in 1903 had suggested that pre-natal tuberculosis might in some cases possibly be caused by the foetus swallowing liquor amnii containing tubercle bacilli derived from a disintegrating lesion of the placenta. How rare cases of true congenital tuberculosis must be may be judged by the fact that in 1916 one of us was able to summarize all the hitherto proved and probable cases of true congenital tuberculosis in a short article published in the *British Journal of Children's Diseases*.¹¹

In our present paper it would perhaps have been better to use the term "malignant melanoma" instead of melanotic sarcoma, as it might possibly be suggested that the primary growth in the mother (the site of which is not certain) was a melanotic carcinoma. The tumours in the child's liver were obviously of multiple metastatic type, and it is the absence of any primary tumour in the child that makes the case unique, the real primary growth having been, of course, in the dead mother. The inoculation of the child may have taken place not long before, or even at, birth.

The liver, now in the museum of the Royal College of Surgeons of England