

of the abscess, disturbance of movement and pain. The reverse may occur; inflammation from the eye may spread to the nose. This is rare.

Discussion followed. Hirschmann stated that Nieden, Ziem, and Bresgen were the first to point out the connection between nasal and ocular diseases. Reflex affections are very common; asthenopia diminishes after removal of adenoids. He describes a case of bitemporal hemianopsia, which was due to disease of the sphenoid. It was probably due to an exostosis which pressed on the chiasma of the decussated bundles of the optic nerve, for the patient showed exostoses on the vertex. Death was due to disease of the lungs, but no *post-mortem* could be obtained.

Hopmann stated that many cases of disease of the naso-lachrymal canal, as well as phlyctenular conjunctivitis, were treated unsuccessfully by oculists, because the nose was neglected. In a case of Basedow's disease the symptoms became less after the removal of a nasal polypus and treatment of atrophic rhinitis.

Hirschmann pointed out the importance of the vascular connections between the nose and the eye. Branches of the ophthalmic artery and ethmoidal arteries (ante and post) go to the nose, and the nasal veins communicate with the ophthalmic veins. The principal reflex disturbances are changes in the field of vision, disturbances of accommodation, fleeting scotoma; the nasal causes are hypertrophy of the inferior turbinates and adenoids.

Lieven reported a case of synechia of the inferior turbinate, where there was ciliary paresis and frequent pain in the eyeball; violent coughing was produced on pressure. After removal the symptoms disappeared. *Guild.*

Winkler.—*About Fever after Operations in the Superior Air Passages.* "Wien. Klin. Rundsch.," No. 52, 1897.

AFTER cauterizing, or galvano-caustic treatment of the turbinated bone, operation of tonsils or adenoids (tonsilla pharyngea), in 47 children out of 120 there were observed various degrees of fever. The author thinks the reason of the fever is either an infection of the wound or the swallowed blood, which, in some cases, might be able to produce the fever. To avoid the fever the author proposes a thorough disinfection of the instruments, and no injections in the nose after the operation. If there is any intense, non-purulent secretion, the author recommends an injection of a solution of natr. chlorate before the operation. *R. Sachs.*

LARYNX.

Bar.—*Malignant Disease of Larynx in a Tuberculous Subject.* "Arch. Inter. de L., O., R.," Nov. and Dec., 1897.

THE case of a woman of sixty-five, with evidence of pulmonary disease and tubercle bacilli in the sputa. A small, smooth, elastic, sessile tumour was seen on the left ary-epiglottic fold. A diagnosis of malignant disease was made, but any surgical interference was refused. Eight months later the patient was again seen, with the pulmonary mischief in a dormant condition. The left side of the larynx was now extensively infiltrated with malignant disease, and death followed. No *post-mortem* examination appears to have been made. *Ernest Waggett.*

Bergmann.—*Cancer of Larynx and its Treatment.* "Petersb. Med. Woch.," No. 46, 1897.

DEMONSTRATION of four patients in whom successful extirpation of the larynx was performed on account of cancer. The author concludes that the results of

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excision of the larynx are much more successful than some authors report. For instance, of five complete excisions on account of cancer, he only had one death. The principal thing is to perform the operation as early as possible. Further, the author mentions Fraenkel's nine cases of cancer of the larynx, in which he advocates the intralaryngeal method; but, considering that five of these cases have been cured, the author thinks that they must have been very benignant—otherwise there would not have been such a good result. In conclusion, the author says the most certain method of surgical treatment of laryngeal cancer—also in its earliest stages—is laryngotomy. *R. Sachs.*

Berthold.—*On Sudden Death in Children, especially Infants.* "Archiv. für Kinderheilkunde," Vol. XXIV., Part III., 1898.

IN 1879 Baginsky described a case with *post-mortem* appearances where sudden death was due to pressure on the trachea by an enlarged thymus. Grawitz has described two cases—one six months, the other eight months old—where, in otherwise healthy children, death occurred suddenly, due to pressure of an enlarged thymus on the trachea.

