CLINICAL LECTURE ON SPASM OF THE LARYNX.

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GENTLEMEN,—We have recently had in the hospital a woman who, at the time of her admission, presented symptoms which a careless observer might have supposed to indicate the existence of laryngitis. H. W., aged 24, unmarried, and having no regular employment, was admitted on the 1st March. She says that a fortnight ago her breathing suddenly became noisy and difficult, and her voice feeble; these symptoms continued until the time of her admission. I saw her in the laryngoscope-room before her admission. She was breathing hurriedly, about thirty times in a minute; both inspiration and expiration were attended with loud stridor; her voice was feeble and whispering. The fact that the breathing was hurried indicated that the laryngeal symptoms were nervous, and not the result of organic disease. When structural disease within the larynx impedes the entrance of air, the respiration is slow and laborious as well as stridulous. With the aid of the laryngeal mirror, I immediately got a good view of her larynx, which I found free from redness, swelling, or other structural change; but I saw that by an irregular action of the muscles the glottis was partially closed during inspiration; hence arose the laryngeal stridor. She told us that on several occasions during the last seven years she had suffered from similar attacks, lasting from one to six weeks. She had also experienced other symptoms of a nervous character. Thus four and a half years ago she had partial loss of power in the left arm, which continued for some weeks, and then gradually passed away. Two years later she had a similar affection of the right leg, for which she was, after some time, admitted here under my care. She gradually regained power in her leg, but even now it is somewhat weaker than the other leg.

From this history it is evident that our patient is of hysterical temperament, and there could be little doubt that her laryngeal symptoms were the result of spasm. In order to test this still further, we put her under the influence of chloroform, and we found, as we anticipated, and as we have before seen in similar cases, that, as soon as the chloroform took effect, the breathing became quiet and entirely free from stridor. The obstruction in the larynx having been the result of muscular spasm, was entirely removed by the relaxing influence of the chloroform. We now sent her into the ward and prescribed ten grains of chloral every six hours. After she had taken a few doses of the medicine, the breathing became quiet and the stridor ceased. After the cessation of the laryngeal spasm and stridor, her voice remained feeble and whispering; she had hysterical aphonia. For this symptom we galvanised the larynx. The first application of galvanism did not restore the voice; after the second sitting the voice returned for a few hours, but again it became a mere whisper; and it was not until after a third and fourth application of the galvanism that the voice was permanently restored to its natural tone and strength.

In some cases of nervous aphonia the galvanic stimulus instantly restores the voice. The day on which this patient was admitted a young woman applied to us on account of loss of voice, which had continued for six weeks. Seeing that her larynx was quite healthy, we applied galvanism; she uttered a loud scream, and on the instant her voice was restored.

Now let me remind you that cases of spasm of the larynx arrange themselves in various groups.

1. There are the cases of hysterical laryngismus, of which our patient, H. W., affords a great illustration.
2. We have laryngismus stridulus, or crowing inspiration of children, closely allied to which is the laryngeal spasm, associated with the epileptic cry and convulsion.
3. Laryngeal spasm, the result of pressure on the pneumogastric nerve or its recurrent branch by an aneurism or other tumour within the chest.
4. Lastly, laryngeal spasm may result from direct irritation of the larynx by the presence of a foreign body, by the inhalation of irritating gases or dust, or by inflammation of its mucous membrane. Much of the distress which results from catarrhal laryngitis in persons of nervous

excitable temperament, and especially in children, is a result of laryngeal spasm.

Amongst the remedies for spasm of the larynx, from whatever cause arising, chloral occupies a foremost place. Its operation is similar to that of the vapour of chloroform, but it has the advantage of a much more durable action, so that by regulated doses the patient may be kept continuously under its influence. Chloral is not only the best antidote for the purely spasmodic affections of the larynx, such as hysterical laryngismus, and the laryngismus stridulus of children, but also, combined with other remedies, for the spasm which often complicates and aggravates laryngitis. In cases of inflammatory croup, the combination of chloral with ipecacuanha is most beneficial. As yet I have had no opportunity of giving the chloral in a case of spasm excited by pressure on the pneumogastric nerve, but even in these painful cases it will probably be found useful as a palliative.

The case of aneurism, from which the specimen on the table is taken, occurred before we had learnt the therapeutic value of chloral. J. H., aged 31, a hawker, of intemperate habits, was admitted under my care on June 16th, 1863. About seven weeks before, he first experienced a sensation of stoppage in his throat, and lost his voice. These throat-symptoms continued until the time of his admission. For eight days prior to admission, he had experienced difficulty in swallowing solids. The symptoms on admission were cough, with dyspnoea and loud laryngeal stridor, hoarseness, and difficulty in swallowing solids. On laryngoscopic examination, I found the mucous membrane of the larynx slightly congested, but there was no swelling, the arytenoid cartilages were freely moveable, and the glottis opened wide during inspiration. At the time of the examination the breathing was not stridulous. It was evident from this examination, that the laryngeal symptoms were not the result of laryngitis or of other structural disease within the larynx. Aneurism of the aorta was suspected and carefully sought for; but there was no physical sign of aneurism, no dulness on percussion, no pulsation or abnormal murmur, and the pulse at the two wrists was equal.

On the 18th, two days after his admission, he brought up a few mouthfuls of florid blood.

On the 20th, at 1.15 P.M., he suddenly became faint, and vomited about three quarters of pint of a florid blood. When I saw him at 1.45 P.M., he was still pale and faint, as if from internal hæmorrhage. No more blood had been vomited, but there was dulness on percussion over the stomach, and it seemed probable that the stomach was becoming filled with blood. He continued to sink gradually, and died at 5 P.M. An aneurism of the size of a small orange was found at the back of the transverse portion of the arch of the aorta. The aneurism had opened into the œsophagus, and the stomach was full of blood. The left pneumogastric nerve passed in front of the aneurism, and was somewhat flattened by pressure, while the recurrent branch passed behind the tumour in its course upwards to the larynx. The appearances are well preserved in the preparation before you.

Many years ago, I was asked by a friend to examine the body of a man who died of what was believed to have been acute laryngitis. I found the larynx quite healthy, but in the anterior mediastinum there was a cancerous tumour, which involved the pneumogastric nerves. The laryngeal symptoms had been the result of spasm, and not of inflammation.

Before the introduction of the laryngoscope, it was often difficult and sometimes impossible to distinguish between the various forms of spasm and of structural disease within the larynx; now, with the aid of the mirror, we rarely have either doubt or difficulty in the diagnosis of this important class of diseases.

OBSTETRIC MEMORANDA.

SPONTANEOUS EVOLUTION.

WHEN I first saw the patient in this case (Mrs. M.), she had been in labour for sixteen hours. The pains were recurring regularly and with moderate force; and, on making an examination, I found the child's left hand protruding from the vagina. I saw her a short time afterwards with Dr. Langstaff, and then the entire forearm and arm were visible. We attempted turning, but without success, and concluded that evisceration would be necessary to remove the child's body; when suddenly the breech presented, and in a few moments the woman was delivered. She had not an untoward symptom afterwards. She is thirty years of age, and has already had two children, each of whom was delivered naturally.

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