LARYNX, &c.

Wilks, Samuel (London).—"*The Laryngoscope in England.*" "Lancet," March 12, 1892.

DR. WILKS, in reproaching the Editors of the "Lancet" for omitting, in an annotation on this subject, the names of Dr. Walker, of Peterborough, and Dr. Benjamin Babington, quotes the following from a reference to a meeting of the Hunterian Society in March, 1829: "Dr. Babington sub-"mitted to the Society an ingenious instrument for the examination of "parts within the fauces, not admitting of inspection by unaided sight. "It consisted of an oblong piece of looking-glass, set in silver wire, "with a long shank. The reflecting portion is placed against the palate, "whilst the tongue is held down by a spatula, when the epiglottis and "upper part of the larynx become visible in the glass. A strong light "is required, and the instrument should be dipped in water, so as to "have a film of fluid upon it when used, or the halitus of the breath "renders it cloudy. The doctor proposed to call it 'glottiscope.'"

Dundas Grant.

Downie, J. Walker (Glasgow).—*Some Conditions hindering Clear Vocalization.* "Practitioner," March, 1892.

NASAL polypi and thickening of the nasal mucous membrane are enumerated among the more ordinary conditions. The writer considers that an elongated and dependent or a "conduplicate" epiglottis, especially if congested, may affect the voice. A more troublesome condition is a relaxed state of the mucous membrane covering the ventricular bands. The appropriate remedies for the "grosser" lesions are recommended. For the relaxed ventricular bands the galvano-cautery is given first place. Rest is enjoined, and alcohol and tobacco prohibited.

Dundas Grant.

English, W. T. (Pittsburg).—*The Singer's Thorax.* "Med. Rec.," March 5, 1892.

DR. ENGLISH gives rather an alarming account of the vocalist's prospect of life and health. He assumes that because the physiological ratio of respirations to cardiac pulsations is about one to four, the prolonged expiratory process involved in the sustained production of vocal sound is necessarily injurious. He states that it leads to irregular contractions of the heart and a permanent state of unstable equilibrium. The signs of this are at first "a sighing or simple desire for longer inspiration, apparent in the quiescent state of the subject," and shortness of breath. The chest becomes expanded and barrel-shaped, but the amount of mobility of the chest is not increased in proportion, the environments assuming an abnormal rigidity. The heart takes on an undue augmentation in bulk. The author recognizes a peculiar disposition to neurotic irritability of the heart in singers. He considers that chest diseases are

in vocalists singularly fatal. "Pneumonitis" claims as fatal fifty per cent. of the vocalists attacked. The diagnosis is founded on the largeness and shape of the chest, and the disproportionate slightness of inspiratory expansion, the thoracic movements being superficial and accelerated. The chief heart-sign is accentuation of the second sound. He insists that no one should enter upon vocal study who has any sign of cardiac debility.

Dundas Grant.

Stuart, T. P. Anderson (Sydney).—*On the Mechanism of the Closure of the Larynx.* "Lancet," April 2, 1892.

IN a preliminary communication made to the Royal Society on February 21st, 1892, the author gave some results of observations made in the following various ways:—(1) On a man, who had a large hole in the side of his neck, a result of an operation for epithelioma, through which the movements of deglutition, simple closure of the larynx, etc., could be observed;—(2) by laryngoscopic examination of healthy persons; (3) by experiments on the different classes of animals; (4) by study of the anatomy and comparative anatomy of the parts; (5) by clinical and *post-mortem* records of morbid conditions. When simple closure is effected in man the chief visible movement is that of the *arytenoid cartilages.* They are (1) rotated, so that the vocal processes (eventually) come into apposition; (2) they glide forwards on the cricoid; (3) they approach each other, so that their internal surfaces are, in part at least, in contact; (4) they fold forwards at the crico-arytenoid joint, so that their tips come into contact with the epiglottis. The *ary-epiglottic folds* become tightened (by means of the contained ary-epiglottic muscles), pulling inwards the lateral margins of the epiglottis, and so deepening its groove to receive the tips of the arytenoids and the Santorinian cartilages. The entrance thus assumes a T shape. The *entire larynx* moves slightly upwards and forwards (much less in simple closure than in deglutition). The *epiglottis* does not actively move, and in deglutition the bolus is seen to glide over its laryngeal surface, its lingual surface being pressed against the dorsum of the tongue.

[Dr. Philip Smyly, of Dublin, in his Presidential address before the British Laryngological Association on November 15th, 1889, gave the following description of the closure of the larynx, to which Prof. Anderson Stuart cannot be said to have added any new feature:—"The glottis is "raised towards the base of the tongue, the arytenoids are drawn "together, the epiglottis is drawn into the fossa prepared for it in the "base of the tongue, at the same time projecting the laryngeal end "towards the arytenoids. The meeting of these three bodies closes the "cavity of the larynx, and the closed larynx looks exactly like a very large "leech-bite. The morsel of food passes over the base of the tongue and the "laryngeal aspect of the epiglottis, and the rounded, smooth surfaces of "the two arytenoids into the œsophagus." (JOURNAL OF LARYNGOLOGY, vol. iii., p. 494.)

