has been used, as in such a case the œsophagus rarely becomes completely closed. He has found the permanent short tube beneficial in cases of traumatic and of hysterical stricture. He prefers the tube to be open at the tip. Before introduction the tube should be washed in carbolic solution and smeared with vaseline, and the patient should swallow "two or three teaspoonfuls of a one per cent. solution of olive oil and cocaine." Instead of bringing the thread attached to the tube out through the mouth, he draws it through the nose by means of a soft rubber catheter introduced through the nostril into the pharynx. The "gastrotomy" alluded to in this excellent, practical paper as preventible is no doubt a *lapsus calami* for "gastrostomy." *Dundas Grant.*

LARYNX, &c.

Holmes, Gordon (London).—*Acute Catarrh of the Larynx.* "Lancet," Feb. 6 and 13, 1892.

THE literature of the disease is briefly sketched, and the symptoms, both subjective and objective, are described, the nocturnal character of the "laryngitis stridulosa" of children being specially referred to. The writer thinks that getting the feet wet has been somewhat over-rated as a cause of acute laryngeal catarrh. The nocturnal attacks of dyspnœa and stridor characteristic of the disease in children is attributed by Dr. Holmes to spasm of the constrictors of the glottis, not to agglutination of the cords by viscid exudation (Niemeyer and Mackenzie), nor to the narrowness of the child's glottic chink, aided by the relaxation of respiratory action which occurs during sleep (Krishaber). The suddenness and evanescent character of the attacks distinguished the disease from true croup, and, furthermore, the resonant cough is evidence of the absence of exudative membrane, the presence of which would muffle the sound. Later, of course, when the membrane is thrown off a ringing "croupy" cough is possible. The practitioner is warned to keep before his mind the possibility of some small toy which the child has had in its mouth while going to sleep being drawn into the air-passages and setting up a form of obstruction, the symptoms of which might readily be mistaken for those of laryngitis.

The prognosis in professional voice-users has to be more guarded than in others. The paper concludes with an approving description of the classical methods of treatment. *Dundas Grant.*

Wright.—*Four Cases of Tubercular Laryngitis.* "Journal of Ophthalmology, Otology and Laryngology," Oct., 1891.

THERE is nothing special in these cases, one of which, however, improved after tracheotomy, as is often seen. *Barclay J. Baron.*

Scholefield, R. E. (London).—*A Case of Herpes of the Larynx.* "Lancet," Jan. 30, 1892.

A MAN, aged forty-nine, was attacked with a feeling of "tightness" in

the throat, and was next day so troubled with dyspnœa, agony in swallowing and nervous disturbance that he applied for relief at St. Bartholomew's Hospital. On examination there was found a circumscribed, œdematous swelling, almost polypoid in character, on the left ary-epiglottic fold. Next day this was larger and more milky in colour, and on the following day formed a complete bulla. At the same time a crop of herpes appeared on the upper lip. After another twenty-four hours the bulla had burst, and there was seen a white patch of macerated epithelium. The voice throughout was badly affected, and the man, whose febrile disturbance had raised his temperature above 103°, got well in a few days. *Dundas Grant.*

Baginsky (Berlin).—*Laryngological Communications.* "Berliner Klin. Woch.," 1891, No. 50.

1. *Nystagmus of the Vocal Bands.* A patient, sixty-one years of age, received an injury on the right side of the chest, followed by meningitis and pneumonia. When twenty years of age paralysis of motion and anæsthesia of the left leg set in. For a time afterwards this improved. At the age of twenty-nine complete aphonia set in, with dyspnœa. She also suffered from an ovarian tumour. Ovariotomy was performed in 1882, the case being described by Landau and Remak in the "Zeitschrift für Klin. Med.," 1883. At the time the patient consulted the author she complained of nothing in the throat but hoarseness. With the laryngoscope chronic laryngitis was diagnosed, and also the following condition. The arytenoid cartilages made regular clonic contractions, fifty in the minute. There were short adducting motions during the expirations, but not during inspirations. The author was inclined to think hysteria was mainly the cause. *Michael.*

2. *Carcinoma of the Thyroid Gland and the Larynx.* The tumour, which had destroyed the thyroid gland, caused a compression and stenosis of the trachea and paralysis of the left vocal cord, by compression of the recurrent nerve. Death from pulmonary œdema. *Michael.*

Bevill, Cheves (Winfield, Arkansas).—*Cockle-burrs in the Larynx.* "Med. Rec.," Jan. 9, 1892.

AN enumeration of cases published by various observers. In one case Dr. Crowley wrapped his index finger with cotton and managed with it to entangle the spicules of the burr, so as thus to be able to withdraw it.
Dundas Grant.

Adler (New York).—*A Case of so-called Laryngeal Vertigo.* "New York Med. Journ.," Jan. 30, 1892.

