

malformations in imbecile and backward patients, and the ablation does not remedy the general condition. *A. Cartaz.*

**Lermoyez.**—*Tuberculous Adenoid Tumours.* “Bull. Soc. Med. des Hôp.,” July 20, 1894.

THE author relates two cases of the appearance of general tuberculosis after the ablation of pharyngeal adenoid tumours. In the case of a young boy, six years old, the tumours reappeared after excision, and the general condition became bad. After the second operation, the histological and bacteriological examination shows the tuberculous nature of the tumours.

The author thinks that in some cases adenoid tumours are a manifestation of latent pharyngeal tuberculosis. *A. Cartaz.*

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LARYNX, &C.

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**Schlossarek.**—*Laryngeal Phantom for Learning Intubation.* “Wiener Klin. Woch.,” 1894, No. 14.

SEE the report on the meeting of the Gesellschaft der Aerzte in Wien, January 5th, 1894. *Michael.*

**Weisz** (Pesth).—*What conclusions can be derived from the anatomical and physiological condition of the Larynx as to its Pathology and Treatment?* “Pester Med. Chir. Presse,” 1893, No. 38.

NOTHING new. *Michael.*

**Gesche.**—*Acute Laryngitis.* Inaugural Dissertation. Kiel, 1893.

NOTHING new. *Michael.*

**Gillet, H.**—*Laryngeal Intubation in Diphtheria in France.* “Journ. des Praticiens,” July 21, 1894.

CRITICAL review. *A. Cartaz.*

**Bonain.**—*Intubation of the Larynx in Croup by O'Dwyer's Method.* “Semaine Med.,” Oct. 3, 1894.

CRITICAL review, with an explanation of the advantages of tubage, and some practical applications. *A. Cartaz.*

**Ferroud.**—*Intubation of the Larynx in Children and Adults; Indications, and Therapeutic Value.* Thèse de Lyon, 1894.

THIS pamphlet is an enthusiastic plea in favour of intubation as against tracheotomy. The author gives a complete historical review, and explains perfectly the *technique* of the operation, the indications, accidents, or complications. Intubation is applicable not only to diphtheritic laryngitis, but in numerous cases of laryngeal stenosis, and especially œdema or inflammatory tumefaction.

The author has modified, with advantages, O'Dwyer's instruments.

They permit extraction of the tube more easily, and they are less expensive.

*A. Cartaz.*

**Rosenberg, A.** (Berlin).—*Intubation in Stenosis of the Larynx.* "Archiv für Laryngologie und Rhinologie," 1893, Band 1, Heft 2.

AFTER a careful description of his method of intubation, the author considers the advantages and disadvantages of this treatment, as also the indications for the same. He then gives a report on twelve cases he had treated in the "Universitäts Poliklinik" for throat and nose diseases. These were cases of acute as well as chronic stenosis, as follows:—Laryngitis subglottica, perichondritis cricoidea syphilitica, papillomata laryngis, membrane formations, spasm of the adductors, bilateral paralysis of the postici, perichondritis arytenoidea tuberculosa with narrow glottis, stenosis from granulations. (For particulars see original article.)

*Meyer (Kelly).*

**Widerhofer**—*Treatment of Laryngeal Stenoses in Croup and Diphtheria.* Jahresbericht des St. Annenhospitals in Wien, 1893.

THE majority of cases were treated by intubation; only in the most severe cases was tracheotomy performed. One hundred and seventy-nine cases of primary diphtheria were treated by intubation, of which one hundred and three were cured (fifty-seven per cent.); in twenty cases there was secondary tracheotomy. Seventy-four cases died, of which sixty-three had secondary tracheotomy. Of one hundred and thirty-three grave cases treated by tracheotomy, three were cured. Of twenty-five cases of secondary croup, seven intubated cases and also seven intubated and tracheotomized cases were cured. The others were fatal. *Michael.*

**Fraenkel, B.** (Berlin).—*Investigation of the Minute Anatomy of the Larynx; the Ventricle of Morgagni.* "Archiv für Laryngol. und Rhinologie," 1893, Band 1, Heft 2.

THE basis of the lateral wall of the ventricle consists of muscle fibres (which arise from the thyro-arytenoid), of numerous glands (which lie partly amongst the muscle fibrillæ), and of adenoid tissue. The appendix is a peculiar organ which makes use of the cavity of the ventricle as its duct. It lies at right angles to the sinus. Its greatest measurements are from above downwards and from before backwards, its mouth being a slit about one millimètre broad, measured from before backwards. It is a complex system of hollows and canals possessing only one single duct in common. The position of its upper border varies considerably, generally reaching up into the plica ary-epiglottica. It is partly covered with cylindrical ciliated epithelium, under which is connective tissue containing round cells, and in many places adenoid tissue, and also true sub-epithelial follicles. Numerous acinous glands lie to the inside and in front.

The one function of the appendix is to secrete a fluid, which keeps the vocal cords flexible. Fraenkel compares the appendix with the pockets of the tonsils.

Along with this work there are given six beautiful photographic plates of horizontal sections through the larynx.

*Meyer (Kelly).*

**Möller** (Pasewalk).—*The Condition of the Mucous Glands of the Larynx in Laryngeal Tuberculosis.* Inaugural Dissertation. Würzburg, 1893.

