complete and permanent cure of glaucoma result from sclerotomy. In one case twenty years have elapsed since the operation. Snellen considers myotics of prognostic value. When under their action the pupil contracts and the tension is diminished, a good effect may be expected from an operation. He describes a case of glaucoma in an eye with iridderemia and refers to the two similar cases published by v. Graefe. In this case the tension was reduced by the use of pilocarpine, which he believes can only be ascribed to its action on the ciliary muscle. He makes the following suggestions as to the manner in which sclerotomy and myotics favorably influence the glaucomatous process: "The circular fibres act in the same direction as the contraction of the pupil, viz., toward the axis of the eye. The base of the ciliary body must thereby be drawn inward. Contraction of the meridional fibres is supposed to draw the anterior attachment backward and the posterior one forward. As by increased tension the uvea is pressed against the sclera and its displacement rendered less easy, the contraction would be more appreciable in the anterior part and, by dragging on the anterior wall of Schlemm's canal, would release the tension on the tissues further back. A portion of the radial fibres end in the membrane of Descemet. Might it not be supposed that from a sclerotomy, aided by a strong myosis, the posterior lamellæ of the cornea may be so extended that a gaping wound results in Descemet's membrane, which, otherwise, owing to its endothelial covering, is impervious." This supposition of a patency of the inner portion of the scleral section remaining permanently is considered by Snellen to be supported by the flattening of the cornea and consequent astigmatism which are so commonly observed after sclerotomy.

DISEASES OF THE LARYNX AND CONTIGUOUS STRUCTURES.

UNDER THE CHARGE OF
J. SOLIS-COHEN, M.D.,
OF PHILADELPHIA.

THE INFLUENCE OF DIATHESIS IN DISEASES OF THE LARYNX.

DR. SENAC-LAGRANGE, in an elaborate article (*Annales des mal. de l'oreille, du larynx, etc.*, Mai et Juni, 1888), contends that there is a prominent etiological element in all laryngeal inflammatory diseases due to dynamic conditions, and indicated by parietic or by contractural conditions as presented in the subjects of the lymphatic or of the arthritic diathesis, or of the hybrid resultant in which lymphatism is usually predominant.

He supports this new theory in etiology by numerous examples taken from the records of cases of dysphonia, paralysis, spasm, catarrhal and glandular laryngitis, syphilis and tuberculosis; and by tracing the connection between the diathesis, which has usually escaped the cognizance of the recorders, though distinctly indicated in their clinical histories, and the accurate descriptions of the anatomical changes detailed.

This differentiation of species, it is claimed, can be successfully utilized in the constitutional treatment of laryngeal maladies, and, likewise, in topical treatment; support being given in the atonic lymphatic class of cases, and modification by substitutive action in the arthritic class, thermo-alkaline waters being indicated in the latter group and saline alkaline in the former, whatever the character of the lesion.

ON THE TRANSFORMATION OF BENIGN LARYNGEAL GROWTHS INTO CARCINOMATA.

The editor of the *Internationales Centralblatt für Laryngologie, etc.*, DR. FELIX SEMON, of London, states, in the issue for July, that while he has not yet had time properly to prepare, in detail, the material he has collected, he can announce the fact that apparent transformations have been reported in 32 instances only out of 8216 intralaryngeal operations upon morbid growths, a proportion of less than one-half of one per centum. Further analysis of these 32 cases shows that 16 of them are quite questionable, 12 of these being recorded as doubtful by the reporters. Hence the proportion is reduced to less than one in five hundred, or a proportion of 1 : 513.

CANCER OF THE LARYNX.

In a critical review (*Le Progrès Médical*, May 19, June 9, 23, and July 17, 1888) DR. J. BARATOUX presents first an historical bibliographical summary of the literature from Morgagni to Schwartz (1886). According to this review, statistical records show that carcinoma has occurred in the proportion of about one case in every three hundred of laryngeal disease as seen by laryngologists. Intrinsic carcinoma is almost always located above the glottis, and is much more frequent than extrinsic carcinoma. Carcinoma is much the more frequently unilateral, the left side being affected far oftener than the right.

Baratoux includes sarcoma, epithelioma and carcinoma in his category of cancer. Sarcoma is the least frequent, and the fasciculated variety is much more frequent than the globocellular. Sometimes it is of the mixed variety. Lymphosarcoma, alveolar sarcoma and myxosarcoma have been noted likewise. Epithelioma is the most frequent variety of cancer, comprising nearly four-fifths of the whole. Nearly all examples have been lobulated. Carcinoma proper occurs in the proportion of about three in twenty. The cause of cancer is uncertain. Topical irritation precedes in some instances. Heredity is evident in others. It has been observed occasionally in association with tuberculosis.

