for the present must be regarded as mere pathological curiosities.

Waggett.

E A R.

Biehl, Dr.—*Extensive Transference of Thrombotic Material in a Retro-grade Direction, after Otitic Thrombo-Phlebitis of the Left Sigmoid Sinus.* "Monatschrift für Ohrenheilkunde," January, 1899.

The patient was brought into hospital unconscious. His left ear discharged fœtid pus and fragments of cholesteatoma: mastoid very tender.

Stacke's operation was done. The temperature fell, consciousness returned, and he gave a history of old otorrhœa. Three days later headache and pain returned, and on scraping a discoloured spot in the roof of the attic, thin discoloured pus escaped from the extra-dural space. Temporary improvement again took place, but in a few days fever returned, with rigors. The sigmoid sinus was then exposed, and found discoloured, greenish, and full of pus. It was slit upwards and downwards till solid, dark-coloured thrombi were reached. Soon signs of pleurisy, with effusion, appeared. The jugular vein was tied. Ptosis developed, with some œdema of the conjunctiva and fulness of the retinal veins. Death on the twenty-fourth day.

Post-mortem.—Left transverse sinus as far as the middle line filled with firm adherent thrombi, partly red, partly yellow. The right sigmoid sinus contained a partly-softened adherent thrombus, about an inch long. The right inferior petrosal sinus, the cavernous sinus, the