

NEW INSTRUMENTS AND THERAPEUTICS.

White, W. Hale (London).—*A Spatula which Prevents the Patient from Expectorating on to the Observer.* "Brit. Med. Journ.," Aug. 29, 1891.

A TURCK'S spatula, with a large disc of plain glass fixed on it, is the arrangement described. It is made by Messrs. Down Brothers, St. Thomas's Street, S.E.
Hunter Mackenzie.

Batten, Rayner D. (London).—*Concave Laryngeal Mirrors.* "Brit. Med. Journ.," Aug. 29, 1891.

THE author states the advantages of these to be:—(1) Magnified size of the image; (2) better focussing of light on structures below the vocal cords. He can find no previous mention of their use in laryngoscopy, and he believes it would be generally advantageous if laryngeal mirrors were generally made slightly concave. [The author has overlooked the reference to concave mirrors by Morell Mackenzie—"Diseases of the Throat and Nose," vol. i., p. 224.]
Hunter Mackenzie.

Phillips, Wendell C.—*An Economical Cotton Reservoir.* "Med. Record," July 18, 1891.

A METAL cylinder, having its upper orifice crossed by several wires, is fitted by bayonet-joint fastenings on to the base, which forms the bottom of the reservoir. On this base is a spiral spring, pushing upwards a round plate of metal. The cotton wool for use is placed on this plate and pressed against the cross-wires by means of the spiral spring. It can obviously be conveniently picked out for use from between the cross-wires. A cover can be made to keep out dust and dirt. [The cross-wires seem a simple variation, if not improvement, upon the round opening of the otherwise identical article used by our dentists.]
Dundas Grant.

Hodges, R. C. (Texas).—*A New Forceps for Adenoid Growths.* "Med. Record," Aug. 8, 1891.

THE stems just beyond the joint (which is further from the points than in our instruments) are bowed, so as not to pinch the uvula. The cutting surfaces are large, and the blades are fenestrated. They are made by Meyrowitz of New York.
Dundas Grant.

Walsham, W. J.—*Forceps for Correcting Deformities of the Nose.*

FOR old fractures of the nasal bones, with displacement, or for lateral deviations of the nose, the result of former injury or congenital defect, Mr. Walsham has had made by Messrs. Arnold some strong forceps with blades moulded to the shape of the nasal bones. (Fig. 1.) The larger blade is concave inwards, to correspond with the convexity of the outer surface of the nasal bone; the smaller blade is convex inwards, to fit in

like manner the concave inner surface. Both blades are smooth, and, when the forceps is closed, do not touch, so as to prevent as much as possible the crushing of the soft tissues. The handles are long, to give a more powerful leverage, since very considerable force has to be employed to move the displaced bone in long-standing cases. In Fig. 2 the forceps is shown *in situ*. The instruments are made in pairs, a right and a left, and in three sizes, to suit different-sized noses and patients of various ages.



FIG. 1.

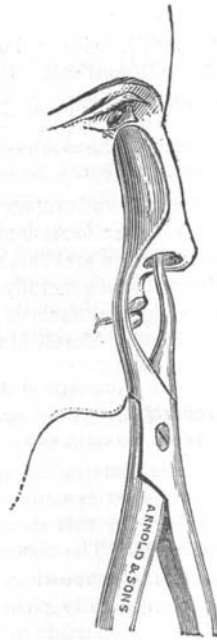


FIG. 2.

For a deviation of the nose to the left the right-side forceps is first applied, and the right bone slightly corrected ; then the forceps for the left side is used to move the left bone. By alternately applying the right and left forceps the bones can generally be brought into place, or at all events be improved as to their position. Mr. Walsham has only once seen the skin give way under the pressure, and in that case it healed by first intention under a drop of collodion. In some cases it is found of advantage to bend or break the nasal process of the superior maxillary bone, which can easily be done with the forceps.

After reposition the bones should be kept in position for a week by means of a nasal truss.

Dundas Grant.

Cory, F. W.—*A Sanitary Sputarium.* "Lancet," August 29, 1891.

DESCRIBES a very sensible spit-pot. It has two handles, and can therefore be handed in a convenient and cleanly manner from nurse to patient, and *vice versa*. It has a lid, and therefore an important æsthetic and sanitary

requirement is fulfilled. Its lid is attached without any fixed hinge, and can therefore be easily cleaned. The lid also opens from either side, so that the pot can be used by either handle. It is charged by having a little antiseptic saw-dust placed inside it. It is made of tin, and is therefore not liable to breakage. The sputarium is supplied by W. Jones, chemist, Bournemouth. *Dundas Grant.*

Goodwillie.—*Electricity in Surgery, with special reference to its Uses in the Nose, Mouth, and Throat.* "New York Med. Journ.," June 6, 1891.

THIS is a good practical paper on this subject, well illustrated by drawings of apparatus, and is worthy of being read *in extenso.* *B. J. Baron.*

Allyn.—*Treatment of Common Colds in Children.* "Med. News," Aug. 29, 1891.

THE usual hot bath and go-to-bed treatment with aconite or veratrum viride is recommended in the beginning of the cold. Bronchitis kettle and inhalation of menthol by placing half a teaspoonful of the crystals into water, and heating gently until steam comes off, preferably when the child is asleep, lest it irritate the eyes, are recommended. Cleansing alkaline douches for the nose, and painting the nostrils with a five to ten per cent. solution of menthol at night are recommended for sub-acute rhinitis.

Tonics in the late stage and to destroy the predisposition to "taking cold" are valuable.

The author recommends chloride of ammonium for sub-acute bronchitis. *B. J. Baron.*

Bumstead (Decatur).—*The Therapeutic Value of Vinegar.* "The North American Practitioner," May, 1891.

THE author has treated with great success cases of croup and diphtheria by vapourizing vinegar into the sick room by pouring it on a heated flat iron or brick. *B. J. Baron.*

Wainwright, Lennox (Folkestone).—*Menthol in Hay Fever.* "Brit. Med. Journ.," July 18, 1891.

THE author recommends that it be mixed with carbonate of ammonia, and used in an ordinary smelling-bottle. (Mr. Lennox Browne also recommends this remedy.—"Brit. Med. Journ.," Aug. 1, 1891.) *Hunter Mackenzie.*

Cartaz.—*Eczematous Erythema following Applications of Salol.* Soc. Parisienne de Laryngologie, June, 1891.

