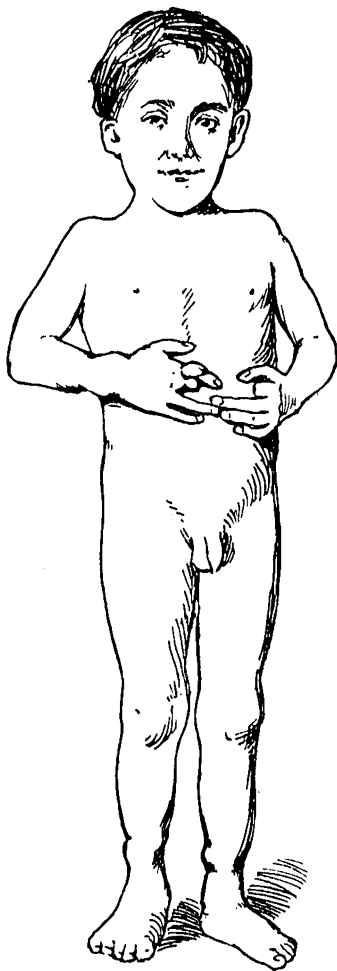


bowel connected with the yet unclosed wound. The only ill effect noticed from the necessarily free opening of the sacral canal has been a marked hyperæsthesia of the cutaneous surfaces for a considerable distance above and upon either side of the wound. The patient has improved rapidly in his general condition and in restoration of color, and has been sitting up and walking about his room for a week. He was discharged from the hospital November 5th, the twentieth day after the operation.

It will be interesting to note the subsequent history of the patient, the cicatricial closure of the wound with the patency of the bowel maintained, and the possible return of the disease. So far as I am able to determine, the disease was limited to the intestine, and no enlarged glands were found.



A POSSIBLE CASE OF MATERNAL IMPRESSION.

BY JOHN LOVETT MORSE, M.D.

WILLIE M., three and one-half years of age, was born at full term after a normal labor. About the middle of her pregnancy, his mother was very much shocked at seeing a relative who, unbeknown to her, had had both legs amputated after an accident. All her other children have been well formed and there is no history of such malformation in the family. The constrictions involve bones as well as superficial struc-

ures. The use of the limbs is, however, perfectly normal. The case seems suggestive, at least, of maternal impression.

A BAD FAMILY RECORD.

BY O. T. HOWE, M.D., LAWRENCE, MASS.

A YOUNG lady, sixteen years of age, came to me recently for hæmorrhage from the lungs, and gave the following family history:

Her grandfather, Mr. D., died when middle-aged of phthisis. He left six children. Mary Eliza died when three years of age, Alice and Katie when twenty, and Mark (her father) when thirty-two, all of consumption. Another daughter, Margaret, is now sick with the same disease. The grandfather had one brother, who died when middle-aged (cause not known), and left eleven children. Of these, five have already died from, or are now in, consumption, and one is subject to hæmoptysis. Of these twelve cases I have known personally quite a number. They were fine, healthy subjects and one (Mark) an athlete. Almost all these cases developed after the children had left home, and when they were not exposed to any contact with the disease.

Medical Progress.

RECENT PROGRESS IN LARYNGOLOGY.

BY A. COOLIDGE, JR., M.D.

PACHYDERMIA OF THE LARYNX.

McBRIDE¹ gives a very good description of this rather rare condition, so rare that until the illness of the Emperor Frederick of Germany it attracted little attention. At that time Virchow described symmetrical elongated swellings of oval shape, found in the region of the vocal processes. In association with these swellings the epithelium of the vocal cords is generally found thickened, and sometimes a very marked development of epithelium is found in the interarytenoid region. Later, Fränkel described the swellings on the vocal processes, often showing in their centre a pit or hollow, and often of a whitish-rose or red color. The microscope shows great thickening of the epithelium, horny changes in the outer cells and multiplication of papillæ. Sometimes the swelling appears upon one vocal process only, and a corresponding pit or depression is seen on the opposite cord. Another position in which pachydermia may occur is in the interarytenoid space, the position which, as is well known, is frequently the seat of incipient tubercular infiltration. Several cases have now been collected from different authorities, describing these tumors in both of these situations. Many of those in the latter position occurred in tubercular subjects, and should consequently be classified as phthisical pachydermia, as distinguished from idiopathic pachydermia. The difference in diagnosis between these two conditions is thus made by McBride: In the idiopathic variety the swelling rises gradually without any very definite margin so far as shape goes, although the color is distinctly defined, being of a whitish-gray with just a tinge of pink. The outline is smooth or finely granular, with sometimes a furrow or cliff. In the interarytenoid

¹ Edinburgh Medical Journal, April, 1893.