

have shown that the alterations may affect different parts of the human organism, involving modifications of the resonant, the vibrating, or the motor element.

Out of the ten cases I had then gathered, only one had been examined laryngoscopically, and the aphonia was found to be due to congestion of the larynx. In another case there was, undoubtedly, phonetic spasm.

To-day I wish to bring before your notice the case of a young boy who was seized with adductor paralysis, after being exposed to the influence of menthol during his sleep. There were no local hyperæmic phenomena.

The irritation of the nerve-endings of the olfactory nerve induced a reflex turgescence of the erectile tissue of the nose and an excitation of the twigs of the trigeminal; this produced a second reflex, ending in paralysis of the constrictors of the larynx.

Arthur J. Hutchison (Trans.).

VIENNESE SOCIETY OF LARYNGOLOGY.

Meeting, 5th December, 1895. ("Annales des Maladies du Larynx," etc.

President—Prof. STOERK.

KOSCHIER presented a patient who had suffered four years from *a Wound of the Larynx*, after having been upset by a milk cart.

There was manifest difficulty in deglutition and breathing, for which causes she came to the hospital.

On the external surface of the neck there were several sanguineous deposits; palpation of the hyoid bone, also of the two plates of the thyroid cartilage and of the cricoid cartilage, showed nothing abnormal.

Only in the region of the right superior cornu of the thyroid cartilage was there a spot sensitive to pressure. On laryngoscopic examination there could be distinguished in the right pyriform sinus a large hæmatoma, by which it was almost entirely filled, and which extended below towards the right ary-epiglottic folds, which together with the ventricle it entirely enveloped, and this caused some laryngeal stenosis.

The left half was normal.

In phonation the right half of the larynx was seen to be completely immobile.

Digital examination allowed him to distinguish very exactly the hyoid bone and the two cornua of the thyroid cartilage. This showed clearly that the upper right half moved over the inferior part, and explained the pain suffered by the patient; this place was certainly the location of the hæmatoma.

Basing his opinion upon these facts, Koschier thought the diagnosis of this case was a fracture of the right superior cornu of the thyroid cartilage.

EBSTEIN. *Report of a Case of Malignant Syphilis.*

The patient, a man thirty-seven years of age, was very badly nourished. Primary symptoms in October, 1894. In the course of the same month, iodide treatment. No consecutive exanthem; but, in the fifth month of the illness, numerous ulcerations on the head appeared, which cicatrized in two and a half months by means of thirty frictions with Zittmann's decoction and iodide of potassium. In July, 1895 (six months afterwards), an abundant nasal suppuration appeared, accompanied by a discharge of small bony particles. Re-entering the clinic of Prof. Kaposi, neither four months' general treatment nor a stringent local treatment could check the disease, which caused total denudation and necrosis of the vomer, the horizontal and perpendicular plate of the palatine bone, of the three right turbinateds, and of the left middle turbinated.

Moreover, there existed a diffuse gummatous infiltration of the nasopharyngeal roof and of the lateral wall of the pharynx, and an extensive perforation of the vault of the palate. The perpendicular plate and the cartilaginous septum were absolutely wanting. The case is remarkable for the extent of the destruction, produced thirteen months after infection, in spite of six and a half months of intensive treatment. The malignity of the disease is explained by the cachectic condition of the patient.

EBSTEIN also reported *a Case of Fluctuating Edematous Tumours in the Region of the Processus Vocalis, Pronounced Tumefaction of the Tracheal Mucous Membrane, and Dry Bronchitis, following the use of Amorphous Salicylic Acid.*

In the discussion following this last communication, HAJEK asked if fluctuating tumours were seen over the vocal processes, because it was well known that in this part the mucous membrane adheres very closely, and that there is no loose tissue.

EBSTEIN replied that the tumours were not situated directly upon the vocal processes, but in the immediate neighbourhood, projecting inwards.

STOERK said he had observed the evening before, at his clinic, a patient suffering from profuse rhinitis, having tumours of this nature situated directly upon the vocal processes.

WEIL asked Ebstein if the patient's attacks were the same as in the course of ordinary bronchitis, or if he were not troubled with bronchial asthma.

EBSTEIN replied that there was irritation as in simple bronchitis.

CHIARI drew attention to the well-known fact that salicylic acid, inhaled, irritated the mucous membrane. Also that for some time surgeons have given up the use of salicylic acid in laryngeal and tracheal operations.

RETHI showed *a Snare for Amputating the Anterior Hypertrophied Extremity of the Turbinateds.*

There is frequently difficulty in performing this operation. In cases where the extremity of the turbinateds, more or less circumscribed, is very prominent and has an irregular surface, it is easy to employ the snare, especially when the galvano-cautery loop is used, and by the momentary

penetration of the current a furrow is produced, then an artificial pedicle ; but in cases where the hypertrophy reaches the neighbouring mucous membrane, and is not pronounced, or if there is a smooth surface, and especially a swollen tissue which contracts at the first touch, the loop cannot be used.

The extremity of the turbinateds can also be removed by introducing the snare in front and tightening it from before backwards ; but this method frequently fails, because the metallic thread at the end of the instrument twists easily, thus preventing further diminution. It has also been proposed to insert a needle through the extremity of the turbinated (and Jarvis has had a special needle made), then to apply the wire, so as to prevent its slipping off ; but this method especially is so uncertain that it is little recommended. Galvano-cautery operations and ablation with the scissors meet much opposition, and are not always possible.

Rethi has made an instrument combining the needle and the snare, allowing the operation to be effectually performed at one time—that is to say, to pierce the extremity of the turbinated, and then to tighten the loop.

BIENENSTOCK. *Essay on the Statistics of Nasal Affections and their Consequences.*

The author describes, first, the different nasal affections according to their frequency, then presents statistics according to age, and divides them into eighteen curves, where the frequency of each disease corresponds directly to each age.

These embrace 3547 nasal affections (comprising 11,352 patients) observed during the years 1892-93 and 1893-94 at the laryngological clinic in Vienna. After the curves of chronic hypertrophic rhinitis and chronic atrophic rhinitis, it appears that at Stoerk's clinic catarrhal affections augment notably in frequency at the age of puberty.

Bienenstock insists again upon the influence of puberty in nasal affections ; he also develops a new theory on the etiology of deviations of the nasal septum.

R. Norris Wolfenden.

ABSTRACTS.

DIPHTHERIA, &C.

Armstrong, G. E.—*Antitoxin Fatalities.* "New York Med. Times," June, 1896.

IN an editorial, reference is made to the recent death of the child in Berlin from the use of antitoxin as a prophylactic. Mention is also made of a similar fatality which occurred in Portsmouth, Ohio, and which was reported in a late number of the "Journal of the American Medical Association." In this journal, also, Struch has advanced the idea that the decrease in mortality from diphtheria, as shown by statistics, since the introduction of the antitoxin treatment, should not be