

Highmore, seven of the frontal sinus, one of the sphenoidal sinus, and three of the ethmoidal sinus. Seven cases were combined suppurations. Only in four cases he found a connection between suppurations of the antrum of Highmore and dental caries. In fifty-four chronic suppurations of the antrum he found eighteen times (*i.e.*, thirty-five per cent.) nasal polypi. The author thinks the best way to find out if there is any suppuration of the antrum is the puncture of the antrum from the nose. The diagnosis of the suppuration of the ethmoidal sinus is very difficult, according to the author's opinion. In conclusion, he mentions all known methods of therapy of these suppurations. *R. Sachs.*

Lothrop, Howard (Boston).—*Empyema of the Antrum of Highmore. A New Operation for the Cure of Obstinate Cases.* "Boston Med. and Surg. Journ.," May 13, 1897.

DESCRIPTION of an operation for dealing successfully with obstinate cases of this disease by chiselling away the lower half of the naso-antral wall beneath the inferior turbinate, allowing free drainage, and with treatment of the mucous membrane. *StGeorge Reid.*

Miller, J. H.—*Larvæ in the Nasal Cavity.* "Med. Fortnightly," June 1, 1897.

THE reporter was sent for to see a patient, apparently suffering from retropharyngeal abscess. The palate was incised and a maggot appeared. With the aid of a colleague there were removed, in all, seventy-six larvæ, one of which was hatched, and turned out to be a *Musca Cæsar*, or bluebottle fly. The patient was subject to *ozæna*, and the eggs had probably been deposited whilst he was asleep out of doors. *Lake.*

Root, Elign H.—*Case of Complete Nasal Obstruction in the New-born.* "New York Med. Journ.," May 8, 1897.

THE child lived a week. Insufficient respiration was marked by cyanosis after birth. *Post-mortem* examination showed complete occlusion of nasal passages by extreme enlargement of the right inferior and middle turbinals pressing over the soft septum against those of the left side. Portions of the pia mater and the vessels of the base of the brain were also engorged. No surgical interference was attempted. *Sandford.*

LARYNX.

Dionisio, Prof. T.—*A Severe Stenosis of the Larynx on account of Complete Paralysis of the Left Recurrent Nerve, with Introflexion of the Arytenoid Region.* ("Stenosi Laringea grave, da Paralisi completa de Ricorrente Sinistro con Introflessione della Regione Aritenoidea.") "Arch. Ital. di Otol., Rinol., e Laringol.," Avril, 1897.

IN a girl fifteen years old, in whom, since two years, was present hoarseness, and since three months stridulous breathing, the author found a paralysis of the left recurrent (compression from struma). The left arytenoid cartilage was pushed anteriorly and internally, so that the point was near to reach the right vocal cord. Dionisio removed (with galvano-caustic snare) the triangular portion of tissue, which resembled a valve, but he did not succeed; and then he cut, with a Landgraf's forceps, several times the prolapsed tissue.

He is of opinion that such an improvement was caused by luxation of the crico-arytenoid joint, in consequence of the paralysis. *Massci.*

Q Q

Gelphe.—*Demonstration of Two Cases of Operative Procedures on the Trachea.*
Med. Gesellsch. der Stadt Basel, March 18, 1897.

(1) A BOY of six years, in whom it had been impossible to remove a tracheal canula after tracheotomy on account of croup for three and a quarter years. Removal of an angle going in the trachea on the superior edge of the fistula, and afterwards intubation, resulted in cure. No relapse for one and a quarter years.

(2) Strong compression of the throat, fractures of the ribs, pneumo-thorax, cessation of the blood circulation in the arteries of the right arm, with rupture of the trachea in the height of the jugulum sterni; emphysema of the skin; dyspnoea; tracheotomy, together with suture of the trachea; tracheal canula. Cure.

R. Sachs.

Marchiafara, Prof. C.—*A Case of Thorny Wart of the Larynx.* ("Sopra un Caso di verruca Spinosa della Laringe.") "Arch. Ital. di Otol., Rinol., e Laringol.," Avril, 1897.

THE relater, who had the chance of seeing in Rome this interesting specimen, gives a short account of it.

