

## LARYNX.

**Hansberg** (Dortmund).—*Congenital Laryngeal Webs.* "Zeitschr. f. Laryngol.," vol. i, Part I.

Laryngeal webs of congenital origin are much more uncommon than those which are acquired, and, indeed, only a little more than twenty cases are described in the literature. All of these arose from the anterior commissure and extended backwards for a variable distance, but not farther than the vocal processes. They were much thicker in front than behind and ended posteriorly in a concave border. In two cases in addition to the membrane between the cords a second was present at a slightly higher level. Suggestions of web formation are not infrequently met with in the form of a curved instead of an angular anterior commissure.

The author's case was that of a female child, aged eight days, who had been quite voiceless since birth, and had shown signs of respiratory obstruction. It was not possible to obtain a view of the larynx but some congenital malformation was suspected. During the first four months of life the respiratory obstruction gradually increased, and eventually necessitated the performance of a tracheotomy which was delayed until the last possible moment. This was followed a fortnight later by thyrotomy under cocaine and supra-renin. There was found a thick firm membrane beginning in front at, or below, the anterior commissure, adherent for a short distance to the right vocal cord, and extending backwards and upwards on the right side to end just in front of the ary-tæmoid at about the level of the ventricular band. The membrane was dissected out and the laryngeal wound closed. Beyond a rise of temperature for a few days, which occurred also after the tracheotomy, the child displayed no adverse symptoms. The cannula was soon left out, and six weeks later healing was complete and the voice was loud, though a little hoarse. The child has since developed excellently and remains perfectly well.

This case differs from others hitherto reported in that the membrane was asymmetrical, being attached to only one side of the larynx. It is further of interest as an example of the survival of a child of four months after tracheotomy and thyrotomy.

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**Gerber** (Königsberg).—*On so-called "Laryngitis nodulosa."* "Zeitsch. f. Laryngol.," vol. i, Part I.

From observation during recent years of 110 cases of this condition the author has reached the following conclusions: (1) The term "singers' nodes" is misleading: in only 18 of the cases was there a history of more than ordinary use of the voice, either in speaking or singing. (2) It is at least doubtful whether, as has been asserted, females are more often affected than males. Of the 110 cases 63 were females and 47 were males, but this difference is not so great as it appears, for it must be remembered that throat clinics are attended by many more women than men. (3) A large proportion of the cases are in children. Of those observed as many as 47 per cent. were under fifteen years of age. (4) The condition presents two distinct forms, namely, the rounded nodule and the triangular bulging of the cord or saccule. The latter is by far the more common, especially in otherwise healthy children, in whom it is the most frequent cause of chronic hoarseness. This form is not amenable to surgical treatment.

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