

(B) *Casuistics*.—1. A patient, thirty-eight years of age, for many years affected with tuberculosis of the lungs and hæmorrhages, had for two months difficulties in swallowing. The laryngoscope showed nothing abnormal. By introduction of a probe an impermeable stricture in the upper part of the œsophagus was found. Exact examination was impossible, owing to recurring lung hæmorrhages. Some weeks later, *exitus lethalis*. The *post-mortem* examination showed tuberculous stricture of the œsophagus.

2. In the *post-mortem* examination of a patient who died from pulmonary and laryngeal tuberculosis, in the region of the bifurcation in the œsophagus a tuberculous ulcer was found.

3. A patient, forty-six years of age, died with the symptoms of universal tuberculosis. The *post-mortem* examination showed a perforating tuberculous ulcer between the trachea and œsophagus. *Michael.*

LARYNX, &C.

Oertel (München).—*New Laryngo-Stroboscopic Examination*. “Münchener Med. Woch.,” 1895, No. 11.

THE author as early as the year 1878 proposed to introduce a stroboscope into the laryngeal examination of singers as well as in cases of disturbance of the singing voice. He describes the different results obtainable by this method, which makes it possible to observe the undulations of the vocal cords. He concludes that by this combined method the results of laryngoscopic examination are completed, and that it must be regarded as an integral part of the study of the larynx. *Michael.*

Baurowicz (Krakau).—*Scleroma Laryngis sub forma Sclerosis Inter-Arytenoidea*. “Wiener Med. Woch.,” 1895, No. 6.

SEE the report on the laryngoscopical section of the sixty-sixth Naturforscher Versammlung in Wien. *Michael.*

Luese (Schonfliess).—*On Laryngeal Papillomata in Children*. Inaugural Dissertation, Berlin, 1894.

THE author's statistics prove that the endo-laryngeal method of operation should be preferred if possible. *Michael.*

Wherry (Cambridge).—*Laryngeal Growths removed by Operation*. “Brit. Med. Journ.,” Mar. 9, 1895.

THESE occurred in a lad who suffered from aphonia and dyspnoea. Papillary growths obscured the vocal cords. A preliminary tracheotomy was performed, and, after a few days, the larynx was opened by median section of the thyroid cartilage. A large quantity of papillomatous growth was removed from the interior of the larynx and from the region of the false cords. No after application was needed. *Wm. Robertson.*

Tschlenow (Moskau).—*On a Case of Circumscribed Gummatous Non-Ulcerated Tumour of the Larynx*. “Weiner Med. Woch.,” 1895, No. 13.

THE tumour was the size of a nut on the left arytenoid cartilage. The diagnosis was made by means of a complicating specific ulceration of the pharynx. Cure under specific treatment. *Michael.*

Panzer (Wien).—*On Tuberculous Polypi of the Vocal Cords.* “Wiener Med. Woch.,” Nos. 3, 4, and 5.

RECENTLY seven cases of true tuberculous polypi were described by Lermoyez, Kidd, Mackenzie, Schafer, and Avellis. The author relates some cases of his own experience.

1. A patient, twenty-nine years old, affected for some months with hoarseness. The laryngoscope showed a polypus the size of a pea on the left vocal band. Extirpation. The microscopical examination showed the usual hypertrophy. Some months later recurrence. Extirpation. In the lungs no sure signs of tuberculosis. The microscopical examination of the extirpated mass showed characteristic giant cells and tuberculous tissue. At present, two years later, no recurrence.

2. A patient, sixty years old, for some months hoarse. Polypus the size of a pea in the anterior commissure. Extirpation. The microscope showed giant cells and caseous portions characteristic of tuberculosis.

3. A patient, thirty-five years old, with a polypus in the anterior commissure. Extirpation. The microscope showed characteristic military tubercles in the neoplasm.

The author concludes that all polypi should be examined histologically, because only by this examination is it possible to recognize the tuberculous tumours; and that extirpation is the best treatment for these neoplasms. *Michael.*

Schliess (Stettin).—*Method for Removing Fish Bones, etc., from the Larynx.* “Therap. Monats.,” 1894, No. 2.

THE bony foreign bodies should be touched with two per cent. hydrochloric acid or acetic acid if they are in the larynx. If they are in the œsophagus or the stomach, acids (vinegar) should be swallowed. In this manner it will be possible to decalcify them, and so to diminish their dangers. *Michael.*

Arnison (Newcastle-on-Tyne).—*A Case of Cut Throat involving the Larynx treated by Suturing, with complete primary union.* “Lancet,” Feb. 2, 1895.

THE thyroid cartilage was completely severed just below the pomum adami, bringing into view the interior of the larynx. The parts were carefully sutured together with catgut sutures. Primary union was found to have taken place in seven days. *Dundas Grant (St. George Reid).*

Harris, T. J.—*Fracture of the Larynx, and Report of Case.* “Med. News,” Feb. 23, 1895.

THE author has collected and tabulated thirty cases of fracture of the larynx since 1881. In the author's case the fracture, which was seen some months after the accident, occurred whilst playing a wind instrument; the symptoms were sudden pain in the right side of the neck, and swelling extending to the right ear, loss of voice, and dysphagia, also pliability of the bones in the neck. Subsequent double otorrhœa, and persistent cough and headache, chiefly occipital, dyspnœa and inability to swallow solids, with occasional laryngeal pain. The thyroid is excessively mobile, pomum adami indistinct; pain on manipulation, and crepitus is obtained at the upper part of the right ala. The laryngoscope revealed nothing further. *Lake.*

Joel (Gotha).—*Case of Laryngeal Fracture.* “Münchener Med. Woch.,” 1895, No. 13.