CONFIRMATION of Rindfleisch's view that the mucous glands take an important part in the propagation and development of laryngeal tuberculosis. *Michael.*

**Stoerk, C.** (Vienna).—*On the Treatment of Tuberculosis of the Larynx and Lungs by Creosote.* "Archiv für Laryngol. und Rhinologie," 1893, Band 1, Heft 2.

THE author warns against the extensive use of creosote in the treatment of phthisis because, far from acting as a stomachic, creosote in many cases simply lessens the powers of general nutrition, and so hastens and makes more certain the patient's downward course. *Meyer (Kelly).*

**Woods, R. H.** (Ireland).—*Tertiary Syphilis of the Larynx.* "Brit. Med. Journ.," May 12, 1894.

A SPECIMEN from a patient who, at twenty years of age, contracted syphilis, and a year later was tracheotomized for stenosis of the larynx, caused by gummatous infiltration of the false cords. After a few weeks' treatment the infiltration disappeared, the tube was dispensed with, and the patient discharged. He drank freely, slept out of doors, etc., and became worse, and was admitted almost asphyxiated. Tracheotomy was again performed, and the tube left in permanently. Twelve months later he died from pneumonia. The larynx at the junction with the trachea was so stenosed as scarcely to admit the passage of a goose quill. There was no ulceration. *Wm. Robertson.*

**Diéulafoy.**—*Cancer of the Larynx.* "Annales de Médecine," Aug. 22, 1894.

GENERAL review. Professorial address. *A. Cartaz.*

**Krieg, R., and Knauss, C.** (Stuttgart).—*Epithelioma of the Larynx.* "Archiv für Laryngologie und Rhinologie," 1893, Band 1, Heft 2.

KRIEG gives the clinical history of a case of carcinoma of the larynx, the diagnosis being established by microscopical examination by Knauss. What is particularly striking is the long course of the illness, lasting over six years, without affecting the general condition of the patient. During the whole time no essential enlargement of the base of the tumour was made out; there was no ulceration either in the primary or in the two recurrent tumours. Operative procedures, even with the galvano-cautery, caused scarcely any reaction. Lastly, at each operation it was possible to restore the false and true cords, the ary-epiglottic fold—in short, the whole interior of the larynx—to its normal shape. Thus, from the clinical history, doubt might arise as to the diagnosis. From this and another case operated on by him, Krieg comes to the conclusion that the endo-laryngeal method can give good results, even in advanced cases of carcinoma, and should always be resorted to in cases where the radical operation is refused. *Meyer (Kelly).*

**Hofmök** (Wien).—*Surgical After-Treatment of Laryngotomy and Tracheotomy.* "Centralbl. für der gesammte Therapie." Wien, 1893.

OF surgical interest. *Michael.*

**Murphy** (Sunderland).—*A Simple Method of preventing the Entrance of Blood into the Trachea during Operations about the Mouth.* "Brit. Med. Journ.," May 5, 1894.

EXTENDING the neck over the operating table so that the patient's head hangs lower than the rest of the body, face up. [For tonsils, adenoids, etc., the post-nasum and oro-pharynx would immediately become filled with blood, which would overflow into the pharynx and larynx, so that it is not to be commended.—*Rep.*] *Wm. Robertson.*

**Morton** (Bristol).—*Persistence of the Thyro-Glossal Duct.* "Brit. Med. Journ.," May 12, 1894.

THIS occurred in the case of a man, aged nineteen, who consulted Dr. Baron for a swelling over the larynx, and expectoration of mucus, which was thought to be connected with it. Dr. Baron found nothing abnormal in the larynx. The external swelling appeared when he was three years old, and was then lanced, and discharged a glairy fluid. It then closed, and was lanced frequently. The swelling was the size of a walnut, just above the pomum Adami in the middle line. It moved freely with the larynx on swallowing. On dissecting out the cyst it was found to lie over the thyro-hyoid membrane and hyoid bone, and contained a clear jelly, with streaks of pus. The next day a drachm of jelly came away from the wound, after which healing set in. No cord was found leading upwards to the tongue, although this might have existed to account for the subsequent discharge. *Wm. Robertson.*

**Delasalle, Paul.**—*Tracheal Fistulæ and their Treatment.* Thèse de Paris, 1894.

THE author studies the fistulæ consecutive to tracheotomy performed for various diseases. He indicates the obstacles to the withdrawing, at a favourable moment, of the canula (polypous excrescences, laryngeal paralysis, glottic spasm, etc.), and the consequences of these difficulties. The methods of surgical treatment of that condition are reviewed in detail. He relates Kirrison's case. *A. Cartaz.*

**Kirrisson.**—*Tracheal Fistulæ.* "Bull. Méd.," July 1, 1894.

THE author reports the case of a young man, sixteen years of age, tracheotomized at the age of eleven for laryngeal diphtheria. The canula had remained in place since that operation. The author withdrew the canula with great precautions, and was astonished to observe no respiratory troubles, and no difficulty in breathing by the larynx. He does not know the causes which had prevented the removal of the tube. The fistula has been obliterated by autoplasmic operation. Radical cure resulted.

The author discusses the varieties of tracheal fistulæ and the appropriate surgical operations. *A. Cartaz.*

**Scheuer.**—*Tracheal Tumours.* Dissertation. München, 1893.

A REVIEW of the literature of tracheal tumours and description of a case observed by the author. The tumour, an adenoma, situated on the sixth to eighth tracheal cartilage, was removed by deep tracheotomy. Cure resulted. *Michael.*