THREE cases are recorded which show that salol applied to the mucous membrane of the nose may give rise to attacks of this nature on the skin of the nose, lips, and cheeks. If it is remembered that salol is a compound of phenol and salicylic acid, and that in contact with fatty bodies it is split up pretty easily, the presence of an exanthem is easily explained. Cartaz believes that in subjects predisposed to eruptions it is preferable to employ a similar therapeutic agent. *Joal.*

Saint-Hilaire.—*Demonstration of the Local Anæsthetic Properties of Antipyrin, and its use in certain Affections of the Throat and Larynx.* Soc. Parisienne de Laryngologie, June, 1891.

IN a preceding work the author has shown that antipyrin employed locally in affections of the throat and larynx caused the symptoms due to exaggerated sensitiveness to disappear, also cough, tickling sensations and pain. The anæsthesia produced by antipyrin is complete. It should be given generally every one to two hours, and in solution of thirty per cent. Where it is desired to obtain rapid anæsthesia of slight duration, cocaine is preferable.

Joal.

KOCH'S TREATMENT.

Ehrlich, P. (Berlin).—*The Treatment of Tuberculosis (with special reference to Pulmonary Consumption) by Koch's Method.* "Lancet," October 24, 1891. Abstracted and translated by T. W. Hime.

PROF. EHRLICH considers that pathological reports do not invalidate the soundness of Koch's arguments in support of the principle on which his method of treatment is founded. The essential point is the local effect on all tuberculous tissues. Where there are bacilli, there is also a certain amount of "toxin," and the reaction is the result of the joint effect of the present and the added toxin. The toxin *in loco* attacks the tubercle from the centre, the added from the periphery, and in the latter with more effect, as in all probability the central cells have acquired immunity from their habitual contact with the toxin produced by the bacilli, whereas the peripheral cells are still susceptible. After injection the metamorphic products may be thus liberated, and the conjointly induced reaction be very great and out of proportion to the smallness of the dose, as has been observed clinically.

Ehrlich considers tuberculin of great value for diagnosis (we presume only in case of a *positive* result), and thinks that only actino-mycosis and leprosy can lead to confusion—a confusion only in a theoretical sense, as the diseases are clinically quite distinct. He admits that many, apparently healthy, have shown reaction after even minute doses (one milligramme), but he explains away this objection on the ground that a very small mass of tubercle may be sufficient to answer to the injection, and that *post-mortem* records show that one-third (some say one-half) of all bodies examined are found to have suffered from tubercle. Moreover, in experiments with tuberculin on apparently healthy cattle it was proved *post-mortem* that all those which showed reaction were tuberculous.

The procedure he recommends is as follows:—The dose should be large enough to produce, without fail, a reaction of the diseased parts. In pulmonary tubercle the guide must be the temperature, and it should not be allowed to reach febrile standard (100°4) or upwards. In the majority of cases the dose should be under one milligramme; in vigorous patients not advanced in the disease, half a milligramme; in debilitated or advanced cases, not more than one-tenth milligramme to begin with; the injection may be repeated every two or three days; the dose should not

be increased till the slight reactive wave has passed off. In this way he professes to have brought about decided improvement in a comparatively short time. In all cases suitable drug treatment could be combined with the tuberculin injections; thus, in cases of lupus, the simultaneous application of mercurial plaster. Surgical treatment, when appropriate, should also not be omitted. This is the "new" method, and pathological attacks on the results obtained under the use of the "old" he rules out of court. The use of a pure tuberculin—which Koch is striving to produce—by this method he considers full of justifiable hope. *Dundas Grant.*

Koch, Prof. R.—*A Further Communication on Tuberculin.* Abstracted and translated by T. W. Hime. "Lancet," Oct. 31, 1891.

IN experimenting with various reagents, Koch uses the biological of injection into tuberculous guinea-pigs to prove the presence of the active principle. If fine volumes of alcohol be added to tuberculin, a brown, resinous, sticky mass is precipitated, and both it and the supernatant fluid give the biological reaction. When a much larger quantity of alcohol is added the precipitals become granular, and can be dried over sulphuric acid and powdered. This (white) powder is not the pure principle. Further, if the alcohol in the filtrate be evaporated off, a yellow fluid remains, which is only fatal in doses thrice as large as the fatal dose of tuberculin—therefore contains a large proportion of the inactive ingredients. Endeavours to separate extraneous ingredients from the alcoholic precipitate did not succeed.

The addition of two of alcohol to three of tuberculin—*i.e.*, sixty per cent.—gave rise to a white flocculent powder which could be separated and washed, and which for the present he regards as "pure tuberculin." Solutions of this in fifty per cent. of glycerine are durable. The pure tuberculin has chemical properties showing it to belong to the albuminate bodies, nearly allied to the albumoses, from which it differs by its resistance to high temperatures. From peptones it differs inasmuch as that it is precipitable by ferric acetate.

In addition to experiments on guinea-pigs, there were made injections on several medical men (Dr. Kitasato and others), with the following results:—

2 mgr.	gave a maximum temperature of.....	100° 94'
3 "	" " " "	101° 66'
4 "	" " " "	102° 2'
5 "	" " " "	102° 5'

In calculating the dose for the human being the pure tuberculin must be counted as forty times as strong as the raw tuberculin. In other respects the effects on patients were neither better nor worse, and *no decided progress has been made in the therapeutic aspect of the question.*

Dundas Grant.

DIPHThERIA AND CROUP.

Martin.—*Report of Two Cases of Croup.* “Buffalo Med. and Surg. Journ.,” June, 1891.

NOTHING new. The discussion that followed the reading of this report turned mainly on the method of performing intubation. *B. J. Baron.*

Behrens (Chicago).—*Topical Treatment of Diphtheria and Croup.* “Med. News,” May 9, 1891.

AFTER expressing his opinion that diphtheria and croup are one and the same, and are primarily a local disease, and that the constitutional symptoms are secondary, the writer recommends cauterizing the patches on the tonsils or fauces with solid nitrate of silver; if the larynx is affected, he uses a twenty per cent. solution of the same drug for rubbing into it. After the use of the caustic stick a solution of common salt is applied to neutralize any superfluous nitrate of silver. The use of a spray is recommended as an adjuvant, and then only in expert hands. Intubation is alleged to be merely a “bloodless relief from suffocation,” and to inflict far more suffering upon humanity than tracheotomy. *B. J. Baron.*

Pace (Elwood).—*A Synopsis of the Symptoms, Course, and Treatment of Forty-five Cases of Diphtheria.* “The Times and Register,” June 6, 1891.

