

thyroid and the neighboring left arch of the cricoid cartilage, reducing the lumen of the larynx so much that but a sickle-like aperture remained for breathing. Tumour had a smooth surface, being about the size of a hazelnut. Swallowing easy. Extirpation advised. Tracheotomy first, with division of the three upper rings. Digital examination showed the tumour to be immovable, its place of attachment being the same as described above. A tampon-canula of Hahn was introduced, the cricoid cartilage divided in the median line. The cricoid was so much involved in the neoplasm, that the removal of the tumour alone was not possible. The incision, therefore, lengthened upwards to the hyoid bone and the whole cricoid excised. Hæmorrhage was considerable. Wound washed out with solution of corrosive sublimate and plugged with iodoform gauze. No fever followed the operation. Patient could eat and drink without difficulty or discomfort. A secondary hæmorrhage occurring five days later, exhausted the patient somewhat, but did not otherwise affect his recovery. Discharged cured in five weeks. The tumour had the structure of hyaline cartilage and showed a regressive metamorphosis of the cellular elements. Various changes in the larynx of the patient took place after removal of the cricoid. The chords appeared shortened and wobbled somewhat on intonation. The arytenoid cartilages approached nearer one another, and on inspiration the chords rested against each other. Patient wears a canula, closing it when speaking or using a simple ventilated canula of Bruns. His voice is distinct but hoarse and rough. He is healthy and feels well and strong. Bruns lately operated a case of ecchondrosis of the larynx, arising from the plate of the cricoid, by chiseling it off. The canula could, of course, be dispensed with afterwards in this case.—*Deutsch. Med. Wochen.* No. 43. Oct. 28, 1886.

C. J. COLLES (New York).

ABDOMEN.

I. Contributions to the Theory of Hernia. By Prof. E. KUESTER (Berlin). Besides the hernia inguino-properitonealis of Krönlein and the h. inguino-interstitialis of Goyrand (*v. ANNALS*, 1886.

March. P. 242), Küster here makes out a third probably related form which he calls *hernia inguino-superficialis*. The first form is characterized by the diverticle, which forms the hernial sac in the common external inguinal rupture, being forced in between peritoneum and transverse fascia; the second form by the second part of the sac lying in front of the transverse fascia between the muscular layers of the front belly-wall; whilst in the third variety, here distinguished, the sac comes out through the anterior inguinal ring, does not sink into the scrotum, or only partially, but turns either up and outwards under the skin of the abdomen, or out and downwards under the skin of the leg, or backwards under the perineum.

He gives the history of three new illustrative cases, two of which were operated, one of the two giving an opportunity for a post mortem examination.

The peculiarities of the three cases are summed up as follows:

1. The hernial sack is an open peritoneal diverticle, in which lie testicle and spermatic cord. Consequently they are exclusively congenital (in the sense of being existent but not developed). The hernial opening is wide, and traverses the belly-wall directly from front backward.

2. The testicle has not descended into the scrotum, but is in the vicinity of the external inguinal ring, sometimes at a distance from it but always ectopied.

3. The testicle is always atrophic, the spermatic cord in most cases too short.

4. In two cases the spermatic cord did not lie on the median side of the hernial sack, as is otherwise the case in inguinal hernia without exception, but on the lateral side.

5. The sack is covered exclusively by skin and the attenuated superficial fascia. The infundibuliform fascia and cremaster muscle are either entirely wanting or but slightly developed.

A fourth double-sided case he mentions having seen, and includes abstracts of the few more or less corresponding cases to be found in the literature.

K. next considers the operative technique in hernia of such viscera

as are not wholly covered by peritoneum, cæcum, colon, etc. In this case a wide displacement of the peritoneum may have drawn the attached intestine along into the sack. Such ruptures are either congenital, or at least old and large.

A variety of difficulties may arise in operating, and as no definite plan of procedure seems to have been laid down, K. gives a case to show his method. It consists essentially in preparing back the sack and adjacent peritoneum, thus allowing reposition. In congenital cases this is interfered with by the fan-like constituents of the spermatic cord as they course over the sac. However small, the testicle is usually atrophic. It can be removed and the radical operation completed.—*Arch. f. klin. Chirg.* 1886. Bd. 34. Hft. I.

W. BROWNING (Brooklyn).

EXTREMITIES.

I. Treatment of Ingrowing Toe-nail with Tannin. PHILIP MIALI (Bradford). A communication from Switzerland in the *British Medical Journal* for October 23 recommends the local application of perchloride of iron with rest. I have for many years used tannin for the same purpose, and do not find rest necessary. A concentrated solution (an ounce of perfectly fresh tannic acid dissolved in six drachms of pure water with a gentle heat) must be painted on the soft parts twice a day. Two cases recently had no pain or lameness after the first application, and went about their work immediately which they could not before. After about three weeks of this treatment the nail had grown to its proper length and breadth, and the cure was complete. No other treatment of any kind was used, though formerly introduced lint under the ingrowing edge in such cases. One of the patients was a mill-girl and the other a housemaid, and both were on their feet many hours a day.

BONES, JOINTS, ORTHOPÆDIC.

I. Excision of the Elbow-Joint with Suture of the Olecranon to the Lower End of the Ulna. MR. C. F. PICKERING (Bristol). A strumous girl, æt. 15. Longitudinal incision over back