A man, forty years old, died of suffocation forty minutes after his entrance into a hospital. The autopsy showed a large tumour arising from the right vocal cord, and reaching the left as well as the opposite ventricle.

The growth, two and a half centimètres long and six to seven millimètres thick, resembled a foreign body, of a white yellowish colour, provided with many digitations of the same colour, which end in acuminate points, sharp like thorns.

The histological examination has demonstrated its epithelial nature; there is growth of the thorny epithelial cells and complete cornification of the same. It was similar to what happens in the skin: akantosis and keratosis and hyperkeratosis.

The growth, then, better deserves the name of *hard wart* than *thorny wart*.

Massei.

Platt, J. E.—*The Treatment of Wounds of the Air Passages.* "Brit. Med. Journ.," May 8, 1897.

IN thirty-five cases of suicidal wounds of the throat observed by the author, the air passages were injured in ten cases, and in the remaining twenty-five cases the wound was comparatively superficial. The position of the wound was as follows:— In one case above the hyoid bone; in three cases in the thyro-hyoid membrane; in three cases in the crico-thyroid membrane; in one case through the trachea; in one case through the thyroid cartilage and crico-thyroid membrane (two wounds); in one case through the trachea and crico-thyroid membrane (two wounds).

After carefully watching these cases, and the results of treatment, the author has arrived at the following conclusions:—

1. Suicidal wounds of the throat should be treated by primary suture in all cases where the general condition of the patient permits.
2. Antiseptic precautions are most important.
3. If necessary, chloroform should be administered, and is perfectly safe.
4. Divided muscles should be sutured, and in bringing together the edges of the skin the inversion caused by the platysma muscle should be corrected.
5. The wound in the air passage should be completely closed.
6. In many cases it is quite safe to dispense with the use of a tracheotomy tube. If a tube be deemed necessary, it should not be introduced through the suicidal wound in the air passage, but through a fresh vertical cut at a lower level.
7. Silk is the best material for suturing the larynx or trachea.
8. During the after treatment it is unnecessary, except in certain special cases, to feed by a tube or by the rectum.

9. If the above methods of treatment be adopted, not only will a very large proportion of even dangerous and extensive wounds of the air passages recover, but the period of recovery will be greatly shortened, the patient will not be exposed to the same risks of secondary inflammatory complications, and he will be much less liable to the occurrence of permanent stenosis of the trachea, or the formation of an acrial fistula.

W. Milligan.

Richardson, C. W. (Washington, C. D.).—*A Case of Ferickondritis of the Thyroid Cartilage.* "Ann. Otol., Rhin., and Laryng.," May, 1897.

THE patient, a young man of twenty-four years of age, presented himself with the following history. One week previously he felt a slight pain in the region of the thyroid cartilage. This steadily increased, and with the increase of pain dysphagia supervened, and, the night previous to his being seen by the reporter, dyspnoea. He had lost flesh rapidly. His temperature was 100.2° Fahr. The thyroid and cricoid were exquisitely tender, but not much swollen. The interior of the larynx was much altered; the epiglottis was swollen to twice its size. The left wall of the larynx was so swollen that its subcordal portion nearly filled the lumen. The remainder of the interior was much congested. There was no history of injury, but the father had died two years before of tuberculosis. Deep incisions were made into the epiglottis and lateral walls of the larynx, evacuating some pus, and ice applied externally. The next day there was more external swelling. A day later an incision was made to the left of the thyroid cartilage, but no pus was found. The next day there was increase of swelling and a prominence just above the sternal notch. This was cut down on and several ounces of pus found, the left ala being exposed in the abscess cavity. The patient rapidly recovered. The writer is doubtful as to the cause, being divided between trauma and tubercle.

Lake.

Ward, M. R. (Pittsburg).—*Papilloma of the Larynx recurring as an Epithelioma.* Report of a Case. "The Laryngoscope," July, 1897.