THE author believes that mercury is of no use, and that stimulants ought to be withheld until there is absolute need for them. Nitrate of silver is said to be the best local application, and the steam atomizer to diffuse boracic acid and “liquid hydrastis,” and tincture of myrrh diluted with alcohol is of value in relieving dyspnoea. Internally, tincture of *Phytolacca decandra*, in two to five drop doses, appeared to be useful.

B. J. Baron.

Couldrey, James (Scunthorpe).—*Salicylate of Soda in Diphtheria.* “Brit. Med. Journ.,” July 18, 1891.

THE administration of the drug ought to be continued more or less during the first week. [Mr. Lennox Browne confirms the author's statements as to the value of this drug in the milder forms of diphtheria.—“Brit. Med. Journ.,” Aug. 1, 1891.] *Hunter Mackenzie.*

De Ruelle.—*Treatment of Diphtheritic Angina by Cyanide of Mercury.* Congrès de Marseille, Aug., 1891.

THE author has obtained good results by the employment of cyanide of mercury internally (as recommended by Werner, Selden, and Loeffler) in the following manner:—

Cyanide of mercury	0.05 centigrammes.
Alcohol at 80°	8 grammes.
Distilled water	192 „

A teaspoonful every hour.

In seven cases of children of from two to four years of age he has had seven cures. Improvement, sensible from the first, is freely established on the third day. The treatment should be instituted from the first day of the disease, and in the one case in which the author met with failure the patient was already in the stage of generalization before the treatment was applied.

Joal.

Seaton, Edward (London).—*Discussion on Diphtheria.* Seventh International Congress of Hygiene and Demography. Section I: Preventive Medicine. Aug. 12, 1891.

DR. SEATON, who opened the discussion, commented on the increased mortality in England since the adoption of extensive works of water supply and sewerage, and reiterated his opinion that the disease was uninfluenced by general sanitary conditions. The tendency of the discussion was to the effect that local disinfecting measures were effectual, or at least of great use in preventing the spread of diphtheria.

Dr. THURSFIELD believed that the ordinary accepted ideas as to the etiology of the disease were misleading. He thought that the failure of sanitary improvements to stop the spread of the disease were due to its dissemination by mild cases acting through school agency. Personal susceptibility was the chief influence favouring the spread of the disease.

Dr. TRIPE, as the result of thirty-five years' experience, had noticed that good drainage had but little effect in diminishing the virulence and extent of epidemics of diphtheria.

The Section passed a resolution "that it was extremely expedient that the European Governments should make a comprehensive and "systematic inquiry into the causes of diphtheria." *Hunter Mackenzie.*

Sevestre.—*On a Variety of Diphtheroid Stomatitis, with Staphylococci (Impetiginous Stomatitis).* Soc. Méd. des Hôpitaux, June 26, 1891.

THE author has latterly observed some examples of a special variety of stomatitis, which is characterized as follows:—It first affects, and often in an exclusive manner, the internal surface of the lips, sometimes also certain points of the buccal mucous membrane. It gives rise to white plaques of diphtheritic appearance, which are confused with the mucosa. It is generally cured in six or eight days, and presents no indication of gravity.

This stomatitis is especially observed in debilitated children, whose general nutrition is more or less defective. It is particularly frequent in occurrence at the end or during the course of measles and whooping cough, but may be observed independently of these complaints.

It coincides frequently with chronic coryza, and especially with impetigo of the face.

This affection might be confounded with ulcero-membranous stomatitis, and especially with a manifestation of diphtheria.

Ulcero-membranous stomatitis is distinguished by its special localization (on the free edge of the gums, and the inter-maxillary region of the cheek) and by the characteristic fœtidity of the breath. The diagnosis from diphtheria is more difficult, but there is a certain number of

characters which lead to its distinction. Impetiginous stomatitis remains always localized on the buccal mucosa, without extending beyond the free edge of the palatine arch; this is scarcely ever the case with diphtheria. The eruption of the plaques occurs simultaneously, and the progressive invasion is not seen which characterizes diphtheria. Lastly, these plaques are intimately adherent to, and cannot be separated from, the mucous membrane without tearing it. A more peremptory reason for distinguishing diphtheroid stomatitis from diphtheria is found in the bacteriological examination. In all cases seen yet, Gaston and the author have found almost exclusively present the staphylococcus pyogenes aureus. This appears to demonstrate conclusively the nature of this variety of stomatitis. We may go further, and ally this variety of stomatitis to impetigo. Cultures made with the products of impetigo have demonstrated the presence of the same micro-organism (the staphylococcus aureus).
Joal.

NOSE, NASO-PHARYNX, &c.

Lederman, M. D. (New York).—*Acute Coryza*. "Med. Record," Aug. 1, 1891, p. 138.

THE nasal chambers are sprayed with any of the antiseptic solutions—Seiler's preferred—until they are sufficiently cleansed, and then the following solution is used:—℞. Cocaine, menthol, āā. gr. xx., benzoinol, ʒij., m. fl. solutio. The menthol is said to keep up the local depletion induced by the cocaine. Benzoinol is bland, unirritating, and free from unpleasant odour.
Dundas Grant.

Gradenigo.—*Contribution to the Pathological Anatomy of the Nasal Cavities*. "Annales des Mal. des Oreilles, du Larynx, etc." Aug. 1891.

THE author has examined the nasal fossæ of 103 subjects and enumerates the different lesions found at the autopsy. Thirty individuals had normal nasal passages. Gradenigo enumerates the anomalies found in the other subjects. The interesting point of the work is that in nineteen cases empyema of the maxillary sinus was found. In face of this considerable proportion, Gradenigo thinks that a large number of empyemas give no appreciable signs and escape observation.
Joal.

Natier.—*Mucous Polypi of the Nasal Fossæ in Children under the age of Fifteen*. "Annales de la Polyclinique," July, 1891.

THE author points out the rarity of this affection in children, and relates a case, which with that recorded by Cardone made the only ones published up to the present.
Joal.