Still earlier, Mr. Carmalt Jones, in a paper read at the Ninth International Medical Congress, Washington, September, 1887, brought forward his laryngoscopic observations, showing that the lateral borders of the epi-

glottis were approximated to each other during deglutition, the epiglottis itself remaining erect. (JOURNAL OF LARYNGOLOGY, vol. i., p. 431.) We hope we have heard the last of the "lid-like" action of the epiglottis.]

Dundas Grant.

Carson, Edwin (San Diego).—*Tumour of Vocal Cord; Removal.* "Med. Rec.," February 27, 1892.

A FIBROMA of two years' duration. Removal after ten days' education. A forceps with a downward curve 3½ inches in length was found to be too short, and one of 3⅞ inches was necessary. *Dundas Grant.*

Baumgarten (Budapesth).—*Laryngo-Œdema following the Use of Iodide of Potash.* "Deutsche Med. Woch.," 1892, No. 9.

A PATIENT, forty-six years old, was infected from her husband with syphilis. Iodide of potash was used, followed by an acute œdema of the whole larynx. Ice and scarifications produced a cure. *Michael.*

Bryan (Washington).—*Acute Œdema of the Larynx, with the Report of a Case resulting from Pyæmia.* "The Medical News," Feb. 6, 1892.

THE œdema was epiglottic, and improved rapidly under full scarification, the use of ice, &c. The history was an unusual one. On November 9th the patient contracted gonorrhœa. On January 9th a urethral sound was passed for the relief of a deep-seated stricture, and again, on January 26th. The patient had a shivering fit after the latter operation, and was ill until February 1st, when he experienced pain in the larynx and great dyspnœa, and he noticed that his neck was swollen. On February 4th he complained of pain at the lower border of the left lung, with deficiency of breath sounds, but no dulness on percussion. On February 6th pronounced jaundice appeared, and on February 8th he suddenly died, after exclaiming that something had given way inside. This was, probably, a hepatic abscess. Numerous authors are quoted as showing that laryngeal œdema is often due to septicæmia, and is usually secondary. Primary œdema is, however, sometimes seen, and Virchow's opinion is that it is then of erysipelatous origin. Hajek's experiments on animals, to discover the parts most prone to œdematous infiltration, are alluded to, and are important. These go to show that there is a layer of loose cellular tissue on the anterior surface of the epiglottis, that passes up to within half a centimètre of its border, and there ceases. From this point the membrane is firmly adherent to the cartilage. This cellular tissue on the anterior surface of the epiglottis is continuous with that lining the lateral walls of the pharynx in front of the pharyngo-epiglottic ligament. The cellular tissue of the ary-epiglottic folds is divided into two parts by the pharyngo-epiglottic ligament. Hence an inflammation of the pharynx may extend to the anterior surface of the epiglottis, or it may attack the ary-epiglottic folds, as it is on a plane anterior or posterior to the pharyngo-epiglottic ligament. Œdema never passes from the anterior to the posterior surface of the epiglottis, and it only passes over into the ary-epiglottic folds when the infiltration is so extensive as to break through the ligament. Extensive and deep scarification, and gargling with hot water to induce

ree flow of the fluid, Leiter's coil and ice, with injection of pilocarpin are to be relied on. If these fail, early tracheotomy should be practised.

B. J. Baron.

Compaired.—*Hæmorrhage from the Larynx coincident with the Menstrual Period.* "Siglo Medico," Jan., 1892.

AFTER citing the two cases recorded by Ruault and Moure, in which laryngeal hæmorrhage took place, one from reflex utero-ovarian cause, and in another of the same affection with paralysis of the constrictor muscles, with a small red tumour of the vocal cord which coincided with the menstrual periods, the author records two observations in his *clinique*. In the first, a young lady, twenty-five years of age, somewhat hysterical, had suffered for the last two years from menstrual disorders. Under treatment, the menstrua reappeared, but were copious, and were again suppressed at the end of two months, hæmorrhage taking place from the larynx at a time corresponding to the menstrual period, coinciding with the appearance of a pharyngo-laryngeal catarrh. Small hæmorrhagic points could also be seen. In the second case, a girl, aged twenty-one, was seen, who had not menstruated for a year, and who suffered from laryngitis at each period. At the time corresponding to the periods she had sanguineous expectorations. The patient was excessively nervous; there was chlorosis, accompanied with exophthalmic goître and tachycardia. As in the last case, the larynx showed marked hyperæmia. The patient died from heart disease somewhat later. The author refers to these as hæmorrhagic laryngitis or sanguineous expectorations from the larynx. The cause may be catamenial or not; but he is inclined to think that the discharge is never pure blood, but only more or less sanguinolent serum.

