

There is yet another method of "dodging" a patient into the use of the "head voice." Patients who are insusceptible to musical methods may succeed in producing a head-note by imitating a little girl calling to her kitten, "Puss, puss, puss," on a very high-pitched note. Others may pick up the comic singer's method of testing his head-register by trying to reproduce the voice of an irate woman, shouting "Eliz-ah!" the last syllable being pronounced on a high falsetto note. The grotesque effect of this proceeding is very "catchy" and often overcomes the difficulty, the transition to the sound "eh" being easy when once the patient has caught the idea.

I may be met finally with the objection that in cases of destruction of the vocal cords and other conditions the productions of the sounds described may be impossible. The reply to this is that it is not so much the actual production of the sound as the attempt to do so that is required.

To those whose earlier or isolated attempts at laryngoscopy have been attended with difficulty, I offer these suggestions with the sympathy and best wishes of a somewhat "old hand." To those "heaven-born" laryngoscopists who have never experienced any difficulty, I offer my humble and admiring congratulations.

NEW INSTRUMENTS, THERAPEUTICS, DIPHTHERIA, &c.

Killian (Friburg-a-Br.)—*Contra-Laryngoscope.* “Münchener Med. Woch.,” 1891, No. 33.

By application of a second mirror before the reflector, a second examiner can see the larynx together with the first. *Michael.*

Harke (Hamburg).—*New Mirror for the Naso-Pharynx and Larynx.* “Deutsche Med. Woch.,” 1891, No. 28.

SEE the report in this Journal. *Michael.*

Jankau (Strassburg).—*Mirror for Examination of the Cavum Pharyngo-Nasale.* “Deutsche Med. Woch.,” 1891, No. 35.

By a second mirror introduced into the nose during rhinoscopia posterior the ossum tubæ Eustachii can be seen *en face.* *Michael.*

Helbrieg.—Mittelfränkischer Aerztetag in Fürth, Meeting, June 20, 1891.

EXHIBITED the newest apparatus for illumination. *Michael.*

Hinkel (Buffalo).—*Scissor Forceps for the Removal of Adenoid Tissue from the Vault of the Pharynx.* “New York Med. Journ.,” April 4, 1891.

THESE forceps are for operation on adults in whom there is space for their introduction into the naso-pharynx, with their wide blades lying

antero-posteriorly. That they shall cut antero-posteriorly is alleged by the author to be necessary in adults, because the tissue to be removed lies in folds in this direction; also they have a scissor action from one fenestra lying over the other. They are not so easy to use in children, even under general anaesthesia, unless the palate be tied forward.

B. J. Baron.

Huber.—*Nutritive Value of Rectal Injections of Egg Albumin.* “Medical Chronicle” in “Med. Record,” July 4, 1891, p. 14.

Egg albumin simply beaten up is absorbed in very small quantity, and therefore of very little nutritive value. *If to each egg fifteen grains of common salt be added,* sixty to seventy per cent. is absorbed, and we have an extremely valuable material for nutrient enemata. *Dundas Grant.*

Hankin, E. H. (Cambridge).—*On Immunity.* “Lancet,” Aug. 15, 1891.

THE author reviews the various theories explanatory of the existence or acquisition of immunity against diphtheria and other infectious diseases before advancing his own most recent opinions. Nuttall, in 1888, discovered that various bacteria were destroyed when mixed with fresh blood or serum, apart even from the cellular elements, and the bactericidal action of the cell-free blood-serum was made of still greater importance by Buchner and Nissen. Bouchard found this action to be much more powerful in animals made artificially immune (as by inoculation of attenuated virus or otherwise). Emmerich and Mastbaum found it curative in cases of animals already suffering from the disease investigated by them—pig-typoid. Behring and Kitasato, investigating tetanus and diphtheria last year, found that in these diseases the microbes themselves did not spread through the body, but that the serious poisonous effects were produced by toxic agents elaborated by the microbes. These might diffuse themselves, and poison the system, even after the last specific microbe had disappeared (witness diphtherial paralysis). Hence a substance (as present in the blood-serum of the rat) capable of destroying the diphtheria bacillus might yet leave the already diffused poison untouched, as indicated by Fraenkel and Behring, who have found that scarcely any tolerance can be obtained by repeated inoculation of minute doses of the unaltered diphtheria virus. Behring and Kitasato have shown that in the serum of a diphtheria-immune rabbit, there is an element which does not destroy the diphtheria bacillus, but destroys the poison engendered by that microbe. This leads to a new theory of immunity, which Hankin thus states:—“Immunity, whether natural or acquired, is due to the presence “of substances which are formed by the metabolism of the animals rather “than by that of the microbe, and which have the power of destroying “either the microbe, against which immunity is possessed, or the products “on which their pathogenic action depends.”

Hankin attributes the bactericidal action of blood-serum to the globulin “B” contained in it, and places it among what he calls *defensive proteids*. He has strengthened his position by proving that in refractory animals (as the rat in respect to anthrax) the defensive proteid is present in a more active form, or in a larger quantity, than in those that are susceptible.

Hankin suggests the use of the term “sozins” for the defensive proteids

naturally present in normal animals, "phylaxins" for those occurring in animals artificially rendered immune. If the proteid destroys the microbe he adds the prefix "myco-," but if its action is on the poison, "toxo-." Thus: "myco-sozin" and "toxo-sozin," "myco-phylaxin" and "toxo-phylaxin."

Dundas Grant.

Bürkner (Göttingen).—*Aristol in Diseases of the Nose and Ear.* "Berliner Klin. Woch." 1891, No. 28.

In aural diseases the author has obtained no good effects with the medicaments, but in cases of ozena and of nasal syphilis the results were very satisfactory.

Michael.

Kessler (Dorpat).—*Acute Iodism.* "St. Petersburger Med. Woch." 1891, No. 27.

AFTER the introduction of a glycerine iodide of potash tampon into the vagina for ophoritis the patient experienced a bitter taste in the mouth, exhibited aphonia, dyspnoea, palpitations, vertigo, and subjective smell of iodine. After some days, improvement occurred, followed by cure. [The supposed œdema of the glottis was not confirmed by laryngological examination.]

Michael.

Petersen (Wurzburg).—*On Cresol-iodide.* "Münchener Med. Woch." 1891, No. 30.

THE author has made experiments with this new medicament in Seiffert's clinic, and recommends it as a good application for diseases which are combined with increased secretion, such as rhinitis hyper-secretoria, eczema narium, etc.

Michael.

Johnson, Walter B. (Paterson, U.S.)—*Quick Action of Drugs.* "Med. Record," from "Medical World."

ADMINISTRATION in hot water is recommended as leading to speedy absorption by the stomach, chilling of that viscus by the action of cold fluids having been shown to delay absorption.

Dundas Grant.

Johnson, Walter B. (Paterson, U.S.)—*Cold in the Head.* "Med. Record," July 4, 1891, p. 24, from "Med. Compend."

A GOOD dose—ten minimis of the fluid extract—of gelsemium at bedtime is said to be sufficient in most cases to cure cold in the head in the congestive stage.

Dundas Grant.

Adamkiewicz (Krakau).—*On the Reactions of Cancers and their Cure.* Akademie der Wissenschaften in Wien, Meeting, July 2, 1891.