Gellé.—*Perforation of the Nasal Septum in Typhoid Fever*. Soc. Parisienne de Laryngologie, June, 1891.

THE author has been enabled to follow the course of the ulcerative processes which succeeded to epistaxis. The perforation was preceded

by a general external enfeeblement and thinning of the septum, so that it became a lamella as fragile as glass, and the tissue was unable to resist the picking by the finger nail of the patient. *Joal.*

Philip, A. A. (Belfast). — *An Easy and Effectual Method of Plugging for Épistaxis.* "Brit. Med. Journ.," July 18, 1891.

"A PIECE of old cotton or silk about six inches square is taken, and by means of a probe, &c., is pushed, 'umbrella' fashion, into the nostril until it is felt that the point of the 'umbrella' is well into the cavity of the naso-pharynx. The probe is now pushed on in an upward direction, and then towards the sides, so as to push more of the 'umbrella' into the pharynx, and is then withdrawn. A considerable quantity of cotton wool is pushed well back to the bottom of the sac in the pharynx. Then, the probe being held well against the packed wool, the mouth of the sac is pulled upon, and thus its bottom is drawn forward, and forms a firm, hard plug wedged into the posterior nares." This method is highly recommended by the author. *Hunter Mackenzie.*

Todd (St. Louis).—*Curved Nasal Septum; a Successful Method of Operation.* "Med. News," June 20, 1891.

AFTER reviewing the various methods of treating this deformity, the author describes his own. This consists in making a stellate incision with a Steele's forceps, and then cutting across the base of the most refractory segments with a knife a few days afterwards. The mutilated septum can then be pushed into place, and retained there while healing is progressing by means of suitable plugs. This operation is said to be quite successful. *B. J. Baron.*

Roe, John O. (Rochester, N.Y.).—*The Correction of Angular Deformities of the Nose by a Subcutaneous Operation.* "Med. Record," July 18, 1891.

IN cases of exaggeration of the Roman nose amounting to deformity (especially when the skin is so stretched over the projection as to be painful), Dr. Roe employs a method of treatment by which the prominence may be removed without external scar. He cocainizes the part thoroughly by applying the drug inside the nostril, and injecting it subcutaneously outside. He then (from within) makes "a lineal incision completely through the upper wall of the left nostril, just in front of the nasal bone, between it and the upper lateral cartilage of the nostril, to the under surface of the skin." This incision he widens "laterally from the insertion of the upper border of the triangular cartilage half way down the side of the nose," until he has "a sufficiently large opening to permit the introduction of instruments freely." He then raises the skin from the bridge of the nose over the region where the operation is to be performed, introduces a pair of angular bone-scissors, and cuts off the projecting piece of bone. Antiseptic precautions are adopted, and after the completion of the operation iodoform is blown in through the opening. The skin is then allowed to drop into its place, where it is retained by means of sticking-plaster. *Dundas Grant.*

Jacquel.—*Bacteria of Rhinoscleroma.* Soc. de Dermatologie, July 9, 1891.

IN a fragment of tumour the author has removed, and from which he has

made cultures, he has been able to isolate two distinct microbes. 1. An organism in little chains, the characters of which are identical with those of the streptococcus pyogenes. 2. The bacterium which Frisch discovered, and which has been studied by Pellizzari, Cornil, Alvarez, Paltauf, Eisberg, etc. This is a short bacillus, easily cultivated at the room temperature, not liquefying gelatine, and producing by inoculation a characteristic *clou*. This microbe is not endowed with movement, it is easily coloured by the various aniline colours, and decolorized by Gram's method. In the tissues it is found to be surrounded with a capsule, which it loses in culture, but it can be obtained encapsuled as far as the first generation. These are, as has been long observed, the characteristics of Friedlander's microbe. However, the experiments of Paltauf and Eisberg seem to assign to Frisch's bacterium a virulence less than that of Friedlander. Inoculations on the guinea-pig and mouse confirm this, so that it is not at present possible to determine *absolutely* the characters of these two microbes. As to its *rôle* in the pathogeny of rhinoscleroma it is not established certainly. No one has yet succeeded in obtaining experimentally a neoplasm like that constituting the disease, and it is necessary to remember that Netter and Thost have demonstrated the existence in the normal state, in the saliva and nasal mucus, of Friedlander's organism, very probably identical with that of Frisch. It is then possible, as Netter says, that there is a secondary penetration of the tumour by the bacilli. As to the streptococcus found associated with the bacterium of Frisch, the author remarks that it is quite possible that its penetration dates from the operative trials which the patient has submitted to previously.

Joal.

Kelliher (Pawtneket).—*A Five-inch Hair-Pin in the Right Posterior Naris.* "Boston Med. and Surg. Journ.," June 11, 1891.

It was removed by forceps.

E. J. Baron.

Deschamps.—*Note on some special points relative to the Treatment and Diagnosis of Adenoid Tumours.* "Dauphiné Médical," June, 1891.

THE author insists upon the peculiarity so often met with, viz., the presence of adenoid vegetations which lead to auditory affections in individuals in whom examination of the fauces would not at first lead to a suspicion of the condition. He then calls attention to the frequent existence of vegetations in subjects who have much passed the age of adolescence.

Joal.

Mounier.—*The Examination of the Naso-Pharynx.* "Annales des Mal. des Oreilles, du Larynx, etc.," Sept., 1891.

AN instrument is described by the author which has just been constructed for him by Galante, and which combines a tongue depressor while at the same time raising the uvula.

Joal.

Schleicher.—*Transparent Illumination in Ten Cases of Empyema of the Maxillary Sinus.* "Annales de la Société de Médecine d'Anvers," June, 1891.

IN ten cases the author has practised Voltolini's method of examination. In six cases the examination has been a perfect success. In two cases

there was no result. In two other cases the examination has furnished paradoxical results.

Hicquet.

Jeanty.—*Latent Empyema of the Antrum of Highmore.* Thèse. Bordeaux. 1891.

THIS form has a slow evolution, is insidious and very frequent. The author has collected twenty-two cases. There exist neither pain, nor swelling in the affected cheek, and the sole manifestation of the disease is nasal hyper-secretion of continual or intermittent character, foetid or without odour.

