

or of a vaso-dilatative origin) relate, as thinks Dr. Weir Mitchell, to a disturbance of the vaso-motor medullary centres? M. Straus does not dare to decide, but he inclines towards an opinion broached by M. Vulpian on the subject of symmetrical gangrene of the extremities, and according to which these vaso-motor disturbances would not necessarily proceed from a central spinal origin; they could result from the modifications (reflex or otherwise) sustained by the numerous peripheral ganglia which exist near the terminations of the nerves in the vessels, and which control, in part, their innervation. The clearly defined *unilaterality* of the vaso-motor disturbances, in this case, seems to be an argument against the spinal localization of the disease.

M. DUJARDIN BEAUMETZ stated that he had been attacked by symptoms similar to those described by M. Straus. But their etiology was different. They appeared in consequence of the rupture of the tendon of the left patella.

Eruptions Caused by Internal Use of Chloral.

The facts recorded at a late session of the Société de Médecine Pratique (*Bull. Gén. de Thérapeutique*, Feb. 15, 1880), complete the inquiry opened in London, which has been made the subject of a report by Doctor Farquharson to the Clinical Society of London, and which we published in our last number (see p. 533).

M. BROCHIN made a communication on the inconvenience of chloral, and reports the case of a young strumous girl who was attacked with eczema of the lips, who, on two different relapses, saw the affection return immediately after the administration of a potion and a wash of chloral, and that with such intensity that the mouth and tongue were attacked; this curious case of buccal eczema has been submitted to the diagnosis of M. Bazin, who confirmed it.

M. LIMOUSIN stated that he was acquainted with these facts of chloralism; the eruption consists in a reddening of the face, almost like erysipelas, disappearing with the suppression of the medicine.

M. DE BOYER has seen in M. Bouchut's practice these scarlatiniform eruptions, but without angina, develop themselves in the cases of choreic patients submitted to large doses of chloral. They disappeared spontaneously.

M. GILLET DE GRANDMONT has observed five analogous cases with manifestation of erythema on the eyelids and around the neck.

M. GRELLETY has noticed that the irritating contact of the chlorine with one portion, and its elimination from the other, must play the principal part in the production of this singular buccal eczema; but this erythema is controlled by an individual susceptibility which is often met with among the dermatopathies; it is thus that the use of alcohol, and of coffee is sufficient to act as a spur to certain eczemas; in all cases there exists a personal idiosyncrasy for which we must make allowance from a therapeutic and dietetic point of view.

SURGERY.

On New Methods of Removing Intra-laryngeal Growths.

To the two well-known methods of removing laryngeal growths, viz., the intralaryngeal operation, in which the growth is removed by various forms of knives, forceps, etc., through the mouth with the aid of the laryngoscope, and the extralaryngeal operation, or thyrotomy, in which the thyroid cartilage is split in the middle line and the growth removed through the wound, Professor

ROSSBACH, in the *Berliner Klinische Wochenschrift*, No. 5, 1880, adds a third. His operation is a subcutaneous one. Professor Rossbach states that it is easily and quickly performed, is almost painless, requiring no anæsthetic, is attended with the escape of only a drop or two of blood, and is quite devoid of danger; the wound, moreover, heals very rapidly, and requires no after-treatment. A small spear-pointed knife is introduced through the middle line of the thyroid cartilage, a little below the notch, and is pushed through the mucous membrane into the larynx. With the aid of the mirror the knife is then guided to the growth, and its pedicle or base cut through. After the first prick in the skin, the patient experiences no further pain. He does not feel the entrance of the knife into the larynx, and its presence there causes neither coughing nor gulping. Should, however, any such spasmodic movements accidentally occur, the knife need not be withdrawn, but may be allowed to remain passively in the larynx, the handle being merely supported by the thumb and forefinger placed lightly on the thyroid cartilage, so that during the up and down movement of the larynx the hand, knife, and cartilages move as one piece. With this precaution, wounding of the mucous membrane will be prevented. Professor Rossbach has operated by his method on two patients with entire success. He has also demonstrated, in a large number of experiments on animals, the ease with which the knife can be manipulated in the larynx when introduced subcutaneously. In this way, he states, he has removed in animals both vocal cords, and in one case has separated the whole of the mucous membrane from the interior of the larynx. Professor Rossbach was led to devise his operation in consequence of having failed to remove a polypus from a patient who could neither tolerate the presence of instruments in the larynx when introduced in the intralaryngeal manner, even after months of practice, nor would submit to thyrotomy. The advantages of this operation in such cases he considers obvious. But he also thinks it preferable in a large number of cases usually treated in the intralaryngeal way, since it is more easily performed than the latter operation, and causes much less inconvenience to the patient.

In the same number of this journal, another operation for removing laryngeal growths is described, which, however, is only a modification of what is generally known as subhyoid pharyngotomy.

Dr. CARL LANGENBUCH, after administering an anæsthetic, makes a transverse incision through the skin between the hyoid bone and thyroid cartilage, separates the muscles from the hyoid bone, and cuts across the thyro-hyoid membrane immediately above the upper border of the thyroid cartilage, and then makes a median incision through the three-cornered portion of the membrane which lies in the notch of the thyroid cartilage, continuing this incision, as he says, perhaps unnecessarily, through the upper third of the thyroid cartilage. He next divides the root of the epiglottis, and exposes the interior of the larynx by drawing the thyroid cartilage downwards and forwards by means of strong hooks, so that the growth can be removed through the wound. The operation is attended with but very slight hemorrhage. Dr. Langenbuch states that he has not found this operation described in the larger works on surgery; a similar method of opening the larynx was, however, employed by Professor Roser in 1851 when making some experiments upon animals.—*London Med. Record*, May 15, 1880.

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Nephrectomy by Abdominal Section.

At a late meeting of the Royal Medical and Chirurgical Society (*Lancet*, March 13, 1880), Mr. A. BARKER read a very interesting paper on this subject and re-