Q. What is your trade?—A. A dyer, in the strees—ah! ah! (making gestures of perplexity)—in the skins. Q. How are they dyed?—A. In the kins—in the kins. Q. What do you dye?—A. Ah! ah! (gestures of perplexity)—rabbits, and all manner of— Q. All manner of what?—A. (Gestures of perplexity) Amarris—rab—bits—and the others. Q. What others besides rabbits?—A. Rabbit, rab—bit skins—me, merikins. Q. What skins do you get from America?—A. There's, ah, ah (gestures of perplexity)—rabbits, and, and, squirrel tails as well. Q. What do you do with them?—A. The little things the women have (stroking his breast)—the maws. Q. How long does it take?—A. Sometimes a day; sumsums two or three. Q. How much do you get at it?—A. Se, seventeen shillings. Q. A day, or a week?—A. A we—week. Q. Where do you live?—A. Collingwood Street. Q. Where is that?—A. Just over there (making gestures of perplexity, and pointing), in Whitechapel (pointing), over there, you know—North Street. Q. What parish is it in?—A. Oh, oh (gestures of perplexity), I can't, cause of my— Q. What parish?—A. Mesmes Green.* Q. What is your brother's trade?—A. Sum-boilers (gestures of perplexity). Q. Sugar-boilers?—A. Yes. Q. What had you for breakfast this morning?—A. (Gestures of perplexity) Eh, eh—bread and butter, and—ah, ah, I can't say it—egg, egg. Q. What for dinner?—A. Meat, and meg—I can't say some of 'em—potatoes—beer. Q. What meat?—A. Beef (shaking his head)—I can't think of it. Q. What meat comes from sheep?—A. Ah, ah—you see it sticks always (pointing to his mouth); button—no, no, I can't—mutton—no, no, I can't say it. Q. What comes from pigs?—A. Bakacon (shaking his head)—bacon. Q. What from a young sheep?—A. Ma—mare (gestures of perplexity)—mag. Q. Is it lamb?—A. Yes, of course, if I could say it. Q. Say lamb.—A. I know how, if I could—only it's so thick.

The patient returned to his work; and all I know further of his case was, that he was brought to the hospital dead, May 10th, 1870, having had a fit.

Necropsy.—There were vegetations on the aortic, and on the chordæ tendineæ of the mitral, valves; the aortic valves were incompetent; and the left ventricle was very greatly hypertrophied. In the brain, there was softening on the left side in the district of the middle cerebral artery. The softening affected the outer part of the island of Reil, the lower part of the third (lowest) left frontal convolution, and about the lower third of the ascending frontal and ascending parietal convolutions. The third left frontal convolution, however, was only slightly touched on the under surface where it borders on the ascending parietal. The softening extended inwards to the extraventricular part of the corpus striatum and to the optic thalamus; the mass of these bodies was uninjured. The parts described as softened were diffuent, and of a mortar-like colour. No plugs were discovered in any of the arterial branches of the left middle carotid artery. There was an old embolic patch in one kidney, and a recent red one in the other.

THE GAINS DERIVED FROM THE USE OF THE LARYNGOSCOPE.

By ARTHUR TREHERN NORTON, F.R.C.S.,
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DR. GEORGE JOHNSON, in an able article in the BRITISH MEDICAL JOURNAL of May 23rd, on the Gains Derived from the Use of the Laryngoscope, refers to certain forms of paralysis of the laryngeal muscles, and remarks that, as they are difficult to explain, they must be left to the physiologist.

The physiologist, however, often relies upon accidents of nature and disease for the advancement of his science; and in the present instance, I think, our knowledge of anatomy, aided by manifest effects of disease, may prove the physiological argument. Dr. Johnson says that, when one pneumogastric or recurrent laryngeal nerve is compressed by an aneurism or other tumour, paralysis of the laryngeal muscles of that side only might be expected, but he instances cases in which compression of one pneumogastric or recurrent laryngeal caused paralysis of both cords. I think, however, we must conclude that compression of any particular nerve in its course may convulse or paralyse the muscles which it supplies, but certainly not those which it does not supply; and we must, therefore, presume that some other reason exists for any apparent paralysis of both sides when one nerve only is compressed. Anatomy teaches me, and my practice supports the view, that if a recurrent laryngeal nerve be compressed sufficiently to produce paralysis, there remain the crico-thyroid muscle, and in part the arytenoid, not affected. The crico-thyroid, no longer counteracted, holds the vocal cord of that side in a state of tension.