According to the author, in each case of nasal blennorrhœa it is necessary to make penetration by means of a small trocar, at the level of the inferior meatus, an operation which is without inconvenience. For the treatment of abscess he recommends Cooper's method (opening through the alveolus).

Joal.

Frontaux, Le S.—*Note on the Surgical Area of the Frontal Sinuses.* Congrès de Marseille, Aug., 1891.

THE frontal sinuses studied in twenty-three subjects from twenty-one to eighty-one years of age (thirteen men and ten women), and figured schematically, show that the classically described predominance of the male over the female sinuses is verified. The increase in the adult due to age is uncertain and irregular. Total absence has been recognized twice, and unilateral absence three times. The left sinus is often prolonged a little more than the right, and this latter oftener has a lachrymal prolongation. A number of measurements are given.

Joal.

PHARYNX, ŒSOPHAGUS, &c.

Laverau.—*Urticaria of the Throat.* Soc. Méd. des Hôpitaux, June 26, 1891.

A PATIENT, thirty years of age, was presented who almost every morning had attacks of urticaria, sometimes on the hands, at others on the feet, at times on the shoulders, and more rarely on the face. On the morning of his presentation before the Society his urticaria was manifested in the throat, and there was an œdematous tumefaction, well marked, of the uvula, the faucial pillars, and the tonsils. There also existed dysphagia and dyspnœa. There was an urticarial plaque on the tongue.

Drs. MOULARD-MARTIN, RENDU, and SEVESTRE stated that they had seen similar cases.

Joal.

Lubet-Barbon.—*On raising the Arch of the Palate, and its Application.* "Archives de Laryngol.," July, 1891.

THE author vaunts the advantages of Moritz-Schmidt's instrument, and recommends for anæsthetization of the palate insufflations of a powder of cocaine (cocaine 1 gramme, sugar 0.20), with a sharply curved insufflator, so that the powder may cover the upper part of the palate.

Joal.

Schnell. — *Paralysis of the Arch of the Palate in Locomotor Ataxy.* Congrès de Marseille, Aug., 1891.

A CASE is recorded of a man of forty, with syphilitic history, who entered the hospital in 1889, with all the signs of Ducheuve's disease at the stage of ataxy. The commencement of the disease dated from 1870. The pharynx was found to be insensitive to touch; the uvula was pendant and anæsthetic; speech and deglutition were normal. This paralysis of the arch of the palate would appear to be a symptom of that stage, and to be presented under two forms, according as the uvula is pendant, and the orifice not malformed (complete paralysis of the azygos muscle), or as the uvula is projected to the right or the left (unilateral paralysis). *Joal.*

Bourges. — *Anginas and Scarlatina.* "Clinical and Bacteriological Researches." Thèse. Paris, 1891.

THE author first describes the sore throats of scarlatina, which may be erythematous, with or without pultaceous secretion, pseudo-membranous, or gangrenous. Pseudo-membranous angina may be early and benign, or late, and then is oftenest of diphtheritic origin. Bourges has made bacteriological researches, and thinks that scarlatinal anginas are due to secondary infection by streptococcus pyogenes, in erythematous, early pseudo-membranous, and in some cases of late pseudo-membranous anginas. It is almost always through the infected tonsils from the onset of the scarlatina that the streptococci penetrate, and it is essential to employ antiseptic washes through the mouth and pharynx. *Joal.*

Richardière. — *On Contagion in Acute Tonsillitis.* "Semaine Médicale," Sept. 2, 1891.

AFTER having recalled the fact that tonsillitis has just title to consideration as a general disease commencing with infection probably of microbic origin, the author maintains the opinion, after Landouzy, Bornein, and Dubousquet-Laborderie, that the affection is contagious, and he describes two small epidemics of tonsillitis which he has observed. He believes that the contagion is diffused in the surrounding air. *Joal.*

Rendu. — *Infectious Angina followed by Paralysis of the Phrenic and Pneumo-gastric Nerves.* Soc. Méd. des Hôpitaux, May 22, 1891.

THE case of a patient, forty-seven years of age, who had sore throat, with general grave phenomena, œdema of the lateral regions of the neck, and swelling of the supra-hyoid region. A phlegmonous angina was diagnosed, localized in the sub-cellular tissue about the larynx and œsophagus. Some days later the patient rejected some mouthfuls of pus, and complained directly after of intolerable pains in the epigastric region. In respiration paralysis of the diaphragm was diagnosed, and basic pulmonary congestion. The abscess of the peri-œsophageal connective tissue was determined by propagation and neuritis of the phrenic and pneumo-gastric nerves. The diaphragmatic paralysis lasted for six weeks. *Joal.*

Rendu. — *Pneumococcean Angina.* Soc. Méd. des Hôpitaux, May 8, 1891.

A PATIENT, twenty-four years of age, was suddenly attacked with fever and grave symptoms similar to those of pneumonia or typhoid fever at its commencement. A careful examination revealed only an erythema-

tous angina. Rendu thought of an *angine à pneumococoques*, from the fact that this woman had slept near two women who had just had pneumonia, and whose saliva and sputa had been full of pneumococci. The same micro-organisms were found in the saliva of the patient, in whom, moreover, the angina was of the mildest variety. A similar case was observed during the next few days in the same room. Rendu thinks that there is an etiological variety of angina, well defined, of which the diagnosis offers no difficulty.

But according to Netter's opinion, it would appear to us that Rendu's cases are not very conclusive, for they only establish the fact that the patients had pneumococci in the saliva, but they do not prove that these organisms were the cause of the disease. At the present time we know pneumococcic infection to be revealed in the pharynx in an undoubted fashion under the form of suppurative and pseudo-membranous angina, but it is not proved that pneumococci cause follicular and simple anginas.

Joal.

Hanot.—*Streptococcean Angina followed by Purulent Pleurisy.* Soc. Méd. des Hôpitaux, May 15, 1891.

The case of a patient, fifteen years of age, attacked with a violent sore throat, with general fever and prostration. The pharyngeal mucous membrane was uniformly reddened, the tonsils were not large, and there was no deposit of membrane. Eight days afterwards a slight thickening was noticed in the neck on the right side, and with a Pravaz syringe a little flaky pus was withdrawn, which contained streptococci. Two punctures with Potain's apparatus were made at eight days' interval; the empyema was then operated upon, a litre of pus being removed through the incision. The patient died fifty days after the onset of the affection. At the autopsy small abscesses were found in the tonsils; the retro-pharyngeal cellular tissue was the seat of a purulent process which had found its way through the parietal pleura and extended to the pleural cavity. All the purulent collections contained streptococci.

