

the Medical Society of Berlin (*Medical Record*, New York, 1893, vol. xlv., No. 13), but the manner in which the voice was produced does not appear to have been solved satisfactorily.

These three cases seem to warrant the suggestion of Schmid and Poppert, that an artificial larynx is not necessary for voice after laryngectomy, while the shutting off of the pharynx from the trachea immediately after the operation secures the patient from aspiratory pneumonia, and thus improves his chances for recovery. At any rate, they are remarkable instances of the ability of Nature to restore function by substitutive structures, after removal or disorganization of the structures proper to the function.

In a case of carcinoma in which the writer removed the vocal band after section of the larynx, voice was restored by substitutive structure, and remained good for twenty-five years, up to the patient's death from paralysis.

Certainly, security from infection of the air-passages, ability to breathe without a canula, and the prospect of a voice far better than can be supplied with an artificial contrivance, are objects worth striving for, and therefore this method of operation should be repeated until its actual value has been determined one way or the other.

INTUBATION IN STENOSIS OF THE LARYNX.

DR. ROSENBERG has reported eleven cases (*Deutsche med. Wochenschr.*, 1893, No. 35):

1. Hysteric contracture of adductors. Improvement until subglottic reaction followed an unskillful attempt to introduce the tube, and prompt tracheotomy became necessary.

2. A similar case. Cure after five daily repetitions of intubation.

3. Syphilitic stricture previously treated with Schroetter's bougies. Failures to destroy granulation membrane by scraping, electric cauterization, and the like. Cure by intubation in a short time, so that the patient has lived without his canula for a year.

4. A similar case. Intubation early in the treatment rendered tracheotomy unnecessary.

5. Subglottic laryngitis with intense dyspnoea. Intubation restored free respiration within two days, but then the tube had to be removed on account of cyanosis produced by occlusion of its calibre.

6. Multiple papilloma of larynx. Intermittent intubation. Every time the tube was introduced small particles of papilloma were coughed out, freeing the respiration at once.

7. Multiple papilloma in a child aged six years. The dyspnoea was relieved after three intubations.

8. A tracheotomized case of tuberculous arytenoid perichondritis. After two intubations the left vocal band, heretofore fixed in the median line, became somewhat mobile.

9. A child four years of age, tracheotomized for diphtheria, who could not be freed from his canula. Cured by three days' continuous intubation.

10. A membrane between the vocal bands anteriorly; the result of a lance-wound of the larynx. Electric destructive cauterization and subsequent intubation was followed by a brilliantly favorable issue.

11. Bilateral paralysis of posterior crico-arytenoids, with acute inflammatory manifestations. Intubation with frequent coughings out of the tube and reintroductions. Tracheotomy eventually necessary.

PARALYSES OF THE LARYNX.

ONODI reported, at a meeting of the Laryngological Society of Berlin, July 17, 1893 (*Annales des Mal. de l'Oreille, etc.*, 1893, t. xix., No. 8), an interesting case of bilateral aneurism of the aorta in which the vocal band of the right side was immobilized in the cadaveric position, while that of the left side was practically in the middle line. Section showed that the right recurrent nerve was injured in its totality by the aneurism, while the left recurrent was compressed only in part by the aneurism of the left side.

Onodi had succeeded in preparing the muscles, isolated with their nerves detached, and had submitted them to microscopic examination. He had recognized a degenerescence of all the muscles and nerves on the right side, while on the left the most serious alterations had implicated the posterior crico-arytenoid muscle and its nerves; the internal thyro-arytenoid muscle having been implicated to a less degree, and the lateral and transverse to a still less extent.

CHRONIC CESOPHAGITIS.

DR. SAMUEL LODGE, JR., reports (*Journal of Laryngology*, 1893, vol. vii. No. 9) the case of a married lady twenty-four years of age. The main symptom was pain after swallowing solids, usually continuing for at least twenty-four hours, and felt over the front of the left chest, radiating toward the left scapular angle. Freedom from pain required abstinence from solid food. Liquid diet for a fortnight, with the administration of bismuth lozenges, produced benefit, but the patient did not think the latter did any good, and they were discontinued. Light farinaceous food with eggs and jellies was permitted, and three months later tripe, minced meat, and the like. In six months the ordinary diet could be resumed, but very hard morsels still produced some discomfort in deglutition.

LYMPHOID NODULES AT THE VAULT OF THE PHARYNX.

It is well known that the embarrassed respiration produced by hypertrophic conditions of these structures impairs physical development, and that the stunted patient often grows rapidly after removal of the morbid structures.

MR. PERCY S. JAKINS reports (*Journal of Laryngology*, 1893, vol. vii. No. 9) a remarkable instance of the kind, in which a lad five feet three and a half inches in height at seventeen years of age, increased to five feet ten inches within two years after removal of enlarged adenoids and tonsils, and increased proportionately in weight. His brothers had attained a height of six feet before they had reached his age.