VIII.—*On the Surgical Treatment of Morbid Growths within the Larynx, illustrated by an original case, and statistical observations, elucidating their nature and form* By GURDON BUCK, M.D., Surgeon to the New York Hospital. Pp. 28.

The contents of this pamphlet formed the subject of a communication presented to the American Medical Association, at its session of 1853. The case, that of a female, aged 51, which forms the basis of Dr. Buck's remarks, exhibited the following symptoms:—"She was suffering from obstruction of the larynx, attended with great dyspnœa and complete loss of voice. Her aspect, as she was seated in her chair, was that of a person in perfect health, with a florid countenance and rather corpulent condition of body. Her breathing was sonorous and labored; inspiration evidently requiring greater effort than expiration; her voice could not be raised above a whisper. She was unable to perform the act of snuffling or to expel air through the nostrils, which was a source of very great annoyance to her. Deglutition was easy, except when she attempted to swallow liquids rapidly, and then the dyspnœa was increased. The larynx was the seat to which all her trouble was referred. Sometimes she described her sensations as if a lump obstructed her throat; sometimes as if a ruffle rose and fell alternately in the larynx; at other times the account she gave of her sensations was vague. The dyspnœa was aggravated by whatever tended to produce excitement, and the approach of evening exerted a marked influence in causing an exacerbation of the symptoms. In the recumbent position she always required her head to be raised by extra pillows. Hoarseness, which was the earliest symptom observed on the onset of this ailment, had gradually resulted in complete extinction of the voice. For more than a year the aphonia had persisted, unaccompanied by dyspnœa.

"On inspection, the epiglottis was ascertained to be free from swelling, and in a healthy condition.

"Exploration with the finger could detect no swelling or other morbid change at the orifice of the larynx. The fauces and pharynx were red and congested, but not swollen. Compression of the larynx externally augmented the dyspnœa, and produced a very disagreeable feeling. The patient had always enjoyed good health previously, and still continued to do so, with the exception of her local ailment.

"A strong solution of nitrate of silver had been applied to the larynx, and irritants externally to the front of the neck, in conjunction with other treatment, but without any benefit."

Dr. Buck, having diagnosed morbid growths within the larynx, proposed an operation for their removal. This was at first declined, but the dyspnœa increasing in intensity and suffocation becoming imminent,