Joal.

Féréol.—*Amalgamitis, followed by Broncho-Pneumonia and Pleurisy.* Soc. Méd. des Hôpitaux, May 25, 1891.

THE case of a man, seventy years of age, who was affected with tonsillitis, localized on the left side of the pharynx, which was followed by pleurisy of the right side and broncho-pneumonia, and which terminated in death.

Joal.

Hallopeau.—*A Case of Sarcoma of the Isthmus of the Fauces and Pharynx.* Soc. de Dermatologie, July 9, 1891.

THESE tumours are very rare and of very difficult diagnosis, at least in the first phases of their evolution. Various physicians who had observed the case in question had considered it to be syphilis, lupus, ulceromembranous or herpetic tonsillitis, small-pox, rhinoscleroma, benign fibrous tumour, lymphadenoma, epithelioma, or a new disease. The analogy was greatest with rhinoscleroma; the isthmus of the fauces presented an appearance quite special, and one which is scarcely ever observed in this disease; the two degenerated tonsils were excavated

in the form of a cross with an internal concavity, and their hardness resembled that of cartilage. The negative results of a bacteriological research undertaken by M. Jeanselme proved that it was not a case of rhinoscleroma, and histological examinations performed by MM. Cornil and Jeanselme showed that the nature of the disease was sarcoma. *Joal.*

Bouveret.—*Clonic Spasms of the Pharynx.* "Revue de Med.," April, 1891.

THE author describes under the term "hysterical ærophagia" a singular phenomenon which consists in rapid movements of deglutition, convulsive in nature, and accompanied with pharyngeal *bruits* leading to accumulation of air in the stomach so as to produce a veritable tympanitis. From time to time an eructation expels a portion of the gas distending the stomach, so that the attack consists of a series of movements of deglutition interrupted by eructations. These spasms of the muscles of deglutition would appear to proceed from an excessive hyperæsthesia of the mucous membrane of the pharynx. *Joal.*

Raulin.—*Cyst of the Vault of the Pharynx.* "Revue de Laryngologie," Sept. 1, 1891.

THE author has just observed two cases of cyst of the nasal pharynx, and gives a history of the subject, with symptomatology and treatment of these tumours, founded on one hundred cases which he has succeeded in collecting. *Joal.*

Roersch.—*Two Cases of External Œsophagotomy for Foreign Bodies.* "Annales de la Soc. Med. Chir. de Liege."

THE first case was that of a man, sixty-one years of age, who had swallowed false teeth. An operation performed by Prof. Winiwarter was followed by death the same evening. The second case was that of a little girl, five years of age, who had swallowed a button. An operation was performed and cure resulted in fifteen days, with no particular symptoms or results. *Hicquet.*

Rusticola.—*Parotitis as a Complication of Influenza.* "Brit. Med. Journ.," July 11, 1891.

THE writer has had three cases of this complication. In two death speedily occurred without suppuration, and after great prostration. In the third both glands have suppurated twice, and recovery is still doubtful. *Hunter Mackenzie.*

Hellier, J. B. (Leeds).—*On the Complications of Mumps.* "Brit. Med. Journ.," June 20, 1891.

THE author mentions the case of a girl, aged fifteen, in whom, after mumps, partial facial paralysis of the left side developed. The attack was transitory, clearing up in about three weeks. This complication seems of very rare occurrence.

Reference is made to the frequency with which ear and cerebral affections, and orchitis, complicate or follow mumps, and to the rarity of metastasis in the female to breast, ovary, vulva, or uterus. The supervention of parotitis after ovariectomy is established. *Hunter Mackenzie.*

LARYNX, &c.

Lichtwitz.—*Carcinoma of the Vocal Cord.—Laryngo-Fissure.—Death five days after.* Soc. Parisienne de Laryngologie, July, 1891.

THE title indicates the nature of the case.

Joal.

Gouguenheim } *Epithelioma of the Ventricular Band. Endo-laryngeal Extirpa-*
Mendel } *tion.—Cure.—Absence of recurrence.* "Annales des Mal.
des Oreilles, du Larynx, etc.," Aug., 1891.

THE title indicates the nature of the case.

Joal.

Tissier.—*Studies on Chronic Laryngitis.—Pachydermic Processes.—Medical and Surgical Treatment.* "Annales des Mal. des Oreilles, du Larynx, etc.," July, 1891.

AN excellent work, full of erudition, in which the author studies the pathological anatomy of chronic laryngitis, and especially the form described by Virchow and Rheiner under the name of laryngeal pachydermia.

Joal.

Cheval.—*Luxation of the Left Crico-Arytenoidean Joint.* "La Clinique," No. 15, 1891.

BY means of a double electrode introduced into the larynx and applied to the posterior wall, it is possible to tetanize suddenly the ary-arytenoid and posterior crico-arytenoid muscles. The luxation is instantly reduced, and is not reproduced. The author concludes his paper

(1) With remarks upon the rarity of such cases ;

(2) The probable absence of intra-articular organization, in spite of the displacement, which had lasted for six months ;

(3) The facility with which the luxation was reduced, and the harmlessness of the method employed.

Hicquet.

Goris.—*The Local Treatment of Laryngeal Tuberculosis.* "Presse Médicale Belge," No. 3, 1891.

INSUFFLATIONS of acetate of lead and morphine are recommended.

Hicquet.

Capart.—*Treatment of Laryngeal Tuberculosis by Koch's Lymph.* "La Clinique," No. 1, 1891.

THREE patients have been treated by this method, two presenting reaction and amelioration, and one without reaction.

The author reviews the opinions expressed in the "Deutsche Medicinische Wochenschrift."

Hicquet.

Ruault.—*Dyspnoic Phenomena with Glottic Spasm in a Tabetic Patient.* Soc. Parisienne de Laryngologie, June, 1891.