Cancer has been observed in the very first year of life, and as late as the ninth decennium; but more than half of the cases were between the ages of forty and sixty years. It is far the more frequent in the male, occurring in the proportion of about seven to one in the other sex.

Involvement of the lymphatic glands occurs in intrinsic cancer as well as extrinsic, but in far less proportion. It is usually unilateral, involving one or more glands along the border of the sternomastoid muscle. In intrinsic cancer the first gland to be affected is one at the anterior border of the muscle at a level with the thyro-hyoid ligament; in extrinsic cancer it is the inferior

cervical ganglions which become implicated. This involvement is rarely early. It may become sufficiently voluminous to compress the trachea injuriously, it may contract adhesions with adjoining tissue, and it may undergo inflammation and ulceration. On the other hand, it must be remembered that all enlarged glands are not cancerous.

The indications are given for the differential diagnosis of the varieties of cancer from each other, and from tuberculosis and syphilis. The methods of treatment are discussed in detail and the most complete tables of the various operations and their results yet published are given.

Baratoux concludes that extirpation of the larynx is the best method of obtaining a favorable result, especially if the diagnosis has been made early, because it not only prolongs life but renders it supportable.

In discussing palliative treatment Baratoux recommends most highly tincture of arbor vita, both topically and internally, in doses of 15 to 30 grains. He cites the case of a female whose life had, at the time of writing, been prolonged forty months by this remedy, although the cancer involved the palate, posterior palatine folds, uvula, tonsils, lateral walls of the pharynx, the epiglottis and the vocal bands. The same remedy has long been vaunted for cutaneous warts and in cancer of the uterus.

In reporting (*Rev. Mens. de Lar.*, etc., June, 1888) a case of cancer of the larynx in which tracheotomy was performed because his patient declined to submit to a proposed laryngectomy, DR. J. CHARAZAC, of Toulouse, compares the results from this palliative operation with those of the radical one and concludes that the latter is the proper procedure in all cases strictly limited to the interior of the larynx, before there has been any contamination of the glands and while the general health remains unimpaired. Confined to cases of this kind he anticipates increasing successes from the operation.

CHRONIC ABSCESS OF THE STUMP OF AN ABLATED TONSIL.

DR. NOQUET relates (*Rev. mens. de Lar.*, July, 1888) an unusual instance of abscess of the stump of a tonsil communicating with the exterior by a small fistule, from which pus had exuded daily for six months, in a married female, twenty years of age. She had in infancy been the subject of tonsillar hypertrophy. The right gland had been excised at about six years of age; the left about six months previously to examination. The stump, at the border of the palatine folds, was very red and notably hypertrophied, and, on pressure, pus exuded from a fistule. An incision with the electric cautery released about a teaspoonful of pus. After several cauterizations a cure was effected.

THE PARASITIC NATURE OF ACUTE CORYZA.

DR. F. CARDONE, of Naples, contends (*Archiv Italiani di Laringologia*, Luglio, 1888) that the morbid process in acute coryza is analogous to that of pneumonia. The acute initial stage, the type of fever, the course, the critical defervescence, the character of the secretions, the prostration of the patient, the ready transference of the affection to the inferior tract of the respiratory

passages which characterize coryza have great analogy with the course of pneumonia; a consideration emphasizable from the fact that the nasal mucous membrane is the first portion of the respiratory tract. This opinion was expressed in 1886 by Massei, Trifiletti and Meyer.

In examining the secretions Cardone has found the *streptococcus pyogenes*, the *staphylococcus aureus et albus* and, in greater quantities, the *diplococcus* of Fränkel and the *pneumococcus* of Friedländer.

CEPHALALGIA FROM INTRANASAL DISEASE.

Under the caption *Des Céphalées de Croissance*, previously adopted by Dr. René Blache, Dr. JOAL discusses (*Rev. mens. de Lar., etc.*, July, 1888) a certain class of headaches which occur about the period of puberty. Blache attributed them (1883) to disproportion between cerebral activity and efforts of intelligence; Keller, some months later, to a dolorous neurosis of the brain. Perin and other ophthalmologists attribute them to asthenopia. Hack (1883) claimed that they were due to intranasal disturbances, and he has been supported by Ruault and others. Joal reports in detail two confirmative instances in a male subject, fifteen years of age, and in a female, aged fourteen years. There was a genital complication in each of these instances, the symptoms becoming aggravated, in the one case, during two attacks of preputial herpes and, in the other, at the menstrual period. Hence, Joal is led to sustain the opinion of Mackenzie, of Baltimore, that excitation of the sexual apparatus should be considered a factor in the production of diseases of the nares.