THIS is the case of a merchant, fifty-three years old, who had never had syphilis, was not a drunkard, and was in good health. In November, 1890, he had cough, due to bronchial catarrh, and in a paroxysm of cough he suddenly fell from his chair to the floor, totally unconscious. He had no premonition, no giddiness, faintness, nor any abnormal sensation in the larynx. The unconsciousness lasted a few seconds, and the patient complained of nothing when he recovered his senses. He was noticed

to choke when coughing, and also the cough was very like that of pertussis, except that the noisy "whoop" was wanting. In April, 1891, he had influenza, followed by a violent spasmodic cough, and again the attack of unconsciousness occurred. The pharynx is granular, uvula long, larynx slightly hyperæmic. Opiates, bromides, blisters, iodide of potassium, and laryngeal sprays, were absolutely useless in preventing the frequent occurrence of unconsciousness, which took place as many as five times daily. It was noticed, however, that not every severe coughing fit was followed by loss of consciousness. Cure rapidly followed shortening the uvula! Gleitsmann and Charcot are quoted as having cured such cases by cauterizing the lingual tonsil or pharyngeal granulations.

[This case is very interesting and uncommon, but a minor degree of nervous disturbance is often witnessed in the larynx, where surgery applied to the uvula, lingual tonsil, or pharynx cures quickly after all drugs have in turn been tried and found wanting. Let us take a lesson from this case.—*Rep.*] *Barclay J. Baron.*

Von Doukoff, E. (U. S.).—*Tracheotomy without the Use of the Tube.* "Med. Rec.," Jan. 23, 1892.

THE author kept the opening patent simply by ligature, one on each side, fastened behind the neck. Very little after-management was required. The watcher was given a dull forceps with which to remove any membrane which might present itself at the opening. *Dundas Grant.*

Prescott and Goldthwait (Boston).—*A Report of* 392 *Cases of Intubation and* 139 *Cases of Tracheotomy done at the Boston City Hospital.* "Boston Med. and Surg. Journ.," Dec. 31, 1891.

THE conclusions are as follows:—392 cases of intubation showed a mortality rate of 79·59 per cent.; 139 cases of tracheotomy showed a death rate of 88·5 per cent. Altogether 2815 cases of intubation and 23,941 cases of tracheotomy have been collected and analysed, and there is very little difference in the percentage of deaths in the two operations. *Barclay J. Baron.*

Sutherland, G. A. (London).—*A Case of Bronchiectatic Abscess due to the Impaction of an O'Dwyer's Tube.* "Lancet," Jan. 23, 1892.

LARYNGOTOMY was performed on a patient of seventeen and a half for traumatic laryngitis. This was followed by intubation on account of the stenosis remaining after the removal of the laryngotomy tube. During a fit of coughing the string broke and the tube passed into the trachea. After a time he coughed up quantities of muco-pus, and later a bronchiectasis was diagnosed in the left lung. Operative endeavours were made to reach the cavity from the chest-wall, but the patient died of hæmorrhage. After death the tube (No. 3) was found in the left bronchus, and a large bronchiectatic cavity extended through the lung communicating with the operation opening. For a time after the first disappearance of the tube there was so little obvious discomfort that it was believed the tube had been coughed up and swallowed. Dr. Sutherland concludes that it was then in the trachea from the following facts: (1) the audible

breathing localized in the trachea, (2) entire absence of signs pointing to its presence in a bronchus, (3) the sudden and lasting cessation of the loud breathing after a severe fit of coughing, followed immediately by the appearance of signs pointing to a block in the bronchus and collapse of the lung. *Dundas Grant.*

Tietze (Breslau).—*Surgery of the Upper Air Passages.* "Zeitschrift für Chirurgie," 1891, p. 438.

THE author reports on the operations performed in the clinic in Breslau in the years 1872-89. Six hundred and seventy tracheotomies for diphtheria, with twenty-two and a half per cent. cures, nine for foreign bodies, two of them died, ten for other causes. Laryngo-fisssure was performed for foreign bodies. Of thirteen extirpations of the larynx, five cases died from the operation, the others recurred after a short time. *Michael.*

Loeb. — *Total and Partial Laryngeal Extirpation.* Inaugural Dissertation. Bonn, 1891.

THE author reports on seven operations. One total extirpation for carcinoma; four unilateral for carcinoma, and two unilateral for tuberculosis. Of these cases, two were cured; two died from bronchitis; one has returned, and two are yet under treatment. *Michael.*

McLeod (Calcutta).—*Excision of the Larynx.* "Indian Med. Gaz.," April, 1891.

A YOUNG Hindoo, twenty-eight years of age, presented a firm mass on the left side of the neck adherent to the left side of larynx, involving the left half of the hyoid bone, and the left lobe of the thyroid, reaching to the inner border of the sterno-mastoid and to the middle line of the throat. It was free from the spine and moved with the larynx. The epiglottis and left aryteno-epiglottidean fold were thickened. Hoarseness, dysphagia and slight dyspnœa existed.

After preliminary tracheotomy laryngectomy was performed. As an irregular mass occupied the interior of the larynx and the right half was found, under operation, to be diseased, the tumour with the whole of the larynx including the epiglottis, and the anterior wall of the pharynx were removed, the aperture left being utilised for passing a tube to feed the patient. The hyoid bone was left *in situ* to support the tongue. Three enlarged glands were also removed. The upper end of the wound was closed with stitches, the rest kept open. On the forty-seventh day after the operation the patient was quite strong and walking about the ward comfortably, the whole of the wound, except two openings in the centre, being closed. Of these openings the upper one was the aperture of the pharynx, through which the feeding tube was passed; the lower one was the opening into the trachea in which the tracheotomy tube was placed. He could feed himself and had no discomfort. *R. Norris Wolfenden.*