Berthold has seen four similar cases. He refers to the different causes of enlargement of the thymus, but emphasizes a simple genuine hypertrophy, which runs a latent course, unlike the other forms, and occurs in strong and healthy children. In these, sudden acute asphyxia occurs, face becomes a deep bluish-red colour, the hands are spasmodically closed, child dies without a cry. He quotes two cases described by Thomas in Freiburg, and Kopp. In Kopp's case there was enlargement of all the lymph glands (lympho-clorosis of Paltauf). He has collected forty similar cases from the literature.

He describes a case in a girl, two and a half years old, operated on by Rehn, where tracheotomy was performed without benefit owing to great difficulty in breathing; later, the anterior mediastinum was opened, and the enlarged thymus brought forward and stitched to the fascia on the anterior side of the sternum, allowing the tracheotomy tube to be removed, and recovery ensued. He points out the importance of such cases from a medico-legal point of view.

In conclusion, he points out that an idiopathic hypertrophy of the thymus may alone cause death in infants; that a swollen thymus gland plays an important part in connection with rickets and the status lymphaticus in sudden death in children. That also an acute, perverse, lordotic bending of the neck may compress the trachea and cause asphyxia. He advises operation in the way of partial resection of the thymus when hypertrophy has been diagnosed. *Guild.*

Chiari, O.—*Polypus of the Epiglottis.* K. K. Gesellsch. d. Aerzte in Wien, Oct. 22, 1897.

DEMONSTRATION of a microscopic preparation. The operation for removal of the polypus was rather difficult through its situation on the pars posterior of the epiglottis near the superior edge. *R. Sachs.*

Chiari.—*Double Paralysis of the Recurrent Nerves.* "Wiener Klin. Woch.," 1898, No. 5.

A MARRIED woman, aged forty-six, had difficulty in swallowing, hoarseness, but no difficulty in breathing; the left vocal cord was in the cadaveric position. Later a flat tumour developed on the left sinus pyriformis, then total aphonia resulted from paralysis of both recurrents. The patient died after gastrostomy. The *post-mortem* showed carcinoma affecting the œsophagus and larynx. Both recurrent nerves were destroyed by carcinomatous growth, from which depended that the abolition of conduction in these nerves caused cadaveric and not adduction position

of the vocal cords. Chiari deduced from the appearance that it is quite the same whether the crico-thyroid muscle is affected or not. In adults these muscles cause no noticeable adduction of the vocal cords. *Guild.*

Gaudier.—*A fresh Case of Cyst of the Epiglottis, with Microscopic Examination.* "Echo Méd. du Nord," Sept. 25, 1897.

THE case of a man who had been under careful observation, and who, indeed, had undergone tracheotomy for a tertiary syphilitic stenosis of the glottis. One month after leaving hospital, when the epiglottis was normal, the patient returned with a red cylindrical tumour, three-fifths of an inch in diameter, springing from the anterior aspect of that organ. This was removed with scissors, and proved to contain a pus-like fluid, which, unfortunately, was lost. On microscopic examination the thin fibrous wall of the cyst proved to be lined on both its inner and outer side with ordinary stratified squamous epithelium. Nowhere was any glandular tissue to be found. Apart from the cyst the epiglottis was quite normal.

The pathogeny of these cases (several quoted) is obscure, but the author thinks that the nature of the epithelium in this instance certainly negatives the hypothesis of origin from glandular retention. He inclines to view it as a case of epidermal inclusion-cyst, a small epidermal "rest" remaining quiescent until affected by inflammation occurring in the neighbourhood. *Ernest Waggett.*

Gouguenheim, A., and Guinard, A.—*Surgical Treatment of Lupus of the Larynx.* "Ann. des Mal. de l'Oreille, du Larynx," etc., 1897, Vol. VIII.

A BOY, ten years old, with a phthisical mother, suffered from lupus of the nose, with hoarseness of two years' duration, which was treated with lactic acid without result. The laryngoscope showed the epiglottis swollen and covered with granulations, and ulceration on the edge with large granulations somewhat obscuring the view of the larynx. Vocal cords were swollen and of a white colour. Breathing was difficult and the patient was aphonic. Operative treatment appeared indicated and was carried out by Gouguenheim. A Trendelenberg's tube was introduced. The thyroid cartilage was divided in the middle line; incision from the cricoid cartilage to the hyoid bone. The epiglottis was completely removed, the granulations were curetted, the ulcers scraped with a sharp spoon, and the thermo-cautery applied. The tube was removed the day after the operation. Healing took place in a short time. Removal of the epiglottis only caused temporary difficulty in swallowing. Voice returned four weeks after the operation. This is the second case of cure after thyrotomy. Surgical treatment of lupus is more hopeful than that of laryngeal phthisis. *Guild.*

Martuscelli.—*A fresh Case of Amyloid Tumour of the Larynx.* "Presse Méd.," Dec. 11, 1897.

