plete paralysis with its consequences (namely, if the antagonistic centres or fibres, which were left free at the beginning, became also affected later on).

It would seem, then, that the earlier symptoms in cases of incomplete, slowly progressing paralysis entirely depended upon the question which fibres have been accidentally first attacked, and the natural conclusion would be that we sometimes should expect early lesion of the abductors, at others of the adductors.

The author then introduces twenty-two cases showing that isolated paralysis of the posterior crico-arytenoid muscles was the result of disease or injury to the centres and nerve-trunks, or that at any rate the paralysis of these muscles was earlier, and respectively more developed than that of their antagonists. This number cannot be compensated by an equal or approximately equal number of observations proving the occurrence of a primary affection of the adductor fibres under similar circumstances, and indeed the author has not been able to find, in the whole range of laryngeal literature known to him, a single case in which primary organic disease of the brain or of the nerve-trunks was proved by clinical observation or the result of the post-mortem examination to have been the cause of isolated paralyses of the adductors!

The cause of the proclivity of the abductor fibres to be affected sooner than the adductor, or exclusively, is difficult at present to explain satisfactorily. Semon holds that the theory of the uniformly central origin of this paralysis is untenable in the face of the authenticated cases of paralysis and degeneration of these muscles (the abductors) in consequence of disease of, or pressure upon, the nerve-trunks.

Several hypotheses might be made and have been made to explain this peculiar proclivity, namely:—

(1.) That the anatomical distribution of the fibres of the recurrent nerve may be a concentric one, and that the abductor fibres may be situated in the periphery of the nerve, that is, most exposed to all external injuries.

(2.) That there may be a specific vulnerability of the abductor filaments, or what would amount practically to the same thing, that even in cases of partial disablement of the adductor filaments, the remaining healthy adductor fibres might conduct all the nerve force emanating from the adductor centres to the adductor muscles.

(3.) That possibly the adductors receive an increment of nerve force from the superior laryngeal nerve.

All of these hypotheses are open to certain objections, and none of them seem to the author to offer a really satisfactory and plausible explanation, the time for which, he thinks, has not yet arrived. Semons thinks, before all, by numerous further contributions, the fact should receive further corroborative evidence that *there is a proclivity of the abductor fibres of the recurrent nerve to succumb to pathological influences affecting the roots and trunk of the motor nerves of the larynx.*

Quite apart from the great intrinsic anatomical and physiological interest of the question, its affirmative reply would entitle us to lay down the following practical rule: Immobility of one or of both the vocal cords in the phonatory position—if not occasioned by mechanical impairments or myopathic affection—invites to a consideration of all the possibilities which may produce paralysis of the entire recurrent nerve;

immobility in the position of deep inspiration—if not occasioned by mechanical impairments or myopathic affection—is much more likely to be due to either a functional or a local neurosis, that is, an affection produced by local disease of the adductor twigs of the recurrent nerve.

Hospital Practice and Clinical Memoranda.

BOSTON CITY HOSPITAL.

CASES IN THE SERVICE OF DRS. DOE AND MASON.

REPORTED BY DR. WITHINGTON, HOUSE SURGEON.

SIX CASES OF TYPHUS FEVER.

On April 13th a family of six persons was admitted to the hospital. They were found in a house on Meander Street, of bad hygienic condition. They were all lying about in a dull, stupid condition, unable to do anything for themselves, and all, with the exception of the infant, appeared to be suffering from the same symptoms. The family was composed of the following persons: (1) Mrs. L., aged fifty-four; her daughters, (2) Susie, aged twenty-nine, and (3) Louise, aged twenty-five; her grandchildren, (4) Mary, aged eleven, (5) Louis, aged six, also Willie, aged sixteen months (not sick); (6) Lewis, another member of the family, entered later.

The history, so far as it could be obtained, was as follows: The family had always been healthy. The husband and father had returned home, after an absence of four years, about March 23d. Most of this time he had been at sea, but had recently landed at New York. While there he was taken sick, and returned to his family to be taken care of. The nature of his illness is not known, but on reaching home he complained of headache and dizziness, and on attempting to walk would fall. He was unable to go about much, but was not confined to his bed. After ten days he began to improve, and at the time his family were taken sick considered himself well.

Soon after the father's return Louise began to complain of headache, languor, etc., but kept about her work. On April 3d she took to her bed after a severe chill, complaining of dizziness, intense headache, and ringing in the ears. There was no pain in any other part of the body. About two days later, April 5th, Louis, the little boy, was taken sick with very similar symptoms, which obliged him to go to bed. No prodromata reported. April 7th, Susie, who had been at her work until the night before in her usual good health, was seized with headache and dizziness without other subjective symptoms, but was so prostrated that she had to take to bed. Later in the same day she was followed by Mary, who had kept up till that time, though she had had a headache for three days previously. The mother was the last of the family to yield, though she began to feel badly the evening of the 6th. By lying in bed a portion of the time she succeeded in partially caring for the others until the morning of the 13th, when she found herself unable to rise.

Willie, the infant, who entered simply for care, was a large, healthy boy, and presented no symptoms of any disease. But, as will be seen, with this exception all the members of the household were affected.

Five days later another member of the family, but not of the household, entered the hospital. He, Lewis, aged twenty-five, is a brother of the two young women,

is married, and lives in Jamaica Plain. On the night of his father's return the son spent the evening with him, and remembers that he smoked his father's pipe.

Ten days later he repeated his visit. Two days after this, April 5th, he was attacked with headache and vertigo, accompanied with a chilly feeling and vomiting. He entered on the twelfth day of his sickness, and allowing for the difference in the stage of the disease his condition was exactly similar to that of the others.