* Collingwood Street runs off North Street, Bethnal Green.

By the laryngoscope, it is seen that the cord is tense, and does not move either during respiration or phonation; phonation is necessarily hoarse, because the two cords are not adapted for the same pitch of the voice; respiration is but little affected, because the unaffected muscles can open the glottis sufficiently wide for the required amount of air to enter, unless excited by exertion when the space is insufficient, and inspiration is accompanied by stridor.

If both recurrent laryngeal nerves were affected, it appears to me that respiration could not be carried on, for there would be no power to open the glottis; whilst, on the contrary, the tensors of both cords, not being paralysed, would hold the glottis more firmly closed; therefore, slight compression of both nerves would be accompanied by stridulous breathing and dyspnoea, and, as the paralysis became complete, breathing would cease.

The following case illustrates paralysis of all the intrinsic muscles of the larynx, for, as will be seen, there was no fixed point for the muscles to act upon.

A patient came under my charge, at St. Mary's Hospital, suffering from subacute laryngitis. There was tumefaction of the whole mucous membrane, and about and behind the cartilages of Santorini the tissue was cedematous. Both lungs were tuberculous, and I looked upon the case as one of tubercular laryngitis. She was taken into the hospital on account of dyspnoea.

During the following week, the dyspnoea increased, and the respiration became stridulous; and I, therefore, performed tracheotomy.

In about three weeks, the laryngitis had subsided, and the lining membrane had become normal, yet no inspiration could be taken, any attempt to inspire approximating the cords. The tracheotomy-tube was obliged to be retained.

After six weeks, the patient died, with large vomice in both lungs.

At the *post mortem* examination, it was found that the cricoid cartilage had necrosed; the soft tissue between it and the œsophagus had given way, and the main portion of the cricoid had been probably swallowed; only a small portion of the anterior ring of the cartilage remained; all the rest had disappeared, yet the mucous membrane of the larynx was sound, and no communication existed between it and the œsophagus.

The reason was now evident why an inspiration could not be taken: there was no attachment for the arytenoid cartilage, and there was no power to open the glottis; therefore, air rushing towards the glottis filled the ventricles of the larynx and pressed the cords together in much the same way as a reflux of the blood in the aorta closes the sigmoid valves, but air was not prevented from passing from the lungs to the mouth, and so the patient could whisper.

This case precisely corresponds to one of paralysis of both sides, and it shows that with paralysis of both sides no respiration can take place, precisely what anatomy would teach. I would say, therefore, that paralysis of both cords does not take place from pressure upon one pneumogastric or one recurrent laryngeal, and that, if from any cause paralysis of both cords take place, death at once ensue unless tracheotomy be performed.

It may be borne in mind that, if one recurrent laryngeal be paralysed and the cord of that side rendered tense by the crico-thyroid muscle, the cord of the opposite side is also necessarily rendered somewhat tense, and may appear, to an extent, paralysed, inasmuch as its movement is less than normal; but the paralysis is only apparent and not real.

A CASE OF FIVE DISTINCT HERNIÆ IN ONE INDIVIDUAL.

By GEORGE J. MURIEL, M.R.C.S.,
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THE subject of this history was C. P., a girl 21 years of age, very tall, being over six feet, her trunk especially being unusually long. The pelvis was well formed, but above the general run in all its measurements. The breasts were almost entirely undeveloped. Her occupation had been that of a milliner. Her expression was florid, but she always had a worn look; her natural temperament was lively and spirited; she was certainly not of a hysterical nature, but was healthy in general external appearance.

About three years ago, I was first called in to attend her, and found her the subject of a large femoral hernia on each side, and also a much larger one coming through the great sacro-sciatic foramen on the right side. Her mother told me that she first felt this sacro-sciatic hernia when about 12 years of age, and it was then about the size of a pigeon's egg. The mother's attention was then called to it by the girl's complaining that, when she went to the water-closet, "something came down which hurt her". The sight of it frightened the mother, and she