

LARYNGEAL PARALYSES IN TABES DORSALIS.

In opposition to Krause, according to whom posticus paralysis in the median line, unilateral or bilateral, is produced by degeneration of the superior laryngeal nerve, which excites a reflex contracture of the muscles of the vocal bands with preponderance in adduction, DREYFUSS (*Berl. klin. Woch.*, 1890, p. 899) grounds his diagnosis upon the following five conditions:

1. In the presence of other cerebral nerve paralysis it appears correct to assume a condition of irritation for the vago-accessory nucleus.

2. The frequently observed acceleration of the pulse in tabetic paralysis of the vocal bands indicates vagus paralysis.

3. Tabes with median position of the vocal band indicates paralysis of the entire accessory nerve. This was first observed by Landgraf, later by Martius, after establishment of sterno-mastoid paralysis.

4. When, as in the last case, the vocal band remains for ten years in the median position, showing a continuous reflex contracture, it is difficult to decide for or against Krause's theory, for the laryngoscopic picture is the same in accordance with this theory, or when, as the author believes, secondary adductor contracture has followed primary abductor paralysis.

5. The autopsic discovery of atrophy limited to the posticus muscles, with slightly impaired or intact musculature of the other laryngeal muscles is narrated.

The prognosis is very unfavorable in tabetic paralysis of the vocal bands; better, on the contrary, in outspoken syphilitic disease. The paralysis of the vocal bands is a frequent initial symptom of tabes and often precedes other evidences by many years.

In an examination of twenty-two tabetic patients by the essayist, in Mendel's polyclinic, motor disturbances of the vocal bands could be found only in two, contrary to the observations of Fano and Krause. In both these patients it was possible to follow the picture into the development of bilateral posticus paralysis. There were three further laryngeal conditions in tabes which were likewise posticus paralyses in advanced stage, with already established secondary contracture of the adductors. The "true ataxia" of the vocal bands, according to Krause, is held to be unnecessary, as only one muscle-group comes into consideration in disturbances of coördination. In the inspiratory abduction of the vocal bands, however, only the posterior crico-arytenoid muscle comes into function. The phonatory disturbances of coördination observed in tabes dorsalis represent no continuous symptom, a true ataxy, but belong to the category of spastic aphonia.

MORBID GROWTHS OF THE TRACHEA.

Two cases, with alarming symptoms and fatal termination, are reported by DR. PAUL KOCH, of Luxembourg (*Ann. des Mal. de l'Oreille, du Larynx, etc.*, 1890).

- I. A captain in the French army, forty-eight years of age, had a fine barytone voice which he over-used a great deal. Gradual dyspnoea had occurred. An immobile, sessile, red tumor was seen laryngoscopically to obstruct the trachea. Prophylactic tracheotomy was urged, but was refused

on account of its effect on the voice. A few days later tracheotomy became necessary suddenly at night. The surgeon, declining Koch's counsel to perform the low operation, performed the more easy crico-tracheotomy and introduced an ordinary canula. It was of no service. Blood flowed from the canula, and the patient seemed about to expire. A longer canula was hastily introduced with no benefit. Finally, a long and flexible Koenig's canula reaching to the bifurcation was introduced, and then the bleeding ceased and respiration became established. All went well until the fourth day, when, on removal of the canula, a stream of black blood issued from the tracheal orifice and the patient immediately succumbed, although the canula had been replaced. The surgeon had incised the vascular tumor in his operation. The tumor was a cellular angio-sarcoma with large blood-vessels.

II. An advocate, thirty-eight years of age, with great dyspnoea and threatening suffocation, was seen to have a large growth in his trachea. He refused tracheotomy and died suddenly by suffocation three days later. The nature of the growth could not be determined.

TRACHEOTOMY.

On introduction of the canula, after an easy tracheotomy, in an old man, MICHAEL (*Wiener med. Wochenschr.*, No. 35, 1890) saw sudden asthma-like dyspnoea, with death in a quarter of an hour.

In a second case similar dyspnoea occurred, but was relieved by withdrawal of the canula. It recurred after every reintroduction, until Michael excised a small piece of the anterior wall of the trachea, after which the canula was tolerated. He believed that the canula stretched the rigid cartilaginous rings of the trachea, and thereby so irritated the nerves of the mucous membrane as to produce a reflex dyspnoea.

NASAL POLYPI.

Removal of polypi from the nose by brushing them forward with a fragment of sponge attached to a string which has been passed through the nasal passages and out by the mouth, has been occasionally practised since the time of Hippocrates, but has never come into general use. DR. EDGAR KURZ, of Florence, reports (*Wiener med. Presse*, 1890) two instances of successful resort to a procedure of this kind, the suggestion in his cases having been original. With the aid of a Belloque canula he secured three pieces of sponge of successively larger bulk to some string at suitable intervals of its length, and on drawing the string forward he withdrew the polyp in each instance with the first sponge, so that the reserve sponges did not come into play and were cut off. These patients were unable to tolerate any of the ordinary manipulations, even under cocaine anæsthesia. One operation was done under chloroform narcosis, the other under cocaine anæsthesia. In the latter instance the operation was painful, but the pain soon subsided. Dr. Kurz suggests that this method may be found useful in the removal of foreign bodies.