

moreover, that the essence of absinthe is a valuable agent for the study of the mechanism of epilepsy, and for the observation of the changes in the cerebral or retinal circulation which accompany the different periods of the attack.*

CASE OF
PRIMARY SCIRRHUS CANCER OF THE
LARYNX; TRACHEOTOMY.

By EDWARD J. COOKE, B.A., M.D. T.C.D.

JAMES B—, aged fifty-eight, came under my care while residing at King's Lynn in July, 1872, and gave me the following history of himself. For several years he had suffered on slight provocation from severe colds and sore-throat, attended with aphonia, which conditions were daily becoming more aggravated. He was very weak, and had some difficulty in swallowing, together with a fixed pain behind the thyroid cartilage; cough and expectoration troublesome, the phlegm often mixed with blood; loss of appetite. No history of syphilis or phthisis, but had in his early years been addicted to habits of intemperance.

I prescribed iodide of potassium in ten-grain doses three times daily with bark, also one tablespoonful of cod-liver oil once a day. Locally I applied a strong solution of iron and gargles of tannic acid with some good effect. Later on I found most benefit from the daily application of a forty-grain solution of the nitrate of silver to the ounce of water. In September he went to London, and became an out-patient at the Victoria-park Hospital, where, in addition to my internal treatment, he was ordered the iodine spray, which he continued for about six weeks, when his condition became so serious that he was advised to return home immediately, which he did on Nov. 14th, but I never heard exactly what his medical adviser thought of him. I saw him on the evening of his return; he was quite exhausted by his journey; the aphonia had increased, and swallowing was almost impossible. I prescribed an antispasmodic mixture, hot sponges to be applied to the throat, and the room to be kept warm by means of steam vapour.

Nov. 15th.—Had a wretched night; symptoms most alarming. Had an immediate consultation with my colleague, Dr. Lowe, and we agreed that tracheotomy was urgently demanded, as affording the only chance for my patient's safety.—2 P.M.: Respiration 64; pulse 140. I proceeded to open the trachea, without chloroform, and was somewhat hindered towards the latter part of the operation by the hurried breathing, which rendered any fixation of the trachea difficult even for a moment. After cutting upwards through three or four rings of the trachea, air began to enter, but was much impeded by quantities of purulent mucus, which almost filled the opening, so much so that it was with much difficulty the tube was first introduced, and had to be extracted immediately, as the patient's breathing was so obstructed for a few minutes by the cause above-mentioned. After a few minutes the tube was again introduced, and retained in position by means of tapes round the neck. The hæmorrhage, which was of a venous character, was slight. I was ably assisted during the operation by Dr. Lowe and Mr. Plowright. The latter kindly remained with the patient for several hours, and was constantly employed in keeping the tube free.—8 P.M.: Pulse 100; respiration 32; expectoration less; slept at intervals.

16th.—Slept several hours during the night. Pulse 96; respiration 30. Deglutition less difficult; took quantities of beef-tea, eggs, &c. Wrote on the slate he felt more comfortable than he had done for months. During the morning the tube slipped out three times; eventually I put in one larger, and with a sharper curve, and had no further trouble with it.

21st.—All conditions improved. Pulse 86; respiration 28. Sleeps most of his time.

30th.—Wrote on the slate that he felt much better. Can speak a little when his finger is applied over the opening of the tube. Can swallow freely.

It would be tedious to relate his daily history, and it will be sufficient to state that he continued to improve for about five weeks, when a small and painful abscess appeared in the thyro-hyoid space, which I opened on three occasions. This led me still more to regard the case as one of diseased cartilages. The laryngoscope from the first gave no accurate evidence of the true condition of the parts affected beyond turgescence of the epiglottis and vocal cords, the larynx being so sensitive as to render careful examination impossible. This small abscess now disappeared, and was soon followed by pain about the artificial opening, as if something pressed on the tube and also hindered deglutition. On removal of the tube, I found it was pressed out of its course by what seemed to be large unhealthy granulations. These I reduced by application of nitrate of silver. After this he again took large quantities of nourishment—port wine, &c.—and sat up daily; could eat an apple, and seemed to gain much flesh. About the end of March he felt much pain in the right parotid region, followed by a very tense swelling, which I poulticed; this gave some relief. Perspires very much; tendency to a low form of bronchitis. Towards the end of April I opened this swelling, but got no matter, only serum. The opening healed rapidly. On July 1st saw him for the last time. He was much weaker, but sat in the open air when weather permitted. About the middle of July his wife wrote to inform me he was unable to leave his bed; all fluids passed through the tube. He now suffered very little pain till the night before he died, which was passed in great suffering, and he expired August 15th, exactly nine months from the date of operation.

Notes of the post-mortem appearances were supplied me by the kindness of Mr. Plowright, then house-surgeon to the Lynn Hospital. There existed the remains of an extensive abscess of the right side of the larynx, reaching upwards to the angle of the lower jaw, "which was roughened"; the vocal cords were destroyed, the upper portion of the larynx being grown up by what both Dr. Lowe and Mr. Plowright pronounced to be a "scirrhous mass"; the abscess also extended downwards into the chest, and it was surprising how any one could have lived so long with such a mass of complicated disease in his larynx, which was all but impervious. The thorax was not examined.

Remarks.—The post-mortem examination revealed a state of things which up to my last visit was not suspected, as I looked on the disease as strumous ulceration of the cartilages, and regret that repeated attempts to examine his larynx failed, owing to the extreme sensitiveness of that organ, and later on to his inability to open his jaws wide. The case cannot fail to be of interest to the profession, not only from the prolonged existence of the patient, but also from the fact that cancer is happily a rare primary disease of the larynx, only a few cases having been demonstrated during life by Dr. Walker, of Peterborough, Sir Duncan Gibb, of London, and Dr. Johnson; that it generally exists in the epithelial or medullary form, and, according to the most reliable authorities, chiefly as a secondary disease. As far as the operation is concerned, this case undoubtedly proves, with many others, that, even under the most extreme circumstances, tracheotomy often furnishes most encouraging results, the greatest danger being delay.

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SLIGHT INJURY TO LEG; SUDDEN DEATH;
THROMBI IN RIGHT VENTRICLE
FROM POPLITEAL VEIN.

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THE following case presents many points of similarity to those lately published in THE LANCET by Surgeon Thomas Browne, M.D. (June 27th, 1874, p. 901), and Mr. Geo. G. Gascoyen (Aug. 8th, p. 189). For the life-history I am indebted to Dr. Stewart, of Southwick-street; for the post-mortem notes I am entirely responsible.

R. G—, aged forty-nine, a healthy, spare, though largely-made man, of active and temperate habits, slipped, on June 1st, 1874, through the rounds of a ladder, and

* Magnan: Recherches de Physiologie Pathologique avec l'Alcool et l'Essence d'Absinthe. "Epilepsie" (Arch. de Phys. Normale et Pathol., Mars et Mai, 1873), &c.