THE case of a tabetic patient in whom section of the recurrent nerve was performed without success. One centimètre of the nerve was resected by

the author and Dr. Monod. The appearance of the glottis was not, however, modified by this rational experiment. The portion of the nerve resected was examined histologically, and was found to be very greatly altered. *Joal.*

Hutchinson, Procter S. (London).—*Cases of Supposed Peripheral Neuritis of Laryngeal Nerves.* "Brit. Med. Journ.," July 18, 1891.

THE author believes that the cases here recorded point to the existence of a peripheral neuritis of the motor nerves of the larynx, possibly similar to that which occurs in cases of paralysis of the portio dura (Bell's paralysis), and due to the same causes—exposure to cold and rheumatism. He records five cases of this affection. The prognosis as regards cure appears to be unfavourable. *Hunter Mackenzie.*

Cartaz.—*Double Paralysis of the Posterior Crico-Arytenoidei in a Case of Aneurism of the Aorta.* "Archives de Laryngologie," July, 1891.

THE case of a man, fifty-five years of age, with an aneurismal tumour, and presenting laryngeal signs of paralysis of the abductors. The cords occupied the median position, and the free edge was slightly concave. Laryngoscopic examination in a state of semi-anaesthesia showed the cords to occupy the same position, thus negating all idea of spasm. *Joal.*

Garel.—*Acute Benign Infectious Œdema of the Larynx.* "Annales des Mal. des Oreilles, du Larynx, etc.," July, 1891.

THE author relates two cases of the above condition which ended in resolution, after having presented grave conditions. *Joal.*

Renou.—*Forced Dilatation of the Larynx in Croup.* Soc. Médicale d'Angers, May, 1891.

ACCORDING to the author the construction of the larynx in croup is the consequence of a spasm. It is then an indication to force the glottic sphincter by dilatation as would be done with the anus. The following proceeding is to be followed: The child is held on the knee of an assistant before a window, the opening of the mouth is assured by means of a button introduced between the teeth, the tongue is seized and drawn out with forceps. A dilator is then slid into the larynx, and manipulated in such a fashion as to break through the constriction. Renou applied this method in the case of one infant which he cured. *Joal.*

Périer.—*Foreign Body in the Larynx extracted by Laryngotomy.* Acad. de Méd., June 9, 1891.

THE case of a little girl of thirteen, who, in eating a ragoût, swallowed a small bone. Four hours after, tracheotomy was performed, but the bone was not extracted. Some days after, the patient came to the Lariboisière Hospital, when it was found that a lamella, of whitish appearance, and four to five millimètres long, was fixed in the mucous membrane of the larynx, below the glottis and parallel to the vocal cords. It occupied the whole length of the subglottic region. Laryngotomy was performed, and the foreign body extracted, the wound cicatrizing rapidly, and cure is now complete. *Joal.*

Nicaise.—*Physiology of the Trachea.* Academie de Médecine, August, 1891.

THE trachea is not a rigid tube ; its diameter and length continually vary under the influence of respiration or phonation. During expiration it is dilated and lengthened, and during inspiration it is narrowed and shortened. During phonation it is distended, particularly in singing and in sharp cries. When raised sounds are produced it is dilated. These elastic properties have a certain importance, and the alterations and loss of contractility are not without inconvenience. The commonest accident observed is in persons who are compelled to utter cries much, and that is an aneurismal dilatation, especially of the cervical region of the trachea, of which the consequence is complete aphonia. In order to obtain regular phonation, it suffices to obtain regular compression of the trachea in order to prevent dilatation. This compression may be exercised by the fingers or a kind of collar.

Joal.

Wright (Brooklyn).—*Tracheal Syphilis, with Report of Two Cases.* "New York Med. Journ.," June 13, 1891.

ONE case died of syphilitic pneumonia, and the other of lung mischief and exhaustion, there being found extensive ulceration in the trachea in its entire length, and at a point two inches below the larynx there was almost complete stenosis.

Mauriac's diagnostic points between tracheal and laryngeal dyspnoea are mentioned, and are as follows when it is of tracheal origin :—

1. Constrictive pain along the trachea or behind the sternum.
2. Excessive stridor, having its greatest intensity below the larynx.
3. Preservation of the voice.
4. Integrity of the vocal organs.
5. Lowering of the larynx.

Several authors are quoted, and there is a good list of works referred to, at the end of the paper.

B. J. Baron.

THYROID GLAND, &c.

Goucqes.—*On the extent of the Visual Field in Basedow's Disease.* Soc. de Biologie, May 18, 1891.

CONTRARY to the assertions of Kart and Wilbrandt, the author's researches lead him to the conclusion that contraction of the visual area is not among the symptoms of Basedow's disease, and that its presence in the absence of material lesions of the encephalon visible in the fundus or middle of the eye should cause the observer to think of the co-existence of hysteria.

Joal.

Charcot.—*Basedow's Disease.* "Journ. de Med. et Chir. Pratique," July, 1891.

THIS was a lecture given at the Salpêtrière, in the case of a patient affected with very characteristic tremor, predominating in the hands, but also occupying the whole body, a kind of general vibration which

suffices to establish the diagnosis of Basedow's disease. There were besides, tachycardia, exophthalmos, feeling of heat at night, but no goitre. Besides these common symptoms, the patient had fallen twice without vertigo or loss of consciousness, the limbs giving way suddenly under him, a phenomenon which is met with in ataxia, and which Charcot believes to indicate the onset of paraplegia in Basedow's disease. *Joal.*

Weill } *Exophthalmic Goitre and Rheumatism.* Soc. de Méd.
Diamantberger } Pratique, July, 1891.

THE authors related eighteen cases, which have convinced them that there is an intimate affinity and relationship between these two conditions. *Joal.*

Bradshaw, T. R. (Liverpool). — *Case of Graves' Disease complicated by Hemiplegia and Unilateral Chorea.* "Brit. Med. Journ.," June 27, 1891.

THIS case is interesting chiefly on account of the complication with chorea and hemiplegia, and the good results of treatment (belladonna, followed by arsenic and iron). *Hunter Mackenzie.*

Stokes, Sir W. (Dublin). — *Operations on the Thyroid Gland.* Royal Acad. of Med. in Ireland, May 15, 1891. "Brit. Med. Journ.," July 11, 1891.

