

thus far carried it on with the signal ability and energy which many among us have got to consider, as a matter of course, in anything with which Dr. Billings has to do. S. A.

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A CONTRIBUTION TO THE NORMAL AND PATHOLOGICAL ANATOMY OF THE VOCAL BANDS. I. CYSTIC GROWTH; II. GLANDULAR APPARATUS. By DR. C. M. DESVERNINE. Published in the *Crónica Médico Quirúrgica* of Havana, and re-written in English by the author. With four full-paged colored plates. 8vo. pp. 20. Havana, 1888.

DR. DESVERNINE has taken advantage of an opportunity to examine carefully the histologic relations of a cystoma of the vocal bands *in situ*, and to study the subject carefully. He has thus made a valuable contribution to the histology of the vocal bands. A man sixty years of age with carcinoma of the lower third of the œsophagus had suffered for some months with hoarseness which had been due to a fusiform thickening of the middle third of the right vocal band, the longitudinal tension of which in phonation had become impaired, while efforts to produce tones high in pitch were attended with violent depressions anteriorly of the corresponding arytenoid cartilage.

After his death, Dr. Desvernine subjected the larynx to minute microscopical examination. The thickening mentioned was found to occupy the anterior portion of the middle third of the vocal band and measured 6 mm. in its greatest diameter. It fluctuated somewhat on pressure and gave exit on section to a few drops of clear mucoid fluid. The cavity exposed measured 5 mm. in its transverse diameter, and 3.5 mm. in the vertical. The remainder of the larynx was normal.

A series of transverse sections was made from the anterior thyroid extremity of the vocal band to the arytenoid region. The walls of the cavity were found to be composed of dense, fibroid connective tissue, poorly vascularized and more abundant interiorly. The fibrillary constituents of this capsule intercrossed more or less obliquely to the sagittal plane of the larynx. We cannot follow the minute histology further without reproducing the article *in extenso*. Suffice it to say that a conclusion is reached which relegates this growth to the class of retention cysts of glandular origin due to inflammatory process beginning in the epithelium of the gland, and progressing excentrically to the paraglandular connective tissue which had become condensed, layer by layer, into a highly fused fibrous envelope.

This result has prompted the author to a minute study of the glandular apparatus of the vocal bands. He finds that Coyue, in discovering the glandular apparatus of the vocal bands described by him in 1874, had failed to detect the full number of glands in these structures. In the mucous membrane covering the vocal bands, Desvernine has found glands in the supra-glottic and in the infra-glottic portions, while the glottic portion is unprovided with them. In the superior portion he finds, though not constantly, a glandular group, deeply seated and more or less close to the fibres of the thyroarytenoid toward their ventricular border; the excretory ducts being directed obliquely toward the glottic

border, and terminating on the superior surface of the bands at a variable distance from the papillary free border. Sometimes these glands are found deeply seated between the fasciculi of the thyro-aryteoid ligament or entirely subjacent to it. The number of supra-glottic glands does not exceed three or four.

The sub-glottic region in which Coyne described but two glands, has been found richly supplied with glandular structures. They are all imbedded in fibro-elastic structures, and their excretory ducts are directed obliquely upward and inward. The cystic growth in the instance referred to originated in the intra-ligamentous glandular tissue. The interpretation given of the production of deep-seated cysts is as follows. The excretory ducts traversing fibro-elastic structures in a frequent state of energetic distention are thus subjected to violent compression. When congestive or inflammatory conditions become prolonged and intense, the excretory ducts participate in the general process of hypernutrition, their walls become thickened, their elasticity impaired, and thus conditions are established which promote the permanent fusion of their walls.

J. S. C.

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BEOACHTUNGEN UEBER MALARIA INSBESONDERE DAS TYPHOIDE MALARIAFIEBER. Von DR. P. WERNER, Narwa. 8vo. pp. 70. Berlin: August Hirschwald, 1887.

OBSERVATIONS UPON MALARIA, ESPECIALLY TYPHOID MALARIAL FEVER. By DR. P. WERNER, Narwa.

In the year 1875, Dr. Werner was appointed one of the physicians employed to look after the health of the workmen and others occupied in building the Samara-Orenburg railroad in southeastern Russia. He had supervision over the section running from Samara, in the direction of Orenburg, and also had charge of the sick on the Samara-Sysran line, running from Samara in a southwesterly direction. The region was notoriously malarious, and the opportunity for studying malarial fever in its varied forms was exceedingly favorable.

Among the many cases of fever treated at that time, quite a number commenced with a distinctly intermittent character, and then assumed a continued form with typhoid symptoms. These complex symptoms had previously been occasionally observed in private practice in Samara, but only in isolated cases. It was not until the fall of 1874, in the local prison, that a collection of such cases was observed. The epidemic which occurred the following years—1875, 1876—among the laborers employed in building the railroad, furnished rich material for investigating the nature of this peculiar phase of malarial fever, and upon this study are based the observations contained in the present brochure.

The three main divisions of the subject are: the symptomatology of typhoid malarial fever, the principal sequelæ and complications of malaria, and the etiology, morbidity, and mortality of malaria. Under symptomatology are described the period of incubation; the different forms of typhoid malarial fever; namely, the common form, the ady-