Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTES ON A CASE OF LARYNGEAL GROWTH WITH THYROTOMY.

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THE following case seems to be of interest from the fact of its long duration.

A man, aged 49 years, came to the London Throat Hospital in August, 1901, complaining of difficulty in breathing and loss of voice. He stated that as a lad he was husky, but he quite lost his voice about 1869, when he went to Golden-square Throat Hospital and became a patient there under the care of the late Sir Morell Mackenzie. Small portions of growth were at this time repeatedly removed from the left cord. This continued for about a year, when his voice being a little improved and feeling somewhat tired he suddenly ceased to attend and avoided all active laryngeal treatment for 31 years. During this period he had always had great huskiness and more or less difficulty in breathing. He said that during the last few months he had lost about two stones in weight and his breathing had become much worse. He was a spare man of somewhat cyanotic appearance; his voice was a hoarse whisper and there was stridor directly he exerted himself. There was no history of syphilis in himself or tubercle or malignant disease in the family. On examination of the larynx the left arytenoid was seen to be motionless and the upper orifice of the larynx was almost blocked by a warty growth. The left vocal cord could not be seen; the right was normal. The exact point of origin of the growth from the left side could not be determined; it felt hard to the finger and forceps. No ulceration could be seen and what little discharge there was contained no tubercle bacilli. Considering the rapid loss in weight and increase in symptoms the last few months the question arose as to whether malignant disease was now present. Mr. E. B. Waggett, who kindly saw the case, thought that it was a simple tumour of some kind and the pathological report on a piece removed was, "A papillary growth probably not malignant." A week after admission to hospital the patient's breathing one afternoon became very much worse, and as asphyxia appeared imminent I had to perform tracheotomy rapidly. A few days after this I introduced a Hahn's cannula and, assisted by Mr. Waggett, performed the operation of laryngo-fissure, when the growth was seen to be a large single papilloma (of the size of half a walnut and weighing 30 grains) arising from the left cord; there was not the slightest sign of infiltration. The growth was removed and the larynx was closed. The patient has now a very fair voice and has resumed his occupation as cabman. The question of recurrence is of course as yet in abeyance.

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TREATMENT OF WHOOPING-COUGH BY NASAL IRRIGATION.

By EDWARD MAGENNIS, M.D. R.U.I., D.P.H. R.C.S.I.

FORMERLY the treatment of whooping-cough was most unsatisfactory, but now I think it may be hoped that a method has been found of combating and conquering this serious and distressing disease. I have for a long time been of opinion that the origin of this complaint was located in the Schneiderian membrane and this belief has been strengthened by the report of a case published by Dr. E. M. Payne in a medical journal some weeks ago. Acting on this hypothesis I have recently treated two cases, a girl, aged two years and three months, and her brother, aged 10 months, by irrigation of the nares with warm carbolic lotion. There can be little doubt that the disease is produced by a specific organism, as Afanassjew discovered large numbers of bacilli in the sputum in this disease, and

Hewlett in his Manual of Bacteriology says: "Koplik, by sowing the pellets on solidified hydrocele fluid, obtained a pure culture of a small and delicate bacillus measuring 0.8 to 1.7 μ in length." The bacilli being found in the sputum could be accounted for by the escape of mucus by the posterior nares or by the extension of the disease from the Schneiderian membrane to the pharyngeal or laryngeal membranes. The strength of the lotion which I used was 1 in 40 with a little glycerine added. I procured a two-ounce syringe with an indiarubber nozzle, so that when it was in the nares it could not do any harm, no matter how the child struggled. Three syringefuls were injected into each nostril three times a day. I had only once to show the mother how to use the syringe and afterwards she and the nurse had very little trouble in using it. It is a good plan to bind down the arms with a towel or binder before using the syringe. The result of detailed daily notes of the paroxysms and amount of cough tended to prove in both cases that treatment directed to the Schneiderian membrane by thorough irrigation diminished the frequency of the paroxysms and cough and greatly reduced the duration of the disease. Of course, in this mode of treatment there is a risk of some of the fluid getting into the Eustachian tube.

Dublin.

A Mirror

OF

HOSPITAL PRACTICE,

• BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv., Proœmium.

WEST LONDON HOSPITAL.

A CASE OF TETANUS NEONATORUM.

(Under the care of Mr. W. McADAM ECCLES.)

AT present it cannot be doubted that practically all cases of tetanus neonatorum are the result of infection with the tetanus bacillus, and this is especially true if the disease is epidemic; but it is possible that some of the cases which have been thus named are examples of convulsions the result of cerebral injury at birth; at least, this has been the opinion of careful observers, such as Marion Sims, and certainly in some cases injury at the base of the brain can be found. However this may be, the vast majority of the cases are examples of true tetanus. The case recorded below is of great interest in that the antitoxin was employed and the successful result is noteworthy. For the notes of the case we are indebted to Dr. J. John Abramston.

An infant, aged 14 days, was admitted to the West London Hospital on July 29th, 1901, under the care of Mr. McAdam Eccles. The mother stated that up to the previous Tuesday (July 23rd) the child was breast-fed; after that he refused the breast and took food by teaspoonfuls. He passed urine freely the first week after birth, but since then he had done so with difficulty. His bowels had been confined for two days previously to admission. He was brought to the hospital because the mother found suddenly that she could not get the child's mouth open to feed him, and that he was seized by "fits" every time he was touched.

After admission the child was found to have a fit eight times within an hour. Between the fits the abdomen was very rigid, as were also the muscles at the back of the neck and the muscles of expression. The legs and arms were not so much involved but were more rigid than normal. The pulse was 120 and the respirations were 90. The temperature on admission was 98°F. Each fit started with a cry, the abdomen became as hard as a board, the legs and arms were drawn up into the foetal position, and the hands were clenched so firmly that a finger placed in the child's palm previously to the attack was gripped so that the whole body could be lifted *en masse* by it. When the open palm was placed under the child's heels the body could be lifted from the bed in one piece until he stood on his head. The face and forehead were puckered into a painful grin, respiration