IN the discussion which followed the reading of this paper Mr. Thornley Stoker stated that he had arrived at the following conclusions:—(1) That it is a very grave matter to remove even a portion of the thyroid, on account of the fearful hæmorrhage that may ensue. (2) That removal of the entire gland was not justified. (3) Division of the isthmus did not seem to do much good. (4) That thyroidectomy was too grave an operation to be undertaken for mere cosmetic purposes. (5) That undoubtedly removal of half the gland had been followed by shrinkage of the remaining enlarged portion. Mr. McArdle mentioned that in some of his cases collapse occurred whenever traction was made on the mass; this he supposed was due to the stretching of the cardiac nerves. This collapse was on all occasions relieved by replacing the tumour. In resection of the isthmus the ligatures should be slowly drawn, and the section made some distance therefrom. *Hunter Mackenzie.*

Berry, James (London). — *Lectures on Goitre: Lecture II.* Delivered at the Royal College of Surgeons of England. "Brit. Med. Journ.," June 20, 1891.

THIS lecture deals with the treatment of parenchymatous goitre, and the subject of injection is first discussed. Reference is made to a series of cases in which surgeons have lost healthy patients from the injection of iodine into a goitre, death occurring either on the operating table or within a few hours after the injections. "These cases," says the lecturer, "show pretty clearly that injection of iodine is an operation by no means devoid of danger, even when carefully performed, and when only a small quantity (two minims of the tincture) is employed."

The introduction of a seton is, in the lecturer's opinion, too dangerous to warrant its recommendation for any kind of goitre. A large vessel may be transixed, or inflammation, cervical cellulitis, and pyæmia may be induced.

Ligature of the thyroid arteries has been beneficially performed in early cases of parenchymatous enlargement. The lecturer remarks upon the difficulty of ligaturing the inferior arteries, on account of their deep situation and close proximity to the sympathetic nerve.

Regarding division of the thyroid isthmus, the lecturer's conclusions are—"That division of the thyroid isthmus may relieve dyspnœa mechanically, by allowing the two halves of the goître to separate, but that it more often does so by draining the gland of its colloid secretion. That the relief afforded may be permanent, but that frequently the goître reappears when the wound has healed, and the secretion is again pent up in the gland. That in many cases in which very urgent dyspnœa is present a mere division of the isthmus will not relieve the dyspnœa sufficiently quickly, and it is necessary to do some further operation, either tracheotomy, or, much better, removal of some considerable portion of the goître."

The lecturer next speaks of extirpation of a portion of the gland in cases of parenchymatous goîtres, or of those which are in the main parenchymatous, and consist of a fairly uniform, bilateral enlargement.

(1) Total extirpation is not now recommended on account of the grave after-results (cachexia strumipriva) which usually follow.

(2) Partial extirpation (*a*) of one lobe. The varieties of skin incisions are the vertical, the oblique, the angular or curved, and the transverse. The vertical incision is most suitable for small goîtres situated near the middle of the neck. The oblique is considered the best for nearly all cases. The lecturer proceeds to describe the *technique* of the operation and the after-treatment, for details of which reference should be made to the original papers. (*b*) Mikulicz's resection. The object of this is to remove the chief part of one or both lateral lobes, and to avoid all risk of wounding the recurrent laryngeal nerves. At the same time enough thyroid tissue is left behind to carry on the function of the gland. The method of performing this operation, and also Prof. Koch's modifications of it, are fully described by the lecturer. (*c*) Resection of the isthmus. The lecturer does not recommend this operation, for the reasons already stated in speaking of its division.

Hunter Mackenzie.

Berry, James (London).—*Lectures on Goître: Lecture III.* Delivered at the Royal College of Surgeons of England. "Brit. Med. Journ.," June 27, 1891.

In this lecture, the different varieties of cystic goître are briefly described, and their treatment, by simple tapping, by injection, and by drainage, discussed, and the dangers of each method described.

Intra-glandular enucleation (of cysts or of solid tumours) is next referred to in detail, and its indications, contra-indications and advantages enumerated. Following Kocher, he considers enucleation to be suitable in (1) cystic goîtres, in which most of the tumour is formed by a single cyst; (2) isolated large solid tumours which lie embedded in comparatively healthy gland tissue. The cases not suitable for enucleation, according to Keser, are (1) cases of diffuse hypertrophy, in which the whole gland is uniformly enlarged; (2) malignant goître (carcinoma and

sarcoma); (3) goitre in which, besides one or more large nodules which appear to call for surgical treatment, numerous small nodules are disseminated throughout the gland. In such cases it is highly probable that, after removal of the larger tumour, the smaller ones would continue to grow; while to remove all by enucleation would be impossible.

Fibro-adenomatous goitre and malignant disease of the thyroid is next mentioned. In regard to the latter, the lecturer is of opinion that removal of the disease should very rarely be attempted, and that we should rest satisfied with tracheotomy.

Death has often occurred during the operation, generally from dyspnoea, hæmorrhage, or shock. It sometimes occurs at the very beginning of the operation, either just before or just after the first incision has been made. Other complications of thyroidectomy are then mentioned, including injuries to various arteries and veins, to the recurrent, laryngeal, sympathetic and vagus nerves, and to the trachea and pleura. The great importance of keeping the wound aseptic is insisted upon, and the frequently fatal results of suppuration in the wound are described. Tetany and tetano-epilepsy are serious and not uncommon complications.

The lecturer refers to cachexia strumipriva, one of the most important remote results of thyroidectomy. He comes to the conclusion "that if the gland be completely removed, there is a very great risk that cachexia strumipriva will supervene, although it is not absolutely certain that it will do so in all cases." It appears that cachexia strumipriva has in some cases followed partial removal. This is, however, of rare and temporary occurrence.

The lecturer concludes by referring to the effects of transplantation of normal thyroid tissue into the subjects of cachexia strumipriva and myxœdema, and he says that "the information that we have, although not very encouraging, is, on the whole, sufficient to warrant us in giving the operation a further trial before concluding definitely that it is a failure."

Hunter Mackenzie.

Parker, W. Rushton (Kendal).—*Induration of Sternomastoid in New-Born Children.* "Brit. Med. Journ.," June 20, 1891.

THE author shortly describes two cases of this now well-recognized affection.

Hunter Mackenzie.

NOTE.

THE BRITISH LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION.

THE next Meeting of this Association will be held in London on November 27th. There will be an afternoon Session, at which an important discussion will take place upon the Treatment of Deviations of the Nasal Septum.

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