Botey.

Baumgarten (Pesth).—*Rare Cases of Perichondritis of the Larynx.* "Wiener Med. Woch.," 1892, No. 7.

1. A PATIENT, seventeen years old, some weeks before swallowed a chicken-bone. He did not know if he had coughed it out. It was not seen laryngoscopically. He had a swelling of the left ventricular band and the total left half of the larynx. Of the left ventricle; discharge of pus. Treatment by ice and scarifications. Some weeks later a part of the left arytenoid cartilage exfoliated. Cure.

2. A patient, twenty-seven years old, having caught a cold, had difficulty in swallowing and dyspnœa. The left half of the larynx was swollen; discharge of pus. Some weeks later exfoliation of parts of the left arytenoid cartilage. Cure.

3. A patient, thirty years old, having caught a cold, followed by hoarseness and pains in the larynx. Two months later the right half of the larynx was swollen and sensitive. The laryngoscope showed œdema, and a tumour of the size of a walnut covering the right vocal band. It was removed by forceps and consisted of normal mucous membrane filled with pus. The author diagnosed idiopathic perichondritis, but another physician believed that there was tuberculosis. The patient would not be treated. Two months later the patient brought the left half

of the cricoid cartilage, which he had coughed out. Some time later he also coughed out the right half of the cricoid cartilage. Then the patient got better and the cartilage could be felt in the neck; the ventricular bands covered the vocal bands so that the voice remained hoarse. In all three cases syphilis was not present. *Michael.*

Bosworth, F. H. (New York).—*Sub-Glottic Laryngitis or Catarrhal Croup as one of the Manifestations of Lymphatism.* "Med. Rec.," Dec. 19, 1891.

IN some cases of croupous attacks in which there were enlarged tonsils, faucial, pharyngeal, or lingual, and no evidence of pseudo-membrane, Bosworth attributed the trouble to lymphatic affection in the sub-glottic larynx. Laryngoscopic examination, when possible, sometimes showed the local swelling. He effected cures by removal of the affected tonsils, and the frequent repetition of palpable doses of the syrup of the iodide of iron. In older patients the condition was observed to produce vocal weakness or barking cough, and such remarkable improvement followed the removal of the enlarged lingual tonsil that he was led to assume the existence of some direct relation between the two parts.

Dundas Grant.

Tymowsky.—*Treatment of Laryngeal Ulcers by Resorcin.* "Wiener Med. Presse," 1891, No. 52.

THE author has applied the treatment in many cases with good results.

Michael.

Michelson, F. (Königsberg).—*Relation between Pachydermia Laryngis and Tuberculosis.* "Berliner Klin. Woch.," 1892, No. 7.

IN three cases of seventeen of pachydermia laryngis, and in two cases of eighteen of the same affection, Krieg and Michelson have found tuberculosis of the larynx and lungs. In one of the cases carefully examined after death, the author found the development of pachydermia in the circumference of tuberculous ulcers. The author concludes that pachydermia and tuberculosis can produce affections of great resemblance, and that both diseases can be found combined in the same larynx.

Michael.

Robinson, Beverley (New York).—*On the Use of Creosote in the Treatment of Pulmonary Phthisis.* "Med. Rec.," Feb. 27, 1892.

THIS is a strong recommendation of the creosote treatment. Dr. Robinson claims for it the power of benefiting the general symptoms, diminishing cough and expectoration, improving nutrition and respiration, inhibiting night-sweats, possibly destroying bacilli, and leading to quiescence of local lung mischief. These results have ensued in cases in which other approved methods had in vain had a thorough trial.

The drawbacks are few. The stomach may rebel, and it is then necessary to diminish the dose for a while, or even interrupt its use, resuming its administration in small and slowly increasing quantities. It is advisable to examine the urine, as Flint has found reason to fear injurious action on the kidneys. Robinson says that ordinary tests do not show the presence of creosote in the urine. As regards hæmoptysis, he has not been able to corroborate Dujardin-Beaumetz's view that

creosote congests the bronchial mucous membrane, but he acts on it to the extent of interrupting the administration during the continuance or threatening of hæmoptysis.

The kind of creosote seems to be important. He employs only that derived from beech-wood.

The dose he gives is a half to one minim, increased in frequency from three or four times daily to every two hours, if the stomach does not become intolerant. He sees no particular advantage in oily subcutaneous injections. As an adjunct he employs continuous inhalation in a perforated zinc respirator of a dilution (1 to 8) of creosote in alcohol. The duration of the inhalation is at first to be short. He quotes several opinions in support of his favourable impressions in regard to the drug. One physician gave it in pills, another in capsules, containing two minims of creosote and four grains of subcarbonate of bismuth, or by rectal enema—"twenty to twenty-" five drops of pure creosote with one or two ounces of almond oil, and " beaten up gradually with the yolk of one or two eggs, subsequently " thinned a little by the addition of a few drops of water, and injected " on retiring two or three times a week." Another begins with two drops dissolved in two drachms of whisky added to a glass of milk after meals.