All these patients had a dull, stupid appearance. All complained chiefly of headache with dizziness and staggering if they attempted to walk. None of them had any abdominal pain or distention, though in one case there is record of gurgling with tenderness in the right iliac fossa. There was no diarrhoea. In four cases the bowels were constipated, in two regular. In all the cases the tongue was coated, and the face flushed. The temperatures on entrance varied from 102° F. to 104.2° F. The clinical charts, published herewith are numbered according to the arrangement of the names where they are first given.

In the course of the fever active delirium was present in three of the cases. It was usually of a pleasant character. In one case the prattling and singing were nearly constant for several days, and were accompanied by almost incessant movements of the hands. Retention of urine was observed in most of the cases.

An eruption appeared in three of the cases, the

three young adults, who were the sickest of the family. This eruption was pretty well scattered over the trunk and all the extremities, but was most abundant on the abdomen and chest. It was for the most part macular, but some of the spots were slightly raised. The color was a dull, dark red, and did not wholly disappear on pressure. No petechiæ were observed. In one case rose spots are reported intermixed among the other spots.

The period at which the eruption appeared is known definitely in only one case, in which it was on the fifth day. Its disappearance, which was gradual, was completed at about the establishment of convalescence in all the cases. In addition to the three well-marked cases of eruption, the mother, whose skin was considerably freckled and stained, had a few reddish spots here and there, which, though not of themselves at all characteristic, yet taken in connection with the other cases were worthy of note. The skin of the children remained perfectly clear throughout.

Complications. Lewis (6) was taken with facial erysipelas after his fever had subsided and he had sat up one day. The attack was moderately severe, and ran a course of about nine days.

Mrs. L. (1) had a painful swelling of the submaxillary gland on the left side, followed, in a few days, by a similar swelling on the right side. These underwent resolution, and disappeared in about a week.

Contagion. No other case of the disease developed in the hospital. A patient, however, who occupied a bed adjoining one of the cases for a few days before the latter was removed to the isolating ward, and who soon after left the hospital, was taken sick a day or two after her discharge with what the attending physician pronounced typhus fever. No other cases occurred in Boston.

The course of the disease, reckoning it in each case from the day the patient took to his bed till that on which he first sat up, varied from eleven days in the case of Mary to about four weeks in the case of Susie. The average of all the cases was twenty-one days. This does not include the duration of the erysipelas, which developed after the patient had sat up, but does include that of the adenitis, which came on before the patient had left her bed.

Remarks. As typhus fever is a rare disease in this vicinity, and its prevalence in neighboring cities and in foreign countries from which many thousand immigrants are now arriving, concerns the public health, these cases are reported as being of local interest. Although the nature of the affection was suspected at the outset, the absence of the characteristic eruption in half of the cases, and the comparatively mild form of the disease, prevented an immediate positive diagnosis. The usual symptoms of typhoid fever, however, were wanting, and the temperature curves are instructive.

Reports of Societies.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.

M. M. RICHARDSON, M. D., SECRETARY.

APRIL 18, 1881. DR. H. C. HAVEN read a paper on the

SYSTEMATIC WEIGHING OF INFANTS.

which will be found on page 222 of this number of the JOURNAL.

In reply to Dr. Webber, Dr. Haven said with regard to the prognosis, that these charts afford a better means than any other. It cannot strictly be said that a rapid diminution in weight makes the prognosis grave. There are no strict rules to be applied.

DR. DRAPER spoke of the value of such observations as the reader had illustrated in determining more accurately the weight of children at birth. Each observation gives us new and valuable information. The normal weight of the new-born child is important in a medico-legal way also. About thirty-five hundred grammes is about normal all over the world.

DR. BUCKINGHAM asked if there was any difference in the weight of children of primiparæ and pluriparæ. It is said by a German writer that the milk with the first child is less abundant than at later births.

DR. HAVEN replied that not only is the initial weight of the first-born child under the average, but their daily increase is also less. Observations taken in France show that the children of primiparæ increase less rapidly in weight than those of pluriparæ, the milk of the mother being not only less nourishing, but also less abundant.

DR. MINOT thought it important to note other things at the same time with variations in weight, such as age and health of parents. Another interesting point would be a comparison of the weights of children fed upon different foods. The comparative value of the different forms of infants' food could in this way be ascertained better than in any other. It is important to know what is the best artificial food. Dr. Minot had seen, this winter, in a child a curious condition of things. It was thirteen months old, and unable to use its legs. The reflex function of legs was lost. The child looked intelligent, and could speak a little. It was found that it had been fed upon condensed milk. It was put first upon cow's milk and then upon Mellin's Food. Improvement was immediate. It was soon able to move its legs, and before long could do so very well indeed, till it was able to stand and walk by pushing a chair before it. No medicine was used. The case looked very much like infantile paralysis. There was no observation of the daily weighing, though it would have been very interesting.

DR. PORTER reported the following case:—

INTESTINAL OBSTRUCTION; REGULAR DEFECTIONS FOR FOURTEEN DAYS BEFORE DEATH; AUTOPSY; TYPHLITIS; ULCER OF CÆCUM OPENING INTO PERITONEAL CAVITY; PERITONITIS.

M. C., the patient, a man of twenty-eight, had been in good health until Thursday, March 17th, then, in consequence of exposure to cold he developed acute cystitis. Friday, 18th, as his bowels had not been opened the previous day, he took, without the advice of his physician, a number of Schenk's mandrake pills, about half a dozen. In consequence of these he had several violent and painful defections during the night, and the next morning he was seized with intense pain, its worst seat being on the right side, at about the junction of the iliac and hypochondriac regions. Sunday, 20th, the pain had increased in severity, and extended over the whole abdomen; he was unable to retain any nourishment; there had been no defecation since those induced by the pills. Monday, 21st, he was admitted to the hospital. There was then tenderness over the whole abdomen, but most marked on the right side,