A PATIENT, thirty years old, was struck by the hoof of a horse in the laryngeal region. There was a wound in the region of the chin, orthopnœa and bloody

secretion with painful cough and aphonia. Palpation showed crepitation in the laryngeal region. The laryngoscopic examination revealed inflammation of the right ventricular band and great œdema over the right arytenoid cartilage. The right side was immobile. A green foreign body seemed to be present in the sub-glottic space. Tracheotomy was performed with removal of some pieces of the fractured cricoid cartilage. Three weeks later the canula could be removed. The laryngoscope showed, four weeks (and also one and three-quarter years) later, phonation of the right arytenoid cartilage, swelling of the ventricular band and immobility of the right side. The left vocal band passed the middle line. The voice was rough and loud.

Michael.

Jones, W. S.—*Prolapse of the Laryngeal Ventricle.* "Med. News," Feb. 2, 1895.
REPORT of a case. The treatment adopted was electro-cautery. *Lake.*

Meslay.—*Croup, Intubation and Tracheotomy.* Soc. Anat. Paris, Feb. 15, 1895.

A GIRL, three years of age, with diphtheritic laryngitis (associated diphtheria with streptococcus). Intubation during five days. In the afternoon, recurrence of dyspnoea, fresh intubation. Five times the tube was removed and replaced, and cure of the diphtheria resulted. Eight days after leaving the hospital the girl was readmitted, on account of laryngeal spasms with dyspnoea due to bronchial adenopathy with compression of the recurrent nerves. Intubation was tried but the relief was not prolonged and the tube was rejected many times. In all intubation was practised twelve times. The asphyxia increasing, tracheotomy gave permanent and quiet respiration. After ten days the canula was removed, but the child was depressed, and died five months after the occurrence of diphtheria.

At the necropsy there were found ulcerations of the trachea, purulent mediastinitis, tracheo-bronchial adenopathy with compression of recurrents, pulmonary tuberculosis.

A. Cartax.

Konigsberger.—*Intubation in Laryngeal Stenoses.* Inaugural Dissertation. Würzburg, 1894.

REVIEW.

Michael.

Lehmann (Dresden).—*Tracheotomy in Two Stages; Better Intubation in Severe Decanulement.* "Langenbeck's Archiv," Band 49, Heft 4.

IN a child one year old superior tracheotomy was performed because of diphtheria. As the canula could not be removed on account of granulations, the author performed inferior tracheotomy, followed by intubation. The case was cured. The author performed the second tracheotomy in such a manner that the first day the skin and cellular tissue was cut, and on the next day the trachea itself. The author believes that he has invented this tracheotomy in two stages. This method was described sixty years ago, but has been only rarely performed, because tracheotomy is usually done on account of a vital indication.

Michael.

Parkhill, C.—*A New Method of Closing a Laryngeal Fistula.* "Internat. Med. Mag.," Feb., 1895.

IN this case a determined effort had been made to commit suicide. The patient had, however, recovered, a laryngeal fistula remaining. The first step in the operation consisted in completely denuding the margin of the fistula. An incision, which outlined a tongue-shaped flap, was made, extending down to the supra-

sternal notch. This flap had a width slightly greater than the denuded fistula. The flap was then dissected upwards from its tip until within half an inch of the lower margin of the opening. It was then turned upward upon itself and stitched in position with catgut sutures to cover the fistula. The tissues upon either side of the larynx and of the wound left by the removal of the flap were dissected up, and by gliding them toward each other were sutured together. The patient made a complete recovery, and very slight, if any, change seemed to have taken place in his voice.

W. Milligan.

Phillips, W. C.—*Thyrotomy for Removal of Multiple Papilloma of the Larynx.* "Annals Ophth. and Otol.," Jan., 1895.

PATIENT, aged eleven. After some previous removals by the mouth a thyrotomy was performed, after a preliminary tracheotomy; the growths were subglottic, as well as on the vocal bands and ventricles. The wound was sewn up, and complete recovery ensued, with no recurrence. Breathing was seriously obstructed before the operation.

Lake.

NECK, &c.

Gronner (Zurich). — *On Treatment with Thyroid Gland.* "Corresbl. für Schweizer Aerzte," 1895, No. 5.

IN one case of Basedow's disease treated by pills of extract of the thyroid gland a severe urticaria arose. Such an event has not yet been described in literature.

Michael.

Godlee (London).—*Cystic Hygroma of the Neck.* "Brit. Med. Journ.," Feb. 16, 1895.

THIS occurred in a man, aged forty-one, who suffered from a large swelling of the neck, side of the face and sublingual region, which occasionally became acutely inflamed and threatened suffocation. Part was solid, but the greater part was composed of various sized cysts, some of which projected into the floor of the mouth. Some of the larger of the cysts were removed through the mouth. The structure was thought to be cystic hygroma combined with naevoid structure.

Wm. Robertson.

Dennig (Tübingen). — *Influence of the Thyroid Gland Treatment on the Secretions.* "Münchener Med. Woch.," 1895, No. 17.

THE author used thyroid tablets for a longer time, and acquired mellituria. He believes, therefore, that this treatment must be used with great precaution.

Michael.

Owen, D. (Manchester). — *Further Notes on the Treatment of a Case of Exophthalmic Goitre.* "Brit. Med. Journ.," Feb. 16, 1895.

IN the case referred to, the patient by accident, instead of being fed on thyroid which was prescribed, took freely of the thymus, and with great benefit to the symptoms. Discontinuance of the thymus was followed by return of symptoms. The thymus was afterwards resumed with great benefit. Pulse at first, 120; after thymus feeding, 72. Eye symptoms had disappeared. Thyroid swelling no longer present. One lobe of the thymus (cervical portion) has been taken three or four times a week; sometimes only one lobe a week. It is thought that there may be opposition in action between the thyroid and the thymus, the latter being