

vocal cords, but the ventricular bands, that did this work of arrest." After this statement the writer demonstrated on himself the fact that the ventricular bands close in order to hold the breath during phonation, cantation, etc., and that, so far as can be seen, the vocal bands have a rest during this function of holding the breath, which is of the greatest importance to speakers and singers who wish to do efficient work, and, to bring the subject home, to the medical man who reads a paper and to the audience who is listening to him.

In 1884 the writer appealed to professional laryngologists to give a new name to the false vocal cords, or ventricular bands; but as he has heard of no response to this appeal he ventures now to suggest some names for approval, premising that the word "chords," or "cords," is not expressive enough of the situation; for to do so one has to imagine a cello D string about $1\frac{1}{2}$ inches long, split longitudinally into two equal parts, a section of the end being a semicircle, the rounded side of the string forming the band, and the squared side prolonged or towards the walls of the larynx. Imagine a string like this. How little music it would make! The fact is, the nearest analogy to the vocal bands is found in the lips of a cornet player, stretched over the embouchure of the mouth-piece; only the vocal bands are joined in front and opened behind, while the lips of the cornet player are joined at each side. The vocal bands are made tense by the stretching backwards of the arytenoid cartilages, etc., while the lips are stretched over the circular ring of the mouth-piece. Players speak of "making a lip," but singers and speakers "make their glottis" instinctively.

The ventricular bands are ill named, because the ventricles they form with the vocal bands are accidental things, and not important functions of which we have spoken, to wit: the proper holding of the breath in respiration, phonation, cantation, sneezing, etc. Suppose we follow the nomenclature "vocal bands," then we might call the ventricular bands (1) breath bands, (2) breath holders, (3) breath cords, (4) breath valves, (5) breath lips.

If, instead of the vocal bands for the true vocal cords, we say "voice bands," then the writer would prefer for the false vocal cords, "breath bands," until some one else favors us with a better name; but as false vocal cords have gone, so shall ventricular bands go, as being inexpressive of the functions of the important mucous membrane, red-colored processes or bands, that form the middle of the three valves of the larynx, to wit: (1) the epiglottis, (2) breath bands, (3) voice bands.

The closing of one after the other, beginning with valve 3, Dr. Frederick Semeleder, now of Mexico, showed beautifully in 1862, during the function of swallowing.

The Ariston, Broadway and 55th street, June, 1889.

LAPAROTOMY FOR PERFORATING TYPHOID ULCER.

BY REED B. BONTECOU, M.D.,

OF TROY, N. Y.

On October 26, 1889, I was called in consultation with Dr. St. John, of Centre Brunswick, to see Arthur P. Dater, a farmer, æt. 27, living near Millville, some miles from Troy, in a healthy district, and with comfortable surroundings. I learned from his physician, Dr. St. John, that he had been suffering from typhoid fever for some forty days past, having had a relapse after the first twenty days of illness, and that at two A.M. on the day of my visit he had been suddenly seized with symptoms of peritonitis. We found him in a state of moderate collapse, pulse very frequent, skin bathed in perspiration, abdomen tympanitic, tense, and an absence of liver dulness. Intestinal perforation was diagnosed, and the chances of life with or without operation fairly stated to his family and himself, and with their consent and his own I proceeded, about 7 P.M., with artificial light, with strict antiseptic precautions, to the operation, assisted by Dr. St. John and my son, Dr. R. Brinsmade Bontecou. A median incision, three or four inches in length, was made, and on opening the peritoneum a gush of gas, followed by a quantity of brownish, muddy serum, escaped. The small intestines were distended and vividly red; the distal portion of the ilium was at once sought for and readily found, and presented a circular perforation of about three-sixteenths of an inch in diameter in one of the Peyerean patches, some four or five inches from the ileo-cæcal valve, through which gas and feculence were escaping. Several of the patches in the lower twelve or eighteen inches of the intestine were much enlarged and thickened, and presented bright red spots on the peritoneal surface, as if threatening perforation. But no other openings were found, and I turned in the ulcerated patch in a transverse fold, being unable to make one longitudinally on account of the thickened mass of glandular tissue, which, if treated in that manner, would have diminished the lumen of the intestine too much. The rupture was covered in by a Lembert continuous suture, and after irrigating the peritoneal cavity thoroughly with boiled water, I closed the wound around a large sized rubber drainage-tube (having no glass ones with me), which I had doubled, the bend being within the cavity. Iodoform was freely dusted

¹ (a) Gaillard's Medical Journal, October, 1884; (b) Transactions Music Teachers' National Association (America), 1887; (c) Transactions Ninth International Medical Congress, 1887, vol. iv, pp. 105-111.

over external wound, and a dressing of antiseptic gauze covered the whole.