THE author has for some time been trying a new treatment of carcinomata. He has not yet described his method, but only reports its results:—(1) Carcinoma of the breast improved. (2) Carcinoma of the stomach improved. (3) Carcinoma of the tongue, on left half, with large glandular tumours of the neck. Under the treatment strong reaction occurred in the tumour itself, and the glands decreased. (4) Carcinoma of the œsophagus. Nearly imperforable stricture. A little piece remaining attached to the catheter was found to be cancerous. Some days after the

treatment the patient could swallow solid food, and some weeks later the improvement was still reported. (5) Carcinoma of the larynx. A patient, forty-four years old, a year ago had tracheotomy performed for carcinoma. There now existed infiltration of the right ventricular band and metastases in the neck. The metastases have disappeared under the treatment. The author concludes that his treatment (injections of a fluid called "cancrom") is the first effective method of treating cancers. *Michael.*

Walker, Geo. G. (Liverpool).—*Recovery from Apparent Death from Chloroform.*
“Lancet,” Aug. 22, 1891.

THE patient, a child, appeared to be quite dead, pulse and respiration having suddenly ceased at the same time, according to the administrator. Mr. Walker practised artificial respiration, while a bottle of nitrate of amyl was held to the patient's nose. The child recovered, but without the nitrate of amyl Mr. Walker feels certain that no efforts could have averted a fatal result. It appears that the patient had several times previously taken chloroform extremely well, the usual rules with regard to abstinence from food having been followed; but on this occasion, in spite of precautionary orders, the child had succeeded in eating an apple, the core, stalk, and part of the skin of which she vomited up on becoming conscious. [As in operations on the upper air-passages, it is eminently desirable to employ chloroform rather than ether narcosis, if possible, it is advantageous to keep well before our minds these elementary conditions of danger and of safety, which from carelessness, hurry, or over-confidence we may only once too often overlook.] *Dundas Grant.*

Hagedorn (Hamburg).—*Galvano-Caustic Treatment of Diphtheria Faucium.*
“Deutsche Med. Woch.” 1891, Nos. 28, 29.

SEE the report in this Journal.

Michael.

Deichler (Frankfurt-a-M.)—*On Whooping Cough.* Naturforscher Versammlung, 1890.

DESCRIPTION of micro-organisms which the author has found in the sputum of whooping cough similar to those described by Affanasiw. He believes that they are the cause of the disease. *Michael.*

Rosenberg.—*On Intubation of the Larynx.* “Berliner Klin. Woch.” 1891, No. 25.

SEE the report of the Berliner Med. Gesellschaft, May 18, 1891.

Michael.

Pfeiffer (Wien).—*Report on the Treatment of Croupous Laryngeal Stenosis, treated by O'Dwyer's Intubation.* “Wiener Med. Woch.” 1891, No. 32.

THE cures by tracheotomy for croup at the Sechshaus Hospital were, for the last six years, thirty-four per cent. In the last three months fifty-two cases of croup and diphtheria have been treated; eighteen of these cases were treated by intubation (fifty-five-and-a-half per cent. cures). Nine tracheotomized all died. Of eighteen cases treated without tracheotomy and intubation seven died. The author believes that intubation often can be performed instead of tracheotomy. *Michael.*

The Journal of Laryngology and Rhinology. 421

Trest.—*Mortality of Croup, Diphtheria, and Whooping Cough in Austria, and its Relation to the Mortality of Measles and Scarlet Fever.* “Therapeut. Monats.” 1891.

DURING fifteen years from 1873 to 1887, of 10,000 men, there died from measles, 51; scarlet fever, 67; whooping cough, 112; diphtheria, 168.

Michael.

Kroznakow.—*Treatment of Diphtheria.* “Allgem. Med. Central. Zeitung,” 1891, No. 60.

THE author brushes the diseased parts with 3% menthol, 3.75, dissolved in alcohol, sol. naphthalini, 3.75, ol. thereb. glycerini, 6.75. For internal use he prescribes antipyrin and benzoate of soda dissolved in aq. menth. pip.

Michael.

Bodnar.—*On the Treatment of Diphtheria.* Königliche Gesellschaft der Aerzte in Buda-Pesth, Meeting, March 23, 1891.

THE author recommends inhalation with salt water and brushing with chloride of iron, and the internal use of quinine.

Michael.

Bundy (Boston).—*Two Cases of Diphtheria.* “Boston Med. and Surg. Journ.,” March 26, 1891.

THE author recounted his treatment of these cases to the members of the Boston Society for medical observation. It consisted of the internal administration of perchloride of mercury in large doses, of sulpho-calcine, perchloride of iron, antipyrin for fever and restlessness, and Dover's powder to procure sleep. Gargles of boric acid and chlorinated soda, and a spray of sulpho-calcine, were also prescribed, with abundant nourishment. One boy died of cardiac paralysis; the other recovered. The author lays stress on constitutional treatment, and would only use local measures if they can be easily carried out.

Nothing important was elicited in the discussion that followed.

B. J. Baron.

Mayer (Aachen).—*On Diphtheria.* Natursforscher Versammlung in Bremen, 1890, Pediatric Section.

THE author recommends the internal and external use of ice.

Michael.

Betz, Friedrich.—*Etherization in Croup.* “Med. Record,” July 11, 1891, p. 54, from “Memorabilien,” April 18, 1891.

A CHILD, aged thirteen months, apparently moribund, recovered after having been made to inhale, every fifteen minutes, three drops of the following:—Menthol, one and a half grain; acetic ether, fifteen minimis; sulphuric ether, forty-five minimis. For older children he would increase the proportion of menthol.

Dundas Grant.

Hoophaus (Kiel).—*On Diphtheritic Paryses.* “Virchow's Archiv.,” Bd. 124, Heft 2.

IN the paralyzed muscles is always found inflammation, especially localized in the connective tissue, but also in the muscle fibres themselves; there is always a smaller degree of interstitial inflammation of the nerves. The central organs are healthy. It is declared that the electrical examination

of the paralyzed muscles only shows quantitative but not qualitative variations from the healthy muscles. There were in no cases paræsthesiae. The anaesthesia of the pharyngeal muscles is proved by the exudation into the muscle and mucous membrane which presses upon the neighbouring nerves.

Michael.

Ranke (Wien).—*Tracheotomy and Intubation in the Treatment of Croup and Diphtheria.* Naturforscher Versammlung in Bremen, 1890.

THE result of a collective investigation by ten authors is that intubation is inferior to tracheotomy. Only in the first year of life does intubation give better results than tracheotomy. In the discussion—

WIDERHOFER (Wien) stated that he had seen some cases of decubitus (pressure ulceration) from intubation, and also cases of cicatricial stenosis produced by it, so that tracheotomy had to be performed on account of these.

HAPPE (Hamburg) recommends the ice treatment of diphtheria; also **EHRENHAUS** (Berlin); but **THOMAS** (Freiburg) believes that the ice treatment must be applied alternately with other treatments.

PAULI (Lubeck) recommends diaphoretic treatment. He also refers to his experiences with intubation, and says that it cannot at all compare with tracheotomy, and that he has therefore abandoned the method.

Michael.

Johnson, Walter B. (Paterson, U.S.)—*Intubation of the Larynx, with a Report of Eighteen Cases.* “Med. Record,” July 4, 1891, p. 21.

IN the abstract of a paper read before the Medical Society of the State of New Jersey are given sixteen advantages of intubation over tracheotomy. The eighteen cases occurred during seven months, the severer part of an epidemic at Paterson. Three only of the eighteen recovered, but in all there was very gratifying relief from dyspnoea. [In the abstract there is no mention of the disadvantages of intubation, and the advantages enumerated are those already well known, but less favourably appraised.]

