

Laryngostomy for Laryngeal Stenosis, the Result of Laryngo-typhoid Complications.—Sieur.—During convalescence from typhoid fever laryngeal lesions developed, and laryngotomy had to be performed as a matter of urgency. It afterwards became impossible to remove the cannula owing to stenosis of the subglottic region. Attempts at dilatation by means of metal dilators introduced through the mouth and Killian's T-shaped tube passed through the tracheal opening having failed, it was decided to resort to laryngostomy. This was performed under local anaesthesia (cocaine), and in two months the normal calibre of the larynx was obtained by the employment of Killian's tubes in increasing sizes. When dilatation seemed complete the use of dilators was gradually curtailed, and three weeks after the cessation of treatment the laryngo-tracheal opening closed spontaneously. This is a point particularly interesting to note, seeing that this closure is not always easy to attain surgically.

G. Veillard.

H. Clayton Fox.

Abstracts.

LARYNX.

Nemai, J. (Budapest).—**Studies in the Comparative Anatomy of the Larynx of Mammals.** "Archiv für Laryngol.," vol. xxvi, Part III.

This paper is merely a preliminary one, the research, which was begun some years ago, being still in progress. After some reference to previous workers in the same field, a section is devoted to the differences between the aditus laryngis of man and that of most other mammals. In the case of the latter the ary-epiglottic folds are almost non-existent, the folds of mucous membrane which pass backwards from the margins of the epiglottis ending in the lateral walls of the hypo-pharynx, or, at most, curving round and reaching only the lower part of the arytaenoids from behind. The arytaenoids and cartilages of Santorini are thus in no way embedded in the folds and their upper borders stand quite free.

There follows a fairly detailed description of the larynx in a number of ruminants, and also in the pig, both domestic and wild, and in the horse. In most of these animals the entrance of the larynx lies really in the naso-pharyngeal space, being, under ordinary circumstances, shut off from the cavity of the mouth by the soft palate, which reaches almost to the base of the tongue in the glosso-epiglottic fossa, and is applied to the anterior surface of the epiglottis. Through the passage left on either side in the region of the pyriform sinus, finely divided food can pass from the mouth down into the lower pharynx. By this arrangement, therefore, the animal is enabled to swallow and breathe at the same time. Even the carnivora adopt this method in swallowing fluids, although their solid food, being swallowed in large masses, passes over the laryngeal entrance, as does all food in man. The larynx is in a measure fixed in this position by a muscular ring or isthmus formed of the palato-pharyngeal muscles. This ring exerts considerable lateral pressure on the laryngeal entrance, and it is probably the necessity for resisting this pressure that accounts for the large and wide cartilaginous processes which are attached to the oral ends of the arytaenoids in many mammals. These processes consist in most of the animals examined of hyaline cartilage, and are directly continuous with the arytaenoids themselves.

The author, however, adduces evidence to prove that they are represented in man in a vestigial form by the cartilages of Santorini, for the latter, although composed of elastic cartilage, and not continuous with the arytenoids, are nevertheless enveloped by the same perichondrial layer.

In reference to the muscles of the larynx it is interesting to note that the crico-arytenoideus posticus, in regard both to its form and the direction of its fibres, is practically identical in all the placentalia, including man—a fact in harmony with the importance of its function. Some of the other muscles show more or less considerable variations in both structure and function. The inter-arytenoideus, for example, among the ungulates, while it acts in association with the ary-epiglotticus and thyro-arytenoidus as a constrictor of the aditus laryngis, must be regarded also as serving, at times, as a dilator, for its attachment is such that contraction of the muscle tends to increase an abduction of the cords already established by the posticus muscle.

It is known that in adduction and abduction of the cords the arytenoids execute a rocking movement in addition to that of mere rotation, the result of which is that during adduction the long axes of the arytenoids move forward and inward while the vocal processes move downward, the reverse occurring during abduction. The author finds that this see-saw or rocking movement of the arytenoids is a constant feature of the mammalian larynx, and that in many members of the order the anatomical conditions are such as to make simple rotation impossible.

The author concludes with a statement of his conviction that similar studies of the larynx of the lower animals will throw much light upon the function of the organ in man.

Thomas Guthrie.

NOSE.

Seibert, E. G.—The Superior Maxilla: A Discussion of its Proper Development. “Annals of Otol., Rhinol., and Laryngol.,” vol. xxi, p. 145.

The author concludes that normal nasal respiration is only attained through proper lateral development of the maxillæ, *i.e.* the palatal processes, and that this development is materially retarded by those factors which prevent nasal respiration. In this abnormal development the shape of these bones may be materially altered, thus affecting their relations to contiguous structures, and in this changed relation and altered shape we have factors for changing the direction and the lumen of the nerve-canals traversing these bones, thereby making pressure upon their contents and causing alteration of function, or, from irritability, reflex phenomena. He considers no child is too young from whom to remove causes for restricted nasal respiration, and when abnormal development has occurred, readjustment of the maxillæ probably offers the best results that can be looked for.

Macleod Yearsley.

Hurry, Jamieson B.—Vicious Circles associated with Disorders of the Nose, Throat, and Ear. “Lancet,” May 11, 1912, p. 1264.

The author, well known for his interesting work on “Vicious Circles in Disease,” has turned his attention to our specialty. Diseases of the nose are frequently complicated by the operation of a circle, the genesis of which depends largely on stenosis or an abnormal patency. Such vicious circles are described resulting from deflected septum, mouth-breathing, etc. Reciprocal relations are frequently established in con-