His condition after the operation was as good as when he was put on the table, and we returned several miles to our home. My son, who was much interested in the case, volunteered to return and remain with him during the night, his attending physician being unable to do so. After an absence of four hours, consumed in the journey to and fro, from the bedside, my son reported finding him with a better pulse, free from pain, and in a better general condition than after the operation, and promised success. He became mildly delirious towards the early morning, and though hypodermics of morphine were used, he managed in some way to loose his dressing and pulled out the drainage-tube, probably tearing open the repaired intestine, for soon afterwards he suddenly collapsed and died. My son was, unfortunately, not provided with instruments to repair the damage. An autopsy was refused. I should like to add to the foregoing that the intestine in the vicinity of the perforation, and below that point to its termination, was covered with a layer of organized lymph, indicating that the perforation must have been more than seventeen hours old. The appendix was examined and found healthy, but red, as were all the intestinal surfaces.

The first case of perforating typhoid ulcer that I operated upon was in October, 1887. The man was in much more profound collapse, the accident having happened some 36 hours at least before I saw him, and he did not recover. But in this case the shock was less and the prospect of a successful recovery fair, for his condition four hours after the operation was better than before it, and shows that the procedure did not impair his condition. Ether was the anæsthetic employed.

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MEDICAL PROGRESS.

ANTISEPTIC PROPERTY OF COFFEE.—It has been lately shown by Lüderitz, from a series of experiments conducted by him in the Berlin Institute of Hygiene, that coffee as a drink (infusion) possesses very decided antiseptic properties. Several different forms of bacteria were experimented on, and their growth was found in all cases to be interfered with by the addition of a small quantity of coffee infusion to nutrient gelatine. In pure infusion the bacteria were rapidly destroyed. The question as to what constituents exercise the antiseptic action cannot yet be answered. The caffeine is certainly only active to a slight degree, the tannic acid to a greater extent, but probably of greatest importance are substances

which are formed during roasting. It is interesting to note that a cup of coffee left lying in a room remains almost free from microorganisms for a week or more.—*Berlin Klin. Woch.*

TREATMENT OF A COMMON "COLD."—Salicylate of sodium in free doses gives as satisfactory results in the treatment of "bad colds" as it does in cutting short tonsillitis. Sodii salicylatis, ʒss; syr. auranti cort., ʒss; aquæ menth. piper, ad, ʒiv. M. Sig. A dessertspoonful every three or four hours. A dose every three hours until a free specific influence of the salicylate—tinnitus aurium—is observed—will so far control the symptoms that the aching of the brow, eyes, nose, etc., will cease. The sneezing and "running from the nose" will also abate and will disappear in a few days, not leaving, as is usual under other treatment, a cough, from the extension of the inflammation to the bronchial tubes.

Apropos: DR. PHILPOTS writes the *British Medical Journal* that when sneezing manifests itself, before any inflammatory action has been established, a single local application of salicylic acid to the irritated lining membrane of the nose will be quite sufficient, in the majority of cases, to abort a common cold. The formula suggested is: Sodii salicylatis, ʒiv; acid. boracis (pulv.), ʒj; cocainæ hydrochlor. gr. xxij. M. Mix by agitation, not in a mortar. Snuff, or draw into the nose, or preferably, use with insufflator.—*Memphis Med. Journal.*

PRACTICAL ASEPSIS.—*Asepsis of the Hands.*—Frequent washing of the hands, with or without antiseptics, irritates the skin, producing redness and chapping. It is therefore advisable, after washing and drying the hands, to rub them with one of the following pomades, which are recommended by PROF. LIEBREICH:

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| 1. Lanoline. | 5 | grm. |
| Vanilline. | 0.01 | " |
| Essence of rose. | 1 | gtt. |
| 2. Lanoline. | 100 | grm. |
| Paraffine. | 25 | " |
| Vanilline. | 0.01 | " |
| Essence of rose. | 1 | gtt. |

Asepsis of the Sick Room.—SEVESTRE advises the use of the following solution, which may be sprayed or evaporated by boiling:

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| Thymic acid. | 5 | grm. |
| Carbolic Acid. | 10 | " |
| Alcohol. | 100 | " |
| Water. | 885 | " |

Asepsis of Utensils and Instruments.—It is sufficient to dip utensils and instruments in a boiling solution of carbonate of sodium (30 grm. per litre). The same solution may be used to disinfect sputa and to clean cuspidors and vessels.—*Jour. de Méd.*