Dundas Grant.

Mündler, W.—*Three Cases of Actinomycosis of the Larynx.* "Brun's Beiträge zur Klin. Chir.," Band 8.

IN three cases of the disease not only the under jaw, but also the connecting tissue of the larynx, was infiltrated. *Michael.*

Baumgarten (Budapest).—*The Relation between the Diseases of Pharynx and Larynx and Anomalies of Menstruation.* "Deutsche Med. Woch.," 1892, No. 9.

(1) A WOMAN, forty-six years old, had not menstruated for two months. During the days in which the menstruation ought to have occurred she became hoarse, and expectorated blood. The laryngoscope showed the place of the bleeding on the right vocal band near the commissure. (2) A younger lady always had a little hæmoptysis if menstruation came too late. (3) A lady in the climacteric period became aphonic at the time when menstruation was expected. (4) Acute swelling of chronic enlargement of the thyroid during menstruation. (5) A girl, twenty years old, always became hoarse if the loss of menstrual blood was stronger than usual. Paralysis of the inter-arytenoideus. *Michael.*

Nicoll, James H. (Glasgow).—*Laryngeal Chorea.* "Lancet," Mar. 12, 1892.

FOUR cases of "vocal asynergy" are described. The first, a boy aged eight, was for several months troubled with a peculiar cough—"a sudden, single, sharp, dry cough," unlike that of laryngitis, bronchitis, or pharyngitis. It ceased during sleep, but sometimes made it difficult to get to sleep. After ten months general chorea came on, and the cough became more intense *pari passu* with the paroxysms, disappearing with them in about a year. The second, a lad of fourteen, had a troublesome, hacking cough, which recalled the features of the previous case. No general muscular spasms were present, but the soft palate exhibited

frequent twitchings of momentary duration. The vocal cords performed their voluntary movements normally, but when left to the passive movements of respiration exhibited frequent jerky movements of unequal extent to and from the middle line. Near the junction of the posterior with the middle third of these was a reddish spot on the right cord, where the cord was frequently thrown into a kink or angle, convex outwards. Subsequently mild general chorea supervened. The third case was that of a healthy-looking girl of fifteen, who complained of a dry cough. She had choreic movements in the forearm and fingers, and on laryngoscopic examination irregular movements of the vocal cords towards the middle line were seen to occur frequently. The muscles elevating and depressing the larynx were in frequent choreic movement. *Dundas Grant.*

Katzenstein (Berlin).—*Median Position of the Vocal Bands.* "Virchow's Archiv," Band 121, Heft 1.

COMPARE the report on the transactions of the Laryngological Society in Berlin. *Michael.*

Petersen (Würzburg).—*Contribution to Intubation of the Larynx.* "Deutsche Med. Woch.," 1892, No. 9.

REVIEW on the publications of intubation. In a case of papilloma of the larynx the method was tried without relief to the patient. Tracheotomy. Death by pneumonia. *Michael.*

Köhler (Berlin).—*Casuistic Contribution to the Chapter of Laryngo-fissure.* "Berliner Klin. Woch.," 1892, No. 8.

A PATIENT, fifty-four years old, had increasing hoarseness for a year. The laryngoscope showed that the posterior laryngeal wall was covered by a warty, greyish red neoplasm; the mobility of the right vocal band was diminished. The microscopical examination of a piece showed that there was a carcinoma. Laryngo-fissure was performed, followed by extirpation of the neoplasm by scissors and galvano-cautery. Cure. *Michael.*

Wagner, Richard (Halle-a-S.).—*Case of Tracheal Stenosis produced by cutting through the Trachea. Casuistic Contribution to the Median Position of the Vocal Bands following Dissection of the Recurrent Nerves.* "Münchener Med. Woch.," 1892, No. 10.

A PATIENT, twenty-five years of age, tried to commit suicide. With a large knife she cut through the largest part of the trachea and dissected the right recurrent nerve. A tracheal canula was introduced. The author examined the patient fourteen days later, who could not respire if the canula was closed. The laryngoscope showed retroflection of the epiglottis, swelling of both ventricular bands, the right vocal band mobile in the median position, and the left mobile. Tracheoscopy showed that the upper part was closed by two half-globular swellings. Cure was effected by Schrötter's hard rubber and tin bougies. Surgical reunion of the tracheal wound. He used the occasion for experiments on the existence of taste in the larynx. He introduced tasting substances by the tracheal wound, and could make out that sweet and bitter could be detected in the larynx. *Michael.*