Dundas Grant.

TREATMENT OF TUBERCULOSIS.

LIEBREICH'S METHOD.

POLYAK—Gesellschaft der Aerzte in Buda-Pesth—showed a patient with tuberculosis of the larynx and the lung. He made injections of 0'001—0'002. The larynx was improved after ten injections, but there were some signs of intoxication, such as strangury, headache, and fever.

HOCHHALT also had made experiments. The voice became somewhat better, but the general health was deteriorated.

IRSAV saw, in consequence of the application, hæmoptysis and œdema glottidis.

NAVRATIL saw fever in his cases, but no local improvement.

RENNENKAMPF (Dorpat)—“St. Petersburger Med. Woch.,” 1891, No. 25—has treated sixteen cases of pulmonary tuberculosis with the injections. Six of these cases were combined with laryngeal tuberculosis.

- (1) A patient, twenty-seven years old, with aphonia, swelling of the arytenoid cartilages, and ulcerations of the vocal bands. After seventeen injections, no change in the larynx, and general health deteriorated.
(2) A patient, twenty-seven years old, with swelling of the inter-arytenoid fold. After seven injections, no change in the larynx. General health deteriorated. (3) Catarrhal changes in the larynx—sixteen injections. In the larynx no change. Deterioration of general health. (4) Chronic catarrhal changes in the larynx. After twelve injections, no change.
(5) A patient, twenty-nine years old, with tubercular infiltration of the posterior wall. After nineteen injections the infiltrations disappeared; the voice became loud and clear. General health not changed. (6) A patient, twenty years old, with great hoarseness, chronic catarrh, and swelling of the inter-arytenoid region. After ten injections, improvement of the voice, and of the general health.

Michael.

The Tuberculosis Congress. — (Paris Correspondent of the "Lancet.")
"Lancet," Aug. 22 and 29, 1891.

Avian Tuberculosis. — M. Vignal has found that the tuberculosis of birds is caused by a bacillus of its own, distinguishable from that of human tubercle. The pheasant is insusceptible to human bacillary inoculation, the dog insusceptible to the avian bacillus. Guinea-pigs and rabbits have the misfortune to be susceptible to both, the bird's producing in them, however, a form of septicæmia rather than phthisis.

The Dog-Serum Treatment. — The idea that dog's or goat's serum was antitodal to tubercle in the human being has been deprived of much of its probability by the successful inoculation of these animals, and Verneuil ascribes to psychical impressions the partially beneficial results obtained by Richet and Héricourt. Semmola, of Naples, got no good result unless the treatment was adopted simultaneously with the internal administration of iodoform in doses of one-third of a grain every two hours. Pinard, on the other hand, believes in and pursues the treatment in cases of children of tuberculous mothers weighing less than two kilogrammes.

The Hereditary Nature of Tuberculosis. — Experiments were reported in which animals were inoculated with sputum, &c., of tuberculous mothers on the one hand, and with fragments of placenta and organs of the still-born offspring of such mothers on the other hand. The negative results in the latter case, as compared with the violent positive results in the former, seemed to demonstrate that it is only the "soil" which is transmitted from parent to child, not actual tuberculosis.

Verneuil's Iodoform Treatment. — Professor Verneuil, an active opponent of Koch's method, recommended strongly the internal and local administration of iodoform, and the postponement of operative measures. He recalled Gosselin's experiments on guinea-pigs, which showed that these animals when slowly saturated with iodoform were incapable of inoculation with tubercle as long as the iodoform saturation was kept up. Verneuil gives small daily doses (one grain) for an indefinitely prolonged period. Toxic effects are guarded against by the examination of the urine every two days. This is supplemented by appropriate local use of the

drug. Thus, he injects into non-suppurating tuberculous glands, half a "Pravaz" syringeful (fifteen minims) of a five per cent. ethereal solution of iodoform once a week. Under this treatment he finds glands shrivel up and become almost imperceptible, without scar. For broken-down glands and cold abscesses he employs aspiration, followed by injection of the cavity with the iodoform solution through the canula *in situ*. In cases of osteitis, osteoarthritis, or visceral tuberculosis complicated with fistula, the solution is injected through the tract twice a week. In closed tuberculous cavities, such as joints, he never injects more than 100 grammes of the solution. The cavity becomes distended with ether vapour, and some pain results. This, however, ceases when some of the vapour is allowed to escape by the canula, but the iodoform is distributed on every point of the internal surface. Under this plan of treatment, Verneuil reports frequent cures of large abscesses (lumbar, psoas, &c.) in one or two sittings. Glycerine is substituted for ether in cases of empyema, as the distension of the pleural cavity with ether vapour sometimes occasions attacks of dyspnoea. [These brilliant results must certainly command attention.] *Dundas Grant.*

MOUTH, PHARYNX, &c.

Schmiegelow (Copenhagen).—*New Bacteria found in the Mouth.* “Monats. für Ohrenheilk.” 1891, No. 4.

IN a case of pharyngo-mycosis the author found a bacterium not yet described and called it “bacillus anthracoides buccalis.” *Michael.*

Fraenkel, Eugen (Hamburg).—*On Bednar's Aphthæ.* “Centralbl. für Klin. Med.” 1891, No. 29.

BEDNAR'S aphthæ are a classical example of a so-called mycotic epithelial necrosis, caused by invasion of bacteria in the covering epithelium of the palate. Combined with it is a solution of the necrosed epithelium, so that a true ulceration arises in consequence of this. Other micro-organisms can enter and produce a mixed infecture. *Michael.*

Fessler. — *Common Septic Processes propagated from the Mouth.* Verein Bayrischer-Zahnärzte, 1890.

INJECTIONS by loss of substance of the oral mucous membrane, by gangrenous pulp, wounds from tooth extractions, periodontitis, necrosis, phlegmon, can be propagated on to the organs of respiration or digestion. As prophylaxis, he recommends antiseptic gargles. *Michael.*

Miller, W. D. (Berlin).—*The Human Mouth as a Focus of Infection.* “Lancet,” Aug. 15, 1891.

Dr. MILLER brings forward reasons for supposing that “many diseases whose origin is enveloped in mystery, if they could be traced to their source would be found to have originated in the oral cavity.”

Dental caries may lead to diseases of the pulp and peri-cementum and alveolar abscess (sometimes fatal). Croupous pneumonia is believed to

be caused by a species of micro-organism constantly present in the sputum of persons suffering from pneumonia and very frequently even in the saliva of quite healthy persons. The micrococcus of "sputum septicaemia" is credited with invasive properties of the highest order, and may occasion parotitis, multiple subcutaneous abscesses, tonsillitis, otitis media, abscesses of the mastoid process, peritonitis, meningitis, and other infections.

Owing to the multiplicity and variety of the micro-organisms present in the mouth simple microscopical examination is useless. Cultivations on agar agar and on gelatine also fail of their purpose, and investigators are thrown back upon the animal body for the purpose of isolating the pathogenic micro-organisms present at the time in the saliva. Of one hundred and eleven mice into whose abdominal cavities oral saliva was injected all but ten died in from fifteen hours to thirty days. In nearly all the cases fatal within five days there was acute peritonitis or blood-poisoning or both, whereas in most cases not fatal within this time no organisms were found in the blood, and death was due to local suppurative processes alone. Thus two grand sub-divisions were made, those causing blood-poisoning and those causing local suppuration. Out of the one hundred and eleven cases, capsulated diplococci—micrococci of sputum-septicaemia—were found in the blood of fifty-eight, and besides these, in the peritoneal exudations of three. Immunity was only obtained by simultaneous injection of 0·3 cem. of a 1 per cent. solution of trichloride of iodine.