THE patient, a female aged seventeen, was the eldest of a family of ten. No family history of carcinoma existed. After recovering from an attack of *la grippe* she noticed that the voice was husky. There was no cough and no dysphagia. As the hoarseness increased in severity she consulted a physician, who told her that she had a growth upon the vocal cord, and treated her by means of applications and sprays to the larynx, but without any improvement. Later on in the same year she had the growth removed. The growth was about the size of a pea, pale pink in colour, and grew from the left vocal cord near the anterior commissure. A microscopic examination of the growth, made by a competent pathologist, confirmed the diagnosis of papilloma. For a time the voice improved, but soon a relapse ensued. About this time she consulted the author, who found the ventricular bands inflamed and swollen. The anterior half of the left vocal cord was completely destroyed by ulceration. The ulcer presented a ragged, irregular, reddish appearance, and surrounding it was an infiltration of the submucous tissue immediately below the left vocal cord, and involving the entire left half of the larynx. The right cord was congested and swollen, and the voice was entirely lost.

In the hopes that the ulcer might be syphilitic, the patient was put upon iodide of potassium, and inunctions of mercurial ointment ordered. All the symptoms, however, increased in severity, and the ulceration extended. Tracheotomy at this time became necessary. The larynx was now sprayed with absolute alcohol, but the treatment had to be discontinued after a two weeks' trial on account of the

irritation it produced. One month after the performance of the tracheotomy the author thus describes the appearances :—

“Fixation of the left and very slight movement of the right arytenoid ; interarytenoid space tumid and œdematous, ventricular bands obliterated by the infiltration and swelling from ulceration of the left vocal cord ; the anterior two-thirds of the left vocal cord completely destroyed ; the chink of the glottis in full inspiration probably reduced to one-fifth or less of its normal size, through which can be seen on the left side of the larynx numerous irregular nodular masses of diseased tissue, bright red in colour. No hæmorrhage until this date. The patient has paroxysmal attacks of coughing ; considerable expectoration consisting of white frothy mucus, sometimes streaked with blood, and occasionally containing shreds of necrotic tissue. Some foetor of the breath ; complains of tenderness over the larynx ; sharp shooting pains in left ear. She is pale, cachectic in appearance, and losing flesh, although her appetite is good and she sleeps well. There is no enlargement of the cervical glands.”

The patient was now admitted into hospital and a thyrotomy was performed. A portion of the growth examined at this time proved it to be malignant. Recurrence soon took place, and a laryngectomy was performed. The patient, however, died from exhaustion four months after the laryngectomy.

The author remarks upon the possibility of benign intralaryngeal growths undergoing at times malignant degeneration, and quotes Gerhardt, who says : “F. Semon has proved that cancerous degeneration of originally benign tumours happens seldom and without anyone’s fault.”

W. Milligan.

THYROID, &C.

Davis, Gwilym (Philadelphia).—*Removal of a Sarcomatous Thyroid Gland without an Anæsthetic.* “Med. and Surg. Reporter,” May 22, 1897.

OWING to the amount of compression the tumour exercised on the trachea, the breathing became so embarrassed that the anæsthetic had to be discontinued ; the tumour was removed successfully.

St George Reid.

Nammack, Charles E.—*A Case of Treatment of Exophthalmic Göttré by Thymus Gland Tablets.* “New York Med. Journ.,” July 3, 1897.

THE author finds the treatment so far satisfactory in this case. He enters into the subject of the etiology of the affection, accepting the theory of its being due to “perversion” of the functions of the thyroid gland, and refers to some satisfactory cases, in which the thymus gland extract had been used.

Sandford.

Oppenheimer.—*On Inflammatory Processes and Deep Suppurations in the Neck.* “Archiv für Kinderheilk.,” Band XXII., Heft 3 to 6.

THIS is the first part of a paper on the above subject, and commences with a short description of the fasciæ, with their interspaces, and of the lymphatic vessels and glands of the neck. Proceeding, then, to the diseases, he first discusses *Retropharyngeal Abscess* (forty-eight cases). Henoch does not think that the etiology and pathogenesis of this condition has ever been satisfactorily explained, and cannot agree with Bokai and Schlitz that it is due to a suppurating lymphadenitis of the deep superior cervical glands. Neumann has produced much evidence in favour of this view, and goes even the length of maintaining that retropharyngeal abscess (or lymphadenitis retropharyngealis) is only one part of a general inflammation of the