Original Communications.

REMARKS ON LARYNGITIS.

By E. H. SIEVEKING, M.D.

THE most prominent symptom of laryngitis is a peculiar modification or a complete absence of the voice. It appears worthy of record, that this rule is not without its exception; and, as the point is one materially affecting the question of diagnosis, an exception adds a fresh illustration to those which I have repeatedly given of the importance of a laryngoscopic investigation, wherever this may be practicable.

An elderly female was admitted under my care at St. Mary's Hospital on Monday, April 30th, in the evening. I saw her on the afternoon of the following day, when I was told by the house-surgeon, Mr. Webb, that she came in with urgent symptoms of laryngitis, and with such severe dyspnoea that he almost considered tracheotomy necessary. She was voiceless; the breathing was stridulous and gasping; and there was evident imperfect aëration of the blood. There was no history of the case. The remedies that were directed appeared to give considerable relief to the symptoms first detailed. When I saw her on the Tuesday, all stridulous breathing had disappeared; the voice, though feeble, was clear, and completely free from any of the peculiarities characteristic of affections of the vocal apparatus. The voice was so normal in sound, that I hesitated to accept the diagnosis of acute laryngitis; but the woman was evidently *in extremis*. Although the breathing did not appear very laboured, the countenance was very dusky; no pulse could be felt in either wrist; and there was all the appearance of approaching dissolution. I examined the fauces, and found the uvula of a purple colour, which contrasted strikingly with the normal hue of the surrounding mucous membrane. The patient was not in a condition to bear any further examination, and expired shortly after I had seen her. The *post mortem* examination revealed a state of things which entirely negated all supposition of a spasmodic affection, such as might have produced a temporary loss of voice. The upper part of the larynx, including the vocal cords, presented a perfect specimen of acute laryngitis. The parts were deeply injected. There was considerable redness and swelling of the vocal cords themselves; and they certainly did not look as if they could possibly have vibrated in a healthy manner, so as to allow of normal phonation.

This and other facts which have been elicited by various observers, especially since the use of the laryngoscope has enlarged, and, on the whole, given more precision to, our knowledge of the physiology and the pathology of the larynx, suggest difficulties which, as yet, can scarcely be quite solved. Thus while, in the present case, the vocal cords, in spite of severe inflammatory congestion and tumefaction, were able to utter what appeared like a healthy sound, in other cases I have found aphonia, or a marked interference with phonation, although the vocal cords appeared, under the laryngoscope, quite healthy, and only a derangement of the condition of the mucous membrane, at a greater or less distance from the vocal cords, could be regarded as the immediate cause of the altered voice. In the case to which I have drawn attention, there was well marked though very recent pericard-

itis, as shown in vivid scarlet injection of almost the entire parietal surface of the pericardium; but I need not dwell upon this or other points in the *post mortem* examination, as the only fact I desired to bring forward was the one showing that there may be intense laryngitis, causing complete aphonia overnight; and that the aphonia and all stridulous or hoarse breathing may have disappeared in a few hours, although the most indubitable proof is given that the laryngitis has not materially abated. This case is a counterpart to one which I have published on a former occasion, where, with all the local and general symptoms of acute laryngitis, the laryngoscope exhibited the pearly whiteness of a perfectly normal pair of vocal cords.

Transactions of Branches.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEDICAL MEETINGS.

ON THE INDUCTION OF PREMATURE LABOUR.

By JOHN ARMSTRONG, M.D., Gravesend.

[Read at Gravesend, April 6th, 1885.]

ALTHOUGH this is an operation not often required in general practice, yet circumstances occasionally arise which demand it; and it is, therefore, right that we should be acquainted with the best modes of effecting it, and the circumstances which render it necessary. There can be little doubt that the ancient Romans were acquainted with, and practised, modes of procuring abortion similar to those of the present day; and that they did so upon such slight grounds as the preservation of personal symmetry. It was not till Christianity obtained sufficient hold over the minds of the people, that the sinfulness of the proceeding was recognised; and it may with truth be affirmed that, in proportion as the principles of Christianity are recognised and obeyed by a people, so will the crimes of criminal abortion and infanticide diminish. The frightful revelations of these horrid practices in our own country only indicate the existence of infidelity, or an extremely low state of Christian ethics, in our highly favoured land; and call loudly to us to contribute our part faithfully and fearlessly in shewing our abhorrence of such villany.

In 1756, a solemn consultation of the obstetrical practitioners in London was held, to discuss the morality, safety, and utility, of inducing premature labour; and from that time to the present, various modes of effecting this object have been used. I purpose briefly stating some of those which have occurred in my own time, and then narrating a case in which labour was induced between the seventh and eighth month.

Dr. Tyler Smith, in his valuable lectures, says:

"The cases in which the operation of inducing premature labour may be required, admit of division into three classes:

"1. In which the operation is called for before the date of the viability of the foetus, in consequence of diseased states of the mother, and in which the ovum has to be sacrificed in order to preserve the life of the mother from great risk;

"2. In which the operation is required for the preservation of both mother and child;

"3. In which it is performed to save the life of the child in conditions which do not involve any question of danger to the mother."

I think this is a very good arrangement. The various conditions requiring the operation, will be