DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

J. SOLIS-COHEN, M.D.,
OF PHILADELPHIA.

RESECTION OF THE NOSE FOR REMOVAL OF POLYPI.

DR. ALBERT PANNÉ, of Nevers, reports (*Archives Internat. de Laryngologie, etc.*, 1893, t. vi. No. 4) an instance in which he found it necessary to make a resection of the nose and keep the parts temporarily ununited for three months in order to relieve a patient from mucous nasal polypi.

A young man, nineteen years of age, began at fifteen to have temporary difficulty in respiration and repeated coryzas, being compelled to breathe through the mouth at night, and eventually day and night. Within two years his nose became deformed, enlarged, and flattened. At the end of the third year he consulted a physician, who detected numerous polypi, numbers of which, or fragments of which, he extracted with forceps once a week during four months. Post-operative hemorrhages were profuse and debilitating; and the nose remained obstructed while the deformity increased, so that finally both patient and physician ceased their efforts for relief. Several months later he consulted Dr. Panné, who removed many enormous polypi and fragments of polypi with forceps for three weeks without material benefit; the patient becoming so discouraged as to threaten to commit suicide. A radical operation was then attempted. The nose was separated from the face on the left side and thrown over the right cheek. Numerous polypi were extracted with forceps, and the parts were then curetted and cauterized with thermic and electric cauteries. The parts were replaced, but prevented from reuniting by the intervention of strips of gauze between the raw surfaces. Four subsequent operations by curetting and cauterization were necessary at intervals of a few days before the nasal fossæ were sufficiently free to justify definitive suturing of the nose into position, which was done on the twenty-first day after the resection. Three months later there had been no evidence of recurrence, so that the hope was entertained that all danger of recurrence had passed.

SUPPURATION IN THE FRONTAL SINUS.

DR. LUC reports (*Archives Internat. de Laryngologie*, 1893, t. vi. No. 4) a case of latent empyema of the right frontal sinus of a lady, fifty-four years of age, in which the cause was not apparent, and in which incomplete cure followed trephining the frontal sinus and curetting the suppurating surfaces. The suppurstion, of six years' duration, and said to have immediately followed a coryza from cold, had been incorrectly referred to the maxillary sinus, which had been opened to no purpose after sacrifice of a second molar tooth.

After some months of ineffective topical treatment in the nose, it was determined to trephine the frontal sinus, although there was no direct symptom of its implication. In fact, the only symptoms of disease, other than the presence of the pus in the nasal passage, were loss of appetite for solid food in consequence of a slight septic influence, and a veiled appearance of objects when viewed solely by the eye on the affected side. As soon as the sinus was opened there was escape of pus mixed with blood. Curettage was performed, and drainage established by the introduction of a perforated rubber tube, the two extremities of which, one protruding from the nose and the other from the wound, were attached together with a thread. The drain was withdrawn at the end of three weeks, and the wound became closed over night. The ocular troubles disappeared almost completely, and the appetite became restored, but there remained some discharge necessitating daily antiseptic douching.

ANATOMY OF THE NASAL SEPTUM.

DR. PAUL RAUGE describes (*Archives Internat. de Laryngologie, etc.*, 1893, t. vi., No. 4) the macroscopic anatomy of Jacobson's organ in the ox and the sheep. It is rudimentary and often difficult to detect in man, but comparative anatomy throws some little light upon its structure and function.

SCALDS OF THE THROAT AND LARYNX IN CHILDREN.

IN the first portion of an address on "The Surgery of the Air-passages and Thorax in Children," delivered at the Royal College of Surgeons of England (*The Lancet*, 1893, vol. ii., No. 11), MR. BERNARD PITTS first discusses the two chief clinical features of scalds of the throat and larynx—namely, causation and treatment.

Of 78 cases admitted to St. Thomas's Hospital (1872-1893) the average age was a fraction over three years. The cause in 67 of them was inhaling steam, or attempting to drink boiling water from the spout of a kettle; in 4, "drinking from teapot spout;" in 1 each, "drinking hot cocoa," "hot potato in mouth," "hot tallow," and "pepper forced into the throat"—the latter, as remarked, not strictly a scald; while in 3 cases the cause was not stated.

There were 15 deaths, in 12 of which tracheotomy had been performed, intubation having been performed first in 3 of them; 8 cases recovered after tracheotomy, and 3 after intubation, neither of which operations was performed in cases that did not seem likely to prove fatal. Only one case recovered after intubation followed by tracheotomy.

Brief records are given of 12 cases which died after tracheotomy, of 8 cases which recovered after tracheotomy, and of 3 cases which recovered after intubation.

Mr. Pitts refers to some cases at the Wolverhampton General Hospital.

In view of recent reintroductions of practice it is interesting to note a reference by Mr. Pitts to a paper read before the Royal Medical and Chirurgical Society by Dr. Marshall Hall, on April 3, 1821, in which that gentleman regrets that he did not scarify the epiglottis and glottis in his cases, and concludes thus: "I have also conjectured that it might be possible to relieve

symptoms by introducing a tube into the larynx, an expedient peculiarly adapted to a case which time would cure, and in which the cause of irritation would not be materially aggravated."