To prevent the undue growth of bacteria—pathogenic and non-pathogenic—in the mouth he thinks many of the most used washes are useless. For disinfecting the mouth in cases of acute disease, stomatitis, diphtheria, gangrene of the mouth, &c., of the usual borax, boracic acid, chlorate of potash, permanganate of potash, lime water, and salicylic acid, the last is the only one possessing any powerful direct influence on the bacteria. Corrosive sublimate (1 in 2000) effected a marked diminution in the number of germs in one minute, complete sterilization requiring on an average five minutes. The addition of benzoic acid greatly increased the efficacy of the sublimate. Trichloride of iodine (1 in 2000) was superior to the sublimate and quite pleasant, but unsuitable for continuous use, owing to its acid reaction.

Finally he recommends as a mouth wash : Rx. acid benzoic, 3·0 ; tinct. eucalypti, 15·0 ; alcohol absol., 100·0 ; ol. menth. pip., 0·75 (*sic*). [We presume 3 parts are to be added to 27 parts of water]. *Dundas Gr ant.*

Plant (Syracuse).—Affections of the Mouth in Children. “The American Lancet,” April, 1891.

THRUSH occurs only if the secretions of the mouth are *acid*, and is rarely seen in breast-fed babies. In older children it is an accompaniment of some lingering, wasting disease—*e.g.*, phthisis. In treating this condition we must secure alkalinity of the buccal secretions, and watery solutions of borax or sulphite of soda, with glycerine, if there be no inflammation, and the same drugs, combined with chlorate of potash, if it be present, gargled or swabbed on, and taken internally, fulfil this indication. To

keep the mouth alkaline, swabbing with lime-water, or solutions of bicarbonate of soda at short intervals, combined with perfect cleanliness of the feeding-bottle, etc., is recommended. For stomatitis, chlorate of potash and iron are to be taken, and also used as a gargle, and the bowels regulated. In ulcerative stomatitis, sprays of weak watery solutions of Condy's fluid, carbolic acid, boric acid, or sulpho-carbolate of soda, combined with cold milk diet, regulation of the bowels especially to overcome acidity, and the administration of chlorate of potash, iron, and bark are curative.

B. J. Baron.

Mandelstamm (Kiew).—*Casuistics and Diagnosis of Pemphigus of the Mouth, Pharynx, and Larynx.* “Internat. Klin. Rund.,” 1891, No. 35.

THE author has observed five cases of the disease. All cases were very chronic, and there were no bullæ of the skin. In the fifth case, some months after the beginning of the laryngeal pemphigus, a pemphigus of the skin arose. The disease in all cases had the same symptoms as described by Irsay. The mucous membrane was covered firstly with bullæ, and, if these are lacerated, with a great deal of white epithelium, often looking like diphtheria. They differ from this by the chronicity and absence of fever from stomatitis mercurialis, and by the absence of inflammatory symptoms. The therapeusis was without any effect.

Michael.

Campbell (Hamburg).—*A Case of Crypto-Genetic Septicæmia.* “Deutsche Med. Woch.,” 1891, No. 35.

A PATIENT, seven years old, experienced difficulties in swallowing and turning the head. There was redness and swelling of the palate, and swelling of the cervical glands. Next day redness of the skin of the face and diarrhoea. In the following two days delirium, difficulties of moving the head and neck, anuria, vomiting, loss of weight, headache, irregularity of pulse and respiration, followed by death. The *post-mortem* examination showed glomerulo-nephritis of the right kidney, and an abscess of the size of a walnut in the retro-pharyngeal space. In the blood of the kidneys, in the erysipelatous parts of the skin, and in the abscess a very large quantity of streptococci were found, which must be looked upon as the cause of the disease.

Michael.

Baker, Morrant.—*Two Cases of Submaxillary Cellulitis.* “Lancet,” Aug. 22, 1891.

THE first was a man, aged thirty-seven, who had some teeth extracted two days before admission. The swelling extended across the throat, which was very painful, and there was great difficulty in swallowing. On admission the patient had a large hard swelling of all the tissues in the submaxillary region, extending from the lower jaw to the thyroid cartilage, and laterally to the parotid region on both sides of the face. The mouth could be opened only to a very slight extent, and the tongue could not be protruded, while the mucous membrane of the floor of the mouth was pushed up to the level of the lower teeth. The voice was croupy, and the patient had difficulty in ejecting the mucus which accumulated in his mouth. The temperature was 102·8°. Chloroform was given with great

caution owing to the tendency to laryngeal obstruction, and operative interference was promptly carried out. An incision about an inch in length was made immediately under the chin, and after penetration for some little distance the knife was discarded for the steel director. The fore finger had to be forced through the tissues for its whole length before an abscess cavity was reached, and about three ounces of offensive pus evacuated. A wire drain was inserted, and boracic fomentations were applied. The temperature fell to 99.2°, and the patient was nearly well in a week.

In the second case, a boy of fifteen was in a similar condition, the cause being apparently disease of the right second lower molar. A similar incision did not lead to the discovery of pus, but a wire drain and boracic fomentations were again used. No immediate improvement took place, but in a few days pus began to escape from the wound, the swelling diminished, and the patient soon recovered.

These cases illustrate the prompt treatment required in this disease, incision being called for even before the formation of pus. The dental origin of some cases of angina Ludovici is also of importance.

[To those who have observed the occasionally formidable results of angina Ludovici under more expectant treatment, the report of these cases will be of the greatest interest. It will be remembered that in disease of the ear there may be another cause for the "idiopathic" cellulitis possibly undetected or detected only on the *post-mortem* table.]

Dundas Grant.

Irsay (Buda-Pesth).—*Pemphigus of the Upper Air Passages.* “Internat. Klin. Rundschau,” 1891, Nos. 28, 29.

A PATIENT, thirty-two years old, hoarse for three months, had bullæ on the soft palate and the cheeks. The bullæ burst, and then a discharge of bloody serum followed. Similar bullæ occurred on the skin of the patient. The laryngoscope showed that on the epiglottis were two places showing loss of substance caused by bursting of bullæ.

Michael.

Sendtner (München).—*Etiology of Angina Follicularis.* “Münchener Med. Woch.” 1890, No. 26.

THE pus in four cases of angina follicularis carefully examined by the author always contained the streptococcus pyogenes. This bacterium is the cause of the disease, and in rare cases also causes malignant consequences, such as pyæmia and erysipelas.

Michael.

Thorner (Cincinnati). — *Severe Secondary Haemorrhage after Tonsillotomy.* “The Cincinnati Lancet-Clinic,” May 2, 1891.

THIS occurred in a young man, aged twenty-five, two of whose brothers had suffered from a good deal of bleeding—one directly after the operation, and the other two days afterwards. The operation was performed with a Mackenzie's guillotine, and the bleeding became alarming two days after, a thin stream of blood spurting from the upper edge of the tonsil; torsion stopped it, but on the patient lying down it began again. Making him sit up in bed, and covering the wound with gallo-tannic acid, finally checked it.