THE growth occurred in a young man of twenty, and took the form of a small, red, sessile tumour, scarcely projecting beyond the free edge of the left vocal cord about its centre. Microscopic examination showed it to consist of connective tissue containing many large lymph sinuses. The amyloid degeneration was irregularly distributed in plaques and strings throughout the growth, while independent amyloid bodies, with concentric markings, were present in large numbers. Careful study showed that the degeneration took origin, in part, in the endothelium of the lymphatics. *Ernest Waggett.*

Railton, F. C.—*Multiple Papillomata of the Larynx in Young Children treated by Tracheotomy only.* "Brit. Med. Journ.," Feb. 19, 1898.

Case I. *Cure after wearing a tube forty-five months.*—In this case the patient, a female aged three years and three months, was brought to hospital with well-

marked symptoms of laryngeal obstruction and with chronic hoarseness. The hoarseness had been observed for nearly two years. For some time before admission to hospital she had suffered from alarming attacks of nocturnal dyspnoea. A diagnosis of laryngeal papillomata occluding the larynx was made, although all attempts to obtain a laryngoscopic view of the larynx had failed. The diagnosis was, however, subsequently confirmed by the appearance of growths at the wound sprouting round the tracheotomy tube. Tracheotomy was performed, and after wearing a soft tube for forty-five months the case was pronounced cured, the larynx being quite clear and free from all growth.

Case II. *Cure after wearing a tube twenty-five months.*—The patient, a girl aged four years, was brought to hospital with a history of chronic hoarseness, noisy breathing, and paroxysmal nocturnal dyspnoea. Examination with the laryngoscope showed the presence of laryngeal papillomata. Tracheotomy was performed, and complete cure followed the wearing of a tube for twenty-five months. The author remarks that it was resolved to limit operative interference to a tracheotomy, owing to the unsatisfactory results of thyrotomy in these cases.

W. Milligan.

Rosenfeld.—*Tumour of the Larynx.* “*Centr. v. Deuts. Aerzte in Böhemie,*” Oct. 12, 1897.

THE case of a girl, twelve years old, from whom a tumour was removed from the right plica ary-epiglottica. Microscopical examination proved the growth to be fibro-sarcoma.

R. Sachs.

The Transmission of Functional and Organic Disorders of Speech. “*Münchener Med. Woch.*”

DUMBNESS is the most important organic disorder of speech. In a series of 548 cases 45 per cent. were congenital; of these hereditary evidence was proved in 17 per cent. It was worthy of observation that amongst 1550 children who were the issue of 724 marriages of deaf-and-dumb with healthy ancestry, only 1·3 per cent. were deaf and dumb. In 104 marriages where both parents were deaf and dumb the percentage was 4·6. Racial peculiarity and marriage of blood relations appeared to have no effect. Very different was the report from three American institutions for deaf and dumb, where, amongst 1005 congenital cases, hereditary transmission was noted in 497, *i.e.*, 50 per cent.

Congenital defect in the palate was observed in 287 cases, of which 5·2 per cent. were hereditary. He quotes two interesting genealogical trees from Merke. A healthy couple had eleven children; nine were born dead, two alive with cleft palate; on the father's side there were two with cleft palate. In the other case two sisters married healthy men. Of the one marriage there were six children—three boys with cleft palate, and three girls normal. Of the second marriage were seven children—five boys with cleft palate and two girls without.

The third organic disorder of speech, stigmatismus, shows a great tendency to transmission; 38·5 per cent. were hereditary.

Functional disorders depending on the organs of articulation are very transmissible.

Stuttering was hereditary in 28·6 per cent. of 589 cases.

Stammering was hereditary in 39 per cent. of 152 cases.

In 189 cases 37 per cent. were deaf and dumb due to heredity.

Guild.