

three hundred and forty milliamperes). The needles applied were made of steel, and rather thick (No. 10 Charrière), and the author recommends the use of two needles, the one of the shape of a catheter for the Eustachian tube being introduced through the nose, while the other one is more curved and plunged into the growth behind the palate, both needles being isolated by means of a drainage tube, and being connected with either pole. One *séance* of from seven to ten minutes' duration is often sufficient to destroy the growth, but two are sometimes necessary. Although the current applied was so very considerable, the author did not observe any bad effects, and in all cases complete destruction of the growth was obtained, galvano-cautery and scissors being, however, also used during the after-treatment. The author also made experiments on living animals to ascertain what strength of the current could be endured, and succeeded in applying a current of seven hundred and sixty milliamperes in a dog without its showing any ill effects. *Holger Mygind.*

LARYNX.

Taronsorvsky (Goibersdorf).—*New Method of Insufflating Powders into the Larynx.* "Therap. Revue der Allg. Wiener Med. Zeitung," 1894, No. 27.

THE insufflator is combined with a double balloon arrangement.

Michael.

Chiari.—*On Intubation in Non-Diphtheritic Laryngeal Stenosis.* Gesellschaft der Aerzte in Wien. Meeting, July 22, 1894.

In cicatricial stenoses, chronic inflammatory stenoses, granulations, and glottic spasms the author has obtained good results with this method. In cases of tuberculosis the results are not so good, because the irritation of the mucous membrane is too great.

Michael.

Stern (Düsseldorf).—*On the Use of Opium in the Treatment of Laryngeal Stenoses in Children.* "Therap. Monats," 1894, No. 5.

By the application of a few drops of opium it is possible to diminish the symptoms of stenosis in children, especially in cases of croup. As soon as the medicament is given the respiration becomes quieter and the cyanosis disappears. Sometimes this improvement is so great that it is possible to avoid intubation or tracheotomy which had seemed to be indicated; but, in cases in which the operations remain necessary, it is possible to defer their performance, and that is often of great use in private practice.

Michael.

Langmaid, S. G.—*The Treatment of Laryngeal Phthisis.* "Boston Med. and Surg. Journ.," July 19, 1894.

THE main symptoms of laryngeal phthisis are aphonia, dysphonia, dysphagia, stridulous breathing, dyspnoea and cough. The main object of treatment of the tuberculous larynx is to relieve pain and modify or cure the disease, and so to prolong life. Lactic acid may be used

either with or without previous curetting. It should be well rubbed into ulcerated areas. A twenty per cent. solution of menthol in olive oil seems to prevent and remove infiltration. Iodoform, in the form of powder or in an ethereal solution, at times relieves pain. Resorcin in eighty per cent. solution diminishes suppuration. The aceto-tartrate of aluminium, in addition to its astringent properties, has remarkable anti-septic power. The author makes an urgent plea for the local treatment of laryngeal phthisis. Although few cases are cured, many are relieved and much suffering saved.

W. Milligan.

Fischer (Hanover). — *Definitive Cure of Laryngeal Cancer after Partial Extirpation of the Larynx.* "Deutsche Zeitschrift für Chirurgie," Band 38, Heft 4, 5.

A PATIENT, fifty-nine years old, presented an epithelial carcinoma of the right vocal band. Extirpation of the left half of the larynx was performed. Six months later there was recurrence in the form of a tumour of the size of a pea in the anterior commissure. Extirpation of the greater part of the right thyroid cartilage, and a portion of the cricoid cartilage, was performed. Cure resulted. But the operation was followed by a stenosis, which made it necessary for the patient to wear a canula for a year. It then became possible to respire by the natural passage. The Schornstein canula could be removed, and the tracheal fistula was closed by sutures. The first operation was made in 1889, and the second in May, 1890. The patient is now (1894) free from recurrence. This is the first case in which a recurrent operation has been performed with complete success.

Michael.

Ingals, Fletcher. — *A Cyst of the Larynx cured by Injection of Carbolic Acid, and a Report on Mycosis of the Pharynx and Tonsils.* "New York Med. Journ.," Sept. 1, 1894.