B. J. Baron.

Homans (Boston, U. S. A.).—*Sarcoma of the Tonsil Removed by External Incision.* “Lancet,” Aug. 29, 1891.

A FEMALE patient, aged fifty-nine, had for eighteen months been troubled at long intervals with swelling and ulceration of the right tonsil. A portion was removed by means of the tonsillotome, and the pathologist reported it as follows: “An irregularly lobulated growth, homogeneous and medullary looking on the section surface. Microscopic examination showed a structure of relatively large round cells, with fine fibrillated intercellular substance replacing the normal tonsil structure. In places there were relatively dense bands of fibrous tissue traversing the growth irregularly. The diagnosis is a round-celled sarcoma.” The growth soon re-appeared, and the right tonsil became twice the size of the left, not inflamed, and having projecting from its centre a soft red mass of about the size and colour of a wild strawberry, and shaped like a pineapple.

An incision was made two inches and a half long, “from the right side of the hyoid bone to the mastoid process.” The fasciae were divided, the parotid pushed up, the submaxillary gland and digastric tendon downwards. The constrictor and mucous membrane of the pharynx were scratched through with a director. Scissors were used in the mouth to divide the pillars of the fauces and the mucous membrane round the tonsil. By means of forceps introduced through the wound into the pharynx the loosened tonsil was pulled out, while its internal attachments were severed from inside.

Only two small vessels required ligature. The pharynx was stitched with continuous silk suture, a quill drain was left in the external wound, which was dressed with a compress of iodoform gauze. She had a mouth-wash of permanganate of potash, and for three days was fed solely by nutrient enemata every four hours. On the fourth day she took three ounces of milk every four hours. On the fifth the external wound was whole, and the drainage tube was removed. The stitch in the pharynx was easily removed on the fourteenth day, and the patient was discharged well. [The writer admits that the patient might have been treated through the mouth, and his reasons for external operation do not seem very convincing. The absence of any external swelling seems to be a reason for operating from within with every hope of success, certainly for starting from within and reserving external incision till the internal exploration showed its necessity.]

Dundas Grant.

Hoag (Grand Rapids).—*A Case of Chronic Pharyngitis.* “Journ. of Ophthal., Otol., and Laryngol.,” April, 1891.

HERE there was stenosis of both nostrils, with enlarged veins in the pharynx. The stenosis was remedied by operation, and an application was made night and morning of

Ergotin.....	gr. xvij.
Tinct. iodi	ʒl.
Glycerine.....	ʒl.

Cure resulted. [How much is ascribable to the treatment of the nose, and how much to the pigment?—*Rep.*] *B. J. Baron.*

NOSE AND NASO-PHARYNX.

Suchannek (Zürich).—*Differential Diagnostic Signs of Differentiation between Normal and Pathological Human Olfactory Epithelium (Respiratory Ciliated Epithelium).* “Monats. für Ohrenheilk.” Bd. 22, Heft 1, 2.

THE results of many carefully-made microscopic examinations must be seen in original. *Michael.*

Suchannek (Zürich). — *Pathologico-Anatomical Studies on Rhinitis Acuta, especially Influenza-Rhinitis.* “Monats. für Ohrenheilk.” 1891, No. 4.

IN such cases in which microscopically only hyperæmia was seen, only this condition could be observed with the microscope in little pieces excised with scissors. If there was intumescence, beginning desquamation could be observed microscopically, also laceration of vessels and oedema. The regeneration of the destroyed epithelium is perfect in a short time. On the ends of the nerves there is no change. *Michael.*

Onodi (Buda-Pesth). — *Rhinitis Fibrinosa Chronica.* “Monats. für Ohrenheilk.” 1891, No. 4.

SEE the report of the X. International Congress. *Michael.*

Kieselbach (Erlangen).—*Respiratory Impediments in the Nose.*

IN operations for this purpose, always, if possible, cutting instruments must be preferred to the galvano-cautery. *Michael.*

Pins (Wien).—*New Method of Irrigation of the Nose.* Congress für Innere Medizin, 1891.

THE apparatus consists of a bottle with double perforated cork and two glass tubes. One of them ends in an olive. The olive is inserted into the nose, while the patient blows into the other tube. The fluid contained in the bottle enters the nasal cavity in which is the olive, and comes out by the other orifice. *Michael.*

Lenzmann (Duisburg)—*On the Injury caused by Obstructed Nasal Respiration upon the Development of the Child.* “Sammlung Pädagogischer Vorträge,” Bd. 3, Heft 6.

A POPULAR essay written for teachers. *Michael.*

Bresgen (Frankfurt a-M.)—*On the Injury caused by Obstructed Nasal Respiration in the Development of Body, Mind, and Speech of Children.* “Monats. für d. Gesammte Sprachheilkunde,” 1891, No. 7.

A POPULARLY-WRITTEN essay, containing the well-known views of the author on this subject. *Michael.*

Gottschalk (Berlin).—*Case of Anosmia following the Extirpation of both Ovaries.* “Deutsche Med. Woch.” 1891, No. 26.

BOTH ovaries were extirpated from a lady, thirty-six years of age, on account of a uterine myoma. One year later, when the artificial climacterium was completed, the patient related that she had entirely lost the

430 *The Journal of Laryngology and Rhinology.*

ability to smell. The examination showed that she could not smell at all. There was also spinal irritation and some other climacteric symptoms. The author believes that there is a relation between the climacterium and the anosmia. Up to now no similar case has been published. *Michael.*

Jankau (Strassburg-i-E).—*Hemiatrophia Facialis Progressiva.* “Deutsche Med. Woch.” 1891, No. 26.

IN a lady, twenty-two years old, the right half of the face had become atrophic without any apparent cause within six months. Now the examination shows: Pallor of high degree with yellowish pigmentation and atrophy of the right side of the face. Enlargement of the thyroid gland, pharyngitis sicca and ozoena. The author agrees with most others that the disease is of neurotic origin, especially of the trigeminus. *Michael.*

Peltesohn (Berlin).—*Spasm of the Face cured by Treatment of the Nose.* “Berliner Klin. Woch.” 1891, No. 32.

COMPARE the report on the Berliner Laryngologische Gesellschaft.

Michael.

Teets (New York).—*Operative Treatment of Nasal Stenosis.* “Journ. of Ophthal., Otol., and Laryngol.” April, 1891.

THE author discusses fully the questions of reflex disturbances, aprosexia, deafness, and injury to the voice caused by nasal stenosis. He uses saw, burr, trephine, chisel, and his own nasal file, according to the needs of the individual case. After the operation the cavity is well cleansed with an antiseptic solution; a pledget of cotton, saturated with a solution of acetotartrate of alumina, is fixed against the wound, and renewed next day. He prefers strong solutions of cocaine, which he thinks improve with age and render the operation almost a bloodless one, before operation.

B. J. Baron.

Kaposi (Wien).—*Pathology and Therapeutics of Rhinoscleroma.* “Internat. Klin. Rundschau,” 1891, Nos. 30, 31.