Dr. MÉNIÈRE (*Ibid.*) relates an instance of daily cephalalgia of two years' duration cured by intranasal cauterizations and ablation of adenoid masses.

SYMPTOMS OF DISEASES OF THE SPHENOIDAL SINUS.

Dr. EMILE BERGER (*Rev. mens. de Lar.*, July, 1888), in order to learn the symptoms by which diseases can be detected during life, has carefully studied the records of all reported cases in which disease of the sphenoidal sinus has been found *post-mortem*. Caries and necrosis present the following group of symptoms: 1, sudden unilateral blindness, with phlegmon of the orbit; the origin of the blindness being perineuritis of the optic nerve in the optic canal; 2, slow detachment of fragments of bone, without ocular troubles; and, finally, meningitis; 3, sudden discharge of a large quantity of bone by the nose; 4, fatal hemorrhage after perforation of the wall between the sphenoidal and the cavernous sinuses; 5, retropharyngeal abscess; 6, thrombosis of the sinus and of the ophthalmic vein, due to thrombosis of the circular venous sinus of the *sella turcica*; 7, perforation of the inferior wall of the sphenoidal sinus, without any other symptom. In cases of tumors of the sphenoidal sinus, four periods can be distinguished: 1, when the tumor is limited within by the walls of the sinus, there may be no symptoms, or cephalalgia only; 2, when the tumor, by its growth, dilates the walls of the sphenoidal sinus, producing their atrophy and compressing adjoining organs; the compression may involve one or both optic nerves and produce amaurosis; 3, when the tumor may propagate beyond the walls of the sphenoidal sinus; it may extend into the nasopharyngeal cavity, into the ethmoid cells, into the orbit

and, finally, into the cranial cavity; perforation of the base of the cranium may occur without any symptoms or may excite very grave cephalalgia; 4, metastases are observed in various organs. Epileptic seizures often take place. If the tumor grows rapidly, then meningitis or cerebral abscess occurs soon after perforation of the base of the skull.

Wounds of the sphenoidal bone may produce the following symptoms: 1, in fissures of the superior wall of the sinus, continuous trickling of cerebrospinal fluid; 2, rupture of a fragment of the body of the bone may wound the internal carotid to the inside of the cavernous sinus and cause pulsating exophthalmia; 3, continuation of the fissure in the canal of the optic nerve will cause compression or rupture of the optic nerve and, consequently, amaurosis; 4, if the fissure extends to the oval or round foramen, it will produce anesthesia of the second and third branches of the trifacial, and a rupture or wound of other and cerebral nerves may present simultaneously.

OBSTETRICS.

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

VISITING OBSTETRICIAN TO THE PHILADELPHIA HOSPITAL.

A CASE OF SEXTUPLE PREGNANCY.

VASSALLI, a physician of Castagnola near Lugano, Switzerland, reports a case of premature labor with sextuple births at four months pregnancy. The sexes were unlike, the fetuses fully formed; there was one placenta. The father belonged to a prolific family, and by a previous marriage had ten children. Statistics show that the district of Castagnola is peculiar for multiple births. The specimen has been placed in the Royal School of Obstetrics at Milan.—*British Medical Journal*, June 9, 1888.

THE RESULTS OF PRECIPITATE BIRTHS.

GOLTZ (*Correspondenz-Blatt für Schweizer Aerzte*, No. 9, 1888) has collected thirty-seven cases of precipitate births, from the study of which he draws the following conclusions: These cases do as well as the average normal labor; their complications are moderate hemorrhage and fever, and delayed involution of the uterus; these complications occurred frequently, but resulted favorably. None of the patients had the assistance of skilled or unskilled persons; no sepsis was observed among them.

The children suffered from conjunctivitis, catarrh, and showed a slight scalp tumor, which rapidly disappeared. The maternal mortality was almost nothing; that of the children was 26.8 per cent.

EMBRYOTOMY.

BUDIN (*Le Progrès Médical*, Nos. 18 and 19, 1888) in his clinic described a case of neglected shoulder presentation which came to his attention when the