THE patient, a man aged forty-three, consulted the author on account of soreness of the throat of about two years' duration. Upon laryngeal examination a large swelling of the left ventricular band and ary-epiglottic fold was seen. The left true cord was concealed by this swelling, and the right cord was covered by a temporary swelling of the right ventricular band. The swelling had a smooth, uniform surface, and the appearance, excepting in the smoothness, of a solid growth. At first deep injections of lactic acid were tried. After the third injection a laryngeal lancet was plunged into the swelling, and a little thick semi-transparent greyish fluid obtained. Temporary improvement followed. Later on, a solution of carbolic acid in glycerine was injected, and rapid improvement was made, and followed by complete cure.

During the past three years the author has seen twelve cases of mycosis of the pharynx and tonsils in his private practice. In four treatment was not properly followed out. In the other eight cure was effected by thorough cauterization of the affected parts with the galvano-cautery. In seven, or fifty-eight per cent., of these cases the patient had for many years suffered from sore throat; in eight, or sixty-six per cent., soreness of the throat had been present for from four to eight weeks, and in one, or eigh

per cent., there was distinct evidence of previous follicular tonsillitis. In one there had been specific sore throat ; one was suffering from general debility ; in three, or twenty-five per cent., there was a history of dyspepsia ; while in fifty per cent. the patients were in good general health. The author advises the use of the galvano-cautery, the burning of the diseased tissue, and also of the healthy to the depth of one-eighth of an inch ; to cauterize two or three patches at a time, and to repeat the operation two or three days after all soreness from the former operation has passed away. The general health should also be strictly attended to.

W. Milligan.

Schlesinger (Wien).—*Contribution to the Clinical and Pathological Anatomy of Laryngeal Disturbances in Tabes Dorsalis.* "Wiener Klin. Woch.," 1894, Nos. 26 and 27.

THE author has observed a case of tabes combined with paralysis of the postici. After the death of the patient the author carefully examined the nerves, and found pathological degenerations in the same and in the substance of the postici muscles. In a second case of tabes the laryngoscope showed complete paralysis of the right vocal cord. Sometimes spastic movements of the arytenoid cartilages were observed. From time to time arose attacks of laryngeal crises. In a third case also paralysis of both recurrent nerves and attacks of laryngeal crises, with a high degree of dyspnœa, were observed.

Michael.

Pryor, John.—*Report of a Case of Acute Supra-Glottic Œdema without apparent cause.* "Med. Record," July 28, 1894.

THE patient, a dentist, aged thirty, vigorous and healthy, consulted the author on account of difficulty of speaking and breathing. The trouble came on suddenly in the early hours of the morning, the patient waking up with a slight sense of fulness and discomfort in the region of the throat. Towards the afternoon of the same day the condition became worse ; the face wore an anxious expression, and the voice had a peculiar metallic resonance. On examination the epiglottis and ary-epiglottic folds were seen to be very œdematous. The former showed a line of division in the centre, which gave the appearance of two large puff-balls. At its base or lingual surface of the right side a large bleb of about one-fourth of an inch in diameter was seen. No view of the interior of the larynx could be obtained. There was also pronounced infiltration of the connective tissue of the neck in the region of the larynx. No pain was complained of. Respirations were eighteen per minute ; pulse and temperature normal. Six leeches were applied to the laryngeal region, a hot mustard foot-bath, wrapping in blankets, and copious draughts of hot lemonade and whisky being also ordered. Relief soon followed. The author states that no evidences of cardiac or of renal disease could be found. The following considerations he points out as worthy of careful study—(1) the absence of any known causative agency and constitutional symptoms ; (2) the extent of œdema which may occur without marked dyspnœa ; (3) the peculiar character of the voice ; (4) the marked benefit of prompt treatment without scarification ; (5) the possibility of the case belonging to a group of obscure clinical manifestations known as angio-neurotic œdema or allied vaso-motor curiosities.

W. Milligan.