THE author gives a description of the usual symptoms of this disease. The first case observed by him and Hebra was believed to be syphilis, but by the inefficacy of mercury it was proved that there was some other condition present. In all cases it seems to be a tumour placed under the corium like a piece of ivory. The tumour grows, increasing the lips and the nose, and closing the entrances to the nose and mouth. It has a very chronic progress. It never ulcerates. If a piece is cut out there is no bleeding, and the face of the cut resembles ivory. The cutting is accompanied with the sensation of going through hard cheese. The cut surface is covered with serous liquid, and in a short time the defect is hidden by a new mass. Microscopically it resembles a small celled sarcoma. Rokitansky regards it as a neoplasm. Usually it begins on the nose, but often it spreads on to the lips, the palate, the pharynx, and also on to the larynx. Latterly, the rhinoscleroma bacilli have been found to be the cause of the neoplasm. They resemble Friedlander’s pneumonia coccus. As to the treatment, it is possible to destroy the neoplasms by extirpation and cauterization, but a true cure of the disease can never be obtained.

Michael.

The Journal of Laryngology and Rhinology. 431

Kayser (Breslau).—*Rhinological Communications.* “Deutsche Med. Woch.,” 1891, No. 26.

(1) *Fibrous Polypus of the size of an Apple in the Naso-Pharynx.*—The tumour arising from the left middle nasal turbinate was round, and filled nearly the whole naso-pharynx. Operation by galvano-cautery.

(2) *A Tooth in the Nose.*—A girl, fifteen years old, had a foetid secretion from the left side of the nose. The probe showed that there was necrotic bone. This was removed, and then a tooth could be seen and extracted. As it was not fixed, it cannot be believed that it grew there, but it must have been introduced some time ago, as a foreign body. Cure resulted, but there remained a perforation of the septum.

(3) *Malformation of the Nose and Adhesion of the Nasal Opening following Influenza.*—The patient, a child four years old, had during influenza a severe coryza, which was not treated, and was followed by the malformation.

(4) *Diminution of the Soft Palate and Covered Fissure of the Hard Palate.*—The girl, twenty-seven years old, had nasal speech. The soft palate was retracted, the hard palate was covered with normal mucous membrane, but palpation showed a fissure in the bone. The malformation was congenital.

(5) *Illumination of the Antrum of Highmore* has been applied with good results for diagnostic purposes. *Michael.*

Löwy.—*Demonstrations on Asthma Bronchiale.* Verein für Innere Medizin, Meeting, April 20, 1891.

IN nasal polypi we find the same crystals which were found by Leyden in the sputum of patients with asthma bronchiale. They consist of phosphoric salts. It is not true that they have any relation to asthma when they are found in polypi, because they are also found in such polypi which have never caused asthma. Leyden believes that the presence of the crystals in asthmatic sputum and in polypi proves a relation between both disorders. *Michael.*

Bloch (Heidelberg).—*Contribution to the Therapeutics of Empyemata Antri High-mori.* “Münchener Med. Woch.,” 1891, No. 35.

THE author applies a trocar modified by Jurasz to perforate the antrum by the nose, and then irrigates the hole by a double-current catheter. For irrigation he uses a solution of creolin. He has applied the method in three cases with good results. *Michael.*

Bryant.—*Simultaneous Ligation of both External Carotids for Myxo-Sarcoma of the Naso-Pharynx.* “New York Med. Journ.,” April 11, 1891.

THE operation was performed on account of the pain and haemorrhage caused by the growth. After the wounds had healed, the left superior maxilla was removed, only one vessel needing tying during the operation, and the growth removed. Pain and bleeding have quite ceased, and the patient is very comfortable. *B. J. Baron.*

Grünwald (München).—*Remarks concerning the Treatment of Juvenile Naso-Pharyngeal Sarcoma.* “Monats. für Ohrenheilk.,” 1891, No. 6.

CRITICAL remarks concerning the paper of Hausberg. (See the report). *Michael.*

LARYNX, &c.

Avellis (Frankfurt-a-M.).—*Tuberculous Laryngeal Tumours.* “Deutsche Med. Woch,” 1891, Nos. 32 and 33.

THE author reports extensively upon the literature of the subject, and then relates his own cases, which are so much the more instructive as they show that polypi, resembling in every way fibromata, are sometimes of tuberculous nature.

1. A patient, twenty-five years old, hoarse for some months. On the free edge of the right vocal band a polypus of the size of half a pea, and pedunculated. It resembled a fibroma, but the microscopical examination showed that it was a tuberculous tumour. Ten months later, the first symptoms of lung disease were observed.

2. A lady, forty years old, had a tumour arising from the left Morgagni's ventricle, resembling a prolapse. Examination showed typical tuberculosis.

3. A patient, thirty-two years old, had a polypus of the right vocal band. Operation. Typical tuberculosis. Seven months later, ulcerations on the vocal bands, and disease of the lungs.

4. A patient, nineteen years old. Large tumour on the right vocal band. Here also was an ulceration on the posterior wall. Operation. Exquisite tuberculosis. Some time later, affection of the lungs.

5. A patient, forty-five years old. Red-greyish tumour, of the size of a cherry, in the anterior angle. Operation with Gottstein's forceps. Exquisite tuberculosis. Next year, laryngeal phthisis of usual character.

6. A patient, thirty-nine years old, had a little tumour on the posterior wall. It was believed to be phthisical, but the examination showed that it was only thickened mucous membrane, but some time later appeared an exquisite tuberculous ulcer on the posterior wall, and lung disease. The other five cases are similar to those, but the tumours did not simulate other diseases in so strange a manner as those reported.

The reported cases show that tuberculous tumours are not so rare as is believed, that the lungs of every patient with a tumour should be examined, and especially that an examination of the removed tumours is necessary for an exact diagnosis.

Michael.

Hertels (Riga).—*Surgical Treatment of Laryngeal Tuberculosis.* “St. Petersburger Med. Woch,” 1891, No. 21.

THE author relates two cases of laryngeal phthisis treated by laryngo-fissure and enucleation of the larynx. Both patients died a short time afterwards. The operation cannot be recommended. One case treated by Heryng's curettement was cured in a short time.

Michael.

Faulkner (Alleghany).—*Laryngitis in Vocalists.* “New York Med. Journ.,” April 11, 1891.

THE author advises us what to do when a vocalist, with numerous pressing engagements, and suffering from sub-acute laryngitis, with

hoarseness, fatigue, pain in the throat, etc., consults us. *Rest he cannot;* then he is advised to take strychnia in large doses; but first the bowels are cleared out, then a one per cent. spray of cocaine, accompanied by aconite and sal volatile internally, and the use of a lozenge, made by Wyeths and composed as follows:—

B. Morphiæ bimeconat.	gr. $\frac{1}{100}$
Cocaine hydrochlor.	" $\frac{1}{25}$
Tinct. aconiti.	m. $\frac{1}{8}$
Rad. altheæ	gr. $\frac{1}{2}$

To make one lozenge.

When these measures have had the effect of subduing the more acute symptoms, and on the day when the voice has to be used, the author advises gr. $\frac{1}{10}$ of strychnia after breakfast and lunch, and gr. $\frac{3}{10}$ to gr. $\frac{1}{5}$ after dinner and before the concert. He deprecates the use of wines as a vocal stimulant.

B. J. Baron.

Neuenborn.—*Contribution to the Histology of Laryngeal Polypi.* Inaugural Dissertation, Königsberg, 1890.

THE results of careful microscopic examination of eight laryngeal tumours operated upon by Dr. Michelson. Five of them were fibromata, two myxomata, and one carcinoma.

Michael.

Helwes.—*A Case of Combination of Syphilis and Tuberculosis of the Larynx.* Inaugural Dissertation, Leipzig, 1890.

