

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF

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OSSEOUS SYNECHIA WITH CYSTIC MYXOMA OF THE RIGHT NASAL FOSSA.

This unique case is reported (*Revue de Laryngol. d'Otol. et de Rhinol.*, 1895, No. 5) by DR. BONAIN, of Brest: A large tumor obstructed the right nasal fossa of a vigorous young man, nineteen years of age, who had suffered from the occlusion since infancy. The septum was very much pushed to the left side, forming, in part, a cavity for the reception of one side of the tumor. The tumor was removed with the electric snare; and immediately gave exit to a liquefied glassful of yellowish-brown mucus very thick and viscid. It had been attached to the middle turbinate bone and to the upper portion of the septum. After its removal a vertical osseous plate was found obstructing the fossa transversely, and giving passage to air under its inner and inferior border. This was removed piecemeal with a gouge, and found to be more than one half millimetre in thickness, and to be covered on both faces with a pale and very fine mucous membrane. The patient recovered promptly, with entire cure of the severe headaches, conjunctivitis, and epiphora, which had been the result of the presence of the morbid structures.

EMPYEMA OF THE FRONTAL SINUS.

While Zuckerkandl states that he has never seen an instance of isolated inflammation of the lining membrane of the frontal sinus, or any instance of dilatation of the sinus due to empyema, DR. LEOPOLD MÜLLER, who makes the citation above, states (*Wiener klin. Woch.*, 1895, No. 11) that in his cases of inflammation of the mucous membrane of the sinus which proceeded to empyema, subsequently to dilatation, and in some instances to perforation of the walls of the sinuses, all of them, ten in number, presented themselves clinically as isolated inflammations of this pneumatic cavity. They are principally encountered in eye-clinics.

Dr. Müller narrates in detail a case of acute suppuration due to influenza, in which extensive metastases took place in two directions, necessitating serious operative procedures to evacuate the pus, and which ended fatally about the fiftieth day of the disease.

EXCISION OF THE LARYNX.

DR. CHARLES A. POWERS, of Denver, Col., and DR. GEORGE R. WHITE, of New York, report (*Medical Record*, 1895, No. 1272) 6 cases of excision of the larynx; 1 case performed by Dr. Powers, and 5 cases performed by Dr. W. T. Bull, of New York; and they present an analysis of 300 additional

cases gathered from literature, 309 in all. This makes it one of the most valuable contributions to statistics on the subject that has appeared for some time.

Of the 6 new cases, Case 1 was partial laryngectomy for cancer, with death from recurrence at the end of five months; Case 2, total laryngectomy for cancer, with death at the end of one year; Case 3, partial laryngectomy for cancer, with death in fourteen months; Case 4, partial laryngectomy for sarcoma, remaining well at the end of four years; Case 5, total laryngectomy for cancer, with death occurring at the end of two and one-half months; Case 6, partial laryngectomy for cancer, with death from the operation.

Of 208 cases of total extirpation, 185 were for carcinoma, 11 sarcoma, 4 tuberculosis, and 8 varied. Of these, 73 died as the result of the operation, 51 more died within six months, and 24 died between six months and one year, 10 between one and two years, 8 between two and three years, 15 survived three years or more, while 27 were not traced or were reported too early.

There were 101 cases of partial excision of the larynx, 82 for carcinoma, 4 sarcoma, 3 tuberculosis, 12 for other causes. Of these, 28 died as the result of the operation, 22 more died within six months, 8 between six months and a year, 6 between one and two years, 3 between two and three years, while 8 survived three years or longer, and 27 remain untraced or reported too early.

The results of the tables are summed up as follows:

Total laryngectomy for cancer: of 180 cases, in 72, or 40 per cent., death occurred as the direct result of the operation itself. Of the remaining 108 cases, 51, or nearly one-half, had recurrence during the first year; and 11, or a little more than 10 per cent., of the survivors were free from relapse three or more years after the operation.

Partial laryngectomy for cancer: 77 cases, of which 26, or more than 33 per cent., died during the first two months. Of the remaining 51, 7 cases, or 13 per cent., are reported free from recurrence three or more years after the operation.

In discussing the results of their study, the authors call attention to the circumstance that in both the total and the partial operation but two cases relapsed after the three-year limit had been passed—one in three years and four months, and the other at the end of nine years.

They likewise intimate that there may be unrecorded fatal cases, while it is unlikely that there are any unrecorded cured cases.

Cases reported as free before the lapse of three years are deemed of very little value, except that they diminish by so much the operative death-rate.

They deem it obviously improper to include in the same category a case in which the cancer had progressed to the tissues outside the larynx, and one in which there was a small intralaryngeal epithelioma. In the one case there is no chance for cure, in the other a wide excision may offer a fair prospect from relapse.

TUBERCULOSIS OF THE LARYNX.

DR. WALTER F. CHAPPEL reports (*New York Medical Journal*, 1895, No. 852) a number of cases of tuberculous laryngitis very much benefited by the submucous injection of minute quantities of creosote in addition to its topical