GUNSHOT WOUND OF THE LARYNX.

THE case is reported by DR. A. SOKOLOWSKI, of Warsaw (*Archives Internat. de Laryngologie, etc.*, 1893, t. vi. No. 4). A man, forty-seven years of age, was shot in the left cervical region from a distance of some fifteen paces. There was at once violent cough and expectoration of considerable sanguinolent mucus. Deglutition was almost impossible, and there was a distinct sensation indicative of lodgment of the ball in the larynx. The voice became husky, and this huskiness increased to complete aphonia in a few hours. On his arrival at the hospital Dr. Kijewski noticed a small wound over the central portion of the left wing of the thyroid cartilage, the skin around being bruised and discolored by the powder. The left side of the larynx and of the corresponding cervical region were tumefied. Aërial crepitation was noted on palpation of the anterior and lateral portion of the neck and below the clavicle. Respiration was free. A few hours later the patient ejected the missile in a violent paroxysm of cough. It was a revolver ball $1\frac{1}{2}$ centimetres in length and 5 millimetres in diameter. Deglutition immediately became much easier, but the hoarseness remained.

Sokolowski saw the case three days later, the patient being still very hoarse. The left arytenoid, the left aryepiglottic ligament, and nearly the whole posterior wall of the larynx were tumefied, red, and the vocal band was absolutely immobile on inspiration. The left ventricular band was congested and thickened, as was the corresponding vocal band, which on the anterior and inferior portion of its free border exhibited an excoriation 2-3 mm. in length and 1 mm. in diameter, covered with a whitish pellicle. The right side of the larynx and the epiglottis were normal.

The ball had, therefore, transversely entered the larynx and had remained imbedded in the soft tissues for a few hours. Recovery was prompt and satisfactory.

TRACTION OF THE TONGUE AS A CURATIVE AGENT IN NERVOUS APHONIA.

DR. C. M. DESVERNINE, of Havana, in an article (*Annales des Maladies de l'Oreille, du Larynx, etc.*, 1893, t. xix., No. 8) on the influence of ligular traction in certain cases of nervous aphonia, reviews the psychological treatment and gymnastic training employed in this affection, which is largely hysterical in character, whether in males or in females, and reports two recent instances of the utility of such traction in his own practice.

He contends that the distention of the ligular muscles does not act psychologically but physiologically, exciting the central nuclei which preside over phonation, and which are probably in a state of dynamic incapacity from which they are aroused by double inflame—encephalic and peripheric.

OPHTHALMOLOGY.

 UNDER THE CHARGE OF

 GEORGE A. BERRY, M.B., F.R.C.S. EDIN.,
 OPHTHALMIC SURGEON, EDINBURGH ROYAL INFIRMARY;

AND

 EDWARD JACKSON, A.M., M.D.,
 PROFESSOR OF DISEASES OF THE EYE IN THE PHILADELPHIA POLYCLINIC; SURGEON TO
 WILLS EYE HOSPITAL, ETC.

A NEW METHOD OF CANTHOPLASTY.

To avoid the danger of reunion of the divided lids after this operation, KENNETH SCOTT (*Ophthalmic Review*, vol. xii., No. 144), after dividing the canthus in the usual way, introduces a spring epeculum and dissects up the portion of the conjunctiva opposite the centre of the wound from its attachment over the globe, almost as far as the corneal margin. The free edge of the conjunctival flap is then attached by a fine silk suture in the usual manner to the apex of the skin wound, when it will be found that there is no tendency toward dragging. The epeculum is then removed and the conjunctival edge sewn in turn to the opposing cut margins of the upper and lower lids.

A silver wire suture, which has been thoroughly softened in the flame of a spirit lamp, is then passed right through the substance of the upper lid from the skin to its conjunctival surface near to its ciliary margin and a short distance from the cut surface of the canthus. It is fastened by twisting lightly so as to avoid constricting the tissues. The needle end of the suture is then passed through the substance of the eyebrow directly over the outer third of the lid, and is fastened by twisting to the other free end brought up to meet it. The lower palpebral part of this strand of silver wire is then curved outward so as to evert the outer end of the new lid margin and prevent all possibility of its approximating the opposing cut edge of the lower eyelid.

The operation is done with antiseptic precautions under cocaine, except in the cases of children, when a general anæsthetic is usually required. The suture should not be removed until the wound between the skin and conjunctiva is quite healed, usually about the fourth day.

 CALOMEL CONJUNCTIVITIS.

DRS. HARRY FRIEDENWALD and A. C. CRAWFORD (*American Journal of Ophthalmology*, vol. x., No. 8) report three cases of this affection, with observations on an inflammation identical with it in character, produced experimentally upon rabbits. The symptoms consist of œdema of the lids and conjunctiva, injection of the vessels, profuse lachrymation, mucous or even purulent discharge, and the frequent formation of a diphtheritic membrane. The inflammation differs from the ordinary acute conjunctivitis in being