A PATIENT, forty-four years old, became infected fifteen years ago, and had been hoarse for some months. Gummata of the lips were present. The laryngoscope showed a pale-red tumour of the left lig. aryepiglotticum. The tumour disappeared under iodide of potash. Some time later arose tuberculosis of the larynx and lungs.

Michael.

Bandler (Prague).—*Relations between Chorditis Vocalis Inferior and Rhinoscleroma.* “Prager Zeitschr. für Heilkunde,” Bd. 12, Heft 1, 2.

MOST greyish neoplasms in the under portion of the larynx and trachea, so far as they are not caused by local processes, are of a rhinoscleromous nature, and usually the rhinoscleroma bacilli can be found. In such cases the nose always should be examined.

Michael.

Wolf (Metz).—*Case of Pachydermia Laryngis.* “Deutsche Med. Woch.,” 1891, No. 25.

A PATIENT, forty-three years old, experienced a disagreeable feeling in the throat. The laryngoscope showed the characteristic corresponding tumours on both vocal processes. Treatment with iodide of potassium.

Michael.

Treitel.—*Laryngitis Hemorrhagica.* “Monats. für Ohrenheilk.,” 1891, No. 6. SEE the report of the meeting of the Laryngologische Gesellschaft in Berlin.

Michael.

Pipping (Kiel).—*The Timbre of the Sung Vowels.* “Zeitschrift für Biologie,” 1890, Heft 3.

POLEMICAL article.

Michael.

434 *The Journal of Laryngology and Rhinology.*

Denhardt (Eisenach). — *Pathogenesis of Stuttering.* “Deutsche Medicinalzeitung,” 1891, No. 49.

THE author concludes: Stuttering is a psychosis, a disease caused by a single pathological idea, and it can be cured by a rational method performed by a special teacher. Local disturbances, such as adenoid vegetations or other nasal diseases, have no relation to the stuttering. The author adds that only a man who has stuttered himself can judge of the disorder and treat it with good results (?).

Michael.

Meyer (Zürich). — *The supple Action of the Muscles of the Glottis.* “Pflüger Archiv,” 1891.

THE thyro-arytenoid and crico-arytenoid muscles are antagonists, and combined produce the position of the glottis for formation of tones. The crico-arytenoidei postici are regulating antagonists for the crico-arytenoidei anteriores, and, combined with the transverse arytenoid muscle, they have a regulating influence on the position and movements of the vocal cords.

Michael.

Onodi (Buda-Pesth). — *Experimental Researches concerning the Paryses of the Larynx.* “Monats. für Ohrenheilkd.” 1891, No. 5.

DESCRIPTION of some new experiments performed by the author, proving that the nerves of the postici also die earlier than those of the other muscles, and that the dilators cannot turn inward the arytenoid cartilages.

Michael.

Rheimer (Prague). — *Contribution to the Casuistics of Functional Neuroses.* “Prager Med. Woch.” 1891, No. 25.

1. A PATIENT, thirty-six years old, sometimes lost his voice without any cause. The laryngoscope showed no change. Temporary improvement by faradization. Diagnosis, aphonia neurosa. 2. An aphonic patient, sixteen years old. The vocal bands close at the beginning of phonation and then the glottis suddenly dilates. Improvement by suggestion. 3. An aphonic patient, thirty-eight years old. The patient also has other nervous symptoms. Improvement by electric treatment. 4. A girl, twenty years old, with clonic spasms of the phrenic nerve and singultus and other hysterical symptoms.

Michael.

Masing, } *Mediastinal Tumour.* Deutscher Aerzte Verein in St. Petersburg,
De la Croix. } Meeting, Nov. 26, 1890.

A SPECIMEN shown, comprising the trachea and bronchi. The tumour was a sarcoma. By the compression of the trachea and paralysis of the left vocal band a mediastinal tumour could be diagnosed during life, and was suspected to be malignant because of the rapid increase of the symptoms.

DE LA CROIX also showed a specimen of *Mediastinal Tumour* diagnosed *intra vitam* from increasing tracheal stenosis. The tumour was a sarcoma myxomatodes.

Michael.

Briddon. — *Fracture of the Thyroid Cartilage—Rupture of the Crico-Thyroid Membrane—Tracheotomy—Wiring—Recovery.* “New York Med. Journ.” April 11, 1891.

THE title of the paper explains the scope of the communication.

B. J. Baron.

Chavasse, Thomas F. (Birmingham). — *A Successful Case of Unilateral Laryngectomy.* "Lancet," August 22, 1891.

A CHILD, aged three, suffering from laryngeal dyspnœa, had intubation performed on January 12th, 1889. This was repeated several times, and on January 21st tracheotomy had to be hurriedly done owing to the sudden disappearance of the tube. In the summer of 1889 he was transferred to the surgical wards, wearing a tracheotomy tube, and unable to produce any vocal sound. On examination the larynx appeared to be obstructed by a dense diaphragm, which was impenetrable to any of the appliances passed through the mouth or the tracheotomy wound. Unfortunately, the laryngoscope gave no satisfactory result, owing to the restlessness of the patient. On October 29th thyrotomy was performed, and the larynx was found to be occluded by dense cicatricial tissue. The soft parts having been dissected off (the outer surface?) the right ala of the thyroid cartilage, this ala was separated from the cricoid and removed. The cicatricial tissue in the larynx was then freely taken away with the scalpel and Volkmann's spoon, but the air passage being still occluded below the right half of the cricoid cartilage was excised by prolonging the incision in the median line downwards to the tracheal wound.

For the first two days feeding was performed through a nasal tube, but on the third liquid nourishment was given by the mouth. As at first some of the liquid appeared in the wound, a small piece of sponge was inserted above the tracheotomy tube during feeding. Minced meat was swallowed on the fifth day. The wound healed by the end of six weeks, and in order to maintain the patency of the opening into the mouth a double tube was constructed, one portion of which passed upwards to the epiglottis and the other downwards into the trachea. The patient's power of expression gradually returned and he spoke in a hoarse but audible whisper. A vibrating reed was afterwards adapted.

The stenosis was attributed to the pressure of the intubation tube which was at first retained continuously for nine days, and Mr. Chavasse expresses a preference for tracheotomy as compared with intubation in croup. [This interesting report is valuable as describing a reliable method of treating a very obstinate and serious class of cases. At the same time we should like to place it among the last of *derniers ressorts*, and certainly as one that in patients of older growth should never be required. We abstracted recently the reports of several cases of stenosis subsequent to tracheotomy, and in them intubation was found of great value, with or without the operative removal of some cicatricial tissue, without the excision of any portion of the cartilaginous framework of the larynx.]

Dundas Grant.

Lazarus (Berlin).—*Experimental Researches on Bronchial Asthma.* "Deutsche Med. Woch., " 1891, No. 27.

THE author concludes : The attack begins with broncho-spasm and stenosis ; then follow the catarrhal symptoms and hyper-extension of the lungs. This complex of symptoms is caused by irritation of the vagus occurring in a neurasthenic basis. If an animal is made apnoeic by an apparatus invented by the author, and curarized, and the nasal mucous

membrane is then irritated by the electric current, an increase of the intra-bronchial pressure can be observed. It is thus proved that it is only the irritation of the vagus which is the cause of the asthma. *Michael.*

Steele, Charles (Clifton).—*A Pill Lodged in the Right Bronchus.* “*Lancet,*” Aug. 29, 1891.

A LADY in swallowing a pill felt that it had gone the wrong way, and that all her efforts failed to dislodge it. Before long, pain set in in the front of her chest, three inches below the right clavicle, and afterwards behind at a corresponding spot, deep breathing increasing the suffering. Swallowing was unaffected. Cough came on, and she expectorated fluid which tasted of the pill. The following evening her discomfort was so great that the writer was called in. Auscultation gave no assistance. She was laid on her left side with the hips raised on a cushion, and after some pats on the back, coughed up a little sputum containing some red spots. Though resembling blood, they contained no corpuscles. [Presumably the dissolved material of the “iron” pills.] The hips were raised still higher, and in response to repeated patting, a sudden cough with dark expectoration led to the dislodgement of the pill. *Dundas Grant.*

THYROID GLAND, &c.

Reuter (Ems).—*Case of Wandering Goitre.* “*Münchener Med. Woch.,*” 1891, No. 26.

A PATIENT, seventy-two years old, presented hoarseness. The laryngoscopic examination showed deviation of the larynx and paralysis of the right recurrent. The larynx and trachea are dislocated to the left side. On the right side is such a deep cavity that the lateral part of the larynx is freely prominent. Palpating the cavity reveals a stony hard tumour of the size of an egg, situated under the sterno-cleido-mastoid muscle. During swallowing the tumour moves with the larynx. Percussion shows dulness up to the second rib. In his childhood the patient had a tumour of the neck, but since his fifteenth year in the place of the tumour a hole occurred. Formerly he had not been hoarse; he dates the hoarseness since having had influenza, a year previously. The patient is dyspnoeic, if he bows or exerts himself. Some days later the patient related that the tumour was movable. It could be observed that, if he coughed, a tumour as large as a fist protruded out of the chest into the neck. If it was pressed with the finger it descended into the thorax. It then produced the noise and gave the sensation of a reduced luxation of a joint. The author believes it to be a calcified cystic goitre. As the tumour gives no great pain, and the patient is already seventy-two years of age, an operation should only be performed in an extreme case. Only two similar cases have been observed, by Rose and Wölfler. *Michael.*

Kapper (Doboi in Bosnien).—*Treatment of Soft Goitre by Parenchymatous Injections of Iodoform.* “Deutsche Med. Woch.” 1891, No. 28.

THE author has applied in fourteen cases injections of iodoform oil (about ten injections in every case) with very good effect. *Michael.*

Draper, William H.—*The Treatment of Graves' Disease.* The Practitioners' Society of New York, Meeting, April 3, 1891.

THE speaker believes the disease in its partial or rudimentary forms to be more common than is supposed, and especially in those forms in which the general nervous phenomena apart from the characteristic triad of symptoms are present. He regards the disease as a general neurosis, the anatomical lesion in the cervical sympathetic being very exceptionally found. Such an irritative lesion, while explaining the rapid heart action, would not account for the exophthalmos, nor for the thyroid enlargement. The psychical symptoms, of a melancholic character often alternating with excitement, have in many cases been well-marked. Muscular tremors and paresis, and trophic disturbances, manifested by local congestions and sweatings, point to the nature of the disease as a general neurosis. The treatment must therefore be very variable, and very comprehensive. First and foremost Dr. Draper postulates physical rest in bed, and the avoidance of mental disturbance, suitable dietetic regulation, and passive exercise by means of massage. As regards drugs, he feels considerable dissatisfaction. He thinks cardiac tonics often beneficial, and uses digitalis and its congeners. He gives digitalis so as to get its effect upon the extremely accelerated and irregular action of the heart, giving it frequently in pretty large doses. He prefers it to aconite, and has had no experience of spartein nor of strophanthus. He has seen very beneficial results from the use of iodide of potassium. He has not tried galvanism of the sympathetic, and does not think that the results reported are such as to encourage its use.

In the discussion which followed—

Dr. DELAFIELD thinks the treatment of this disease very much like that of hysteria, and believes that as much depends upon the administrator as upon the drug used.

Dr. FRANCIS P. KINNICUTT advised everything which tended to improve the *morale* of the patient. Change of environment to circumstances of greater quietude was desirable. He preferred digitalis to other drugs. Dr. Delafield had tried iodide of potassium, but thought much more depended on the general management of the patient, the results being much better in private practice than among hospital out-patients. He had the impression that we got the best results from iodide of potassium in cases which had the rapid heart action alone, and those were just the cases which we could not be sure were cases of Graves' disease at all. He was not sure that Graves' disease had an entity as a disease. It might be simply a convenient grouping of certain cases which might not belong to the same class.

Dr. DRAPER considered that some of the reported fatal cases were really cases of organic heart disease presenting some of the symptoms of Graves' disease.

438 *The Journal of Laryngology and Rhinology.*

Dr. DANA stated that Charcot considered galvanism the leading therapeutic agent. He had himself a less favourable opinion of it, but he had no doubt it lessened for a time the tachycardia and some other symptoms. He had seen good results from iodide of potassium, but he had seen cases apparently cured by hydriodic acid in which the iodide had failed to give relief. A method of treatment he had employed with success was *forced respiration*. Miss Bryson had observed that in the majority of cases there was markedly diminished respiratory expansion, and he had acted on this indication by including in his treatment systematic respiratory gymnastics. Some New York physicians claimed to have obtained benefit from carbacetate of ammonia.

The PRESIDENT (Dr. GEO. L. PEABODY) had found little benefit follow the use of cardiac tonics. As regards iodide of potassium, he thought the principal benefit was from the potassium rather than the iodine, and the bromide was, for that reason, as good as the iodide.

Löwy.—*Myxædema.* Berliner Med. Gesellschaft, Meeting, July 1, 1891.

A CASE exhibited.

Michael.

Budzygau (Krakau).—*Two cases of Myxædema.* “Wiener Klin. Woch.” 1891, No. 31.

(1) A PATIENT, thirty-four years old, had for two years headache, swelling of the lips and tongue, pains in the joints and bones. Now the skin of the face is swollen and pale. The nose is enlarged, the lips enlarged and ectropionated. The tonsils enlarged. No mimetic movement of the face. The thyroid gland is as large as an egg, hard, round, and not painful. Hands and feet enlarged. The memory diminished, the speech slow. Treatment without any effect. (2) A patient, fifty years old, ill for two years, has pains in the hands and feet, and is sometimes dyspnœic. Now the skin is pale; the face is broad and of stupid expression, but the intelligence is not at all disturbed. Lips and tongue enlarged. The thyroid gland cannot be felt. Hands and feet much enlarged, and there the skin is thickened. Treatment without any effect. *Michael.*

REVIEWS.

Schnitzler, Johann (Wien).—*Klinischer Atlas der Laryngologie und Rhinologie.* Mit Mitwirkung von Dr. Hajek und Dr. A. Schnitzler. 2e Lieferung. Wien: Bräunmüller. 1891. (“Clinical Atlas of Laryngology and Rhinology.” With co-operation of Dr. Hajek and Dr. A. Schnitzler. Second Part. With fifteen illustrations, and four chromo-lithographic plates.)

ALREADY, in the report upon the first part of this work, we have mentioned the excellent endowments of this atlas, both as to its text and illustrations. The text of this part deals with laryngeal catarrh and inflammations, their different forms, complications, and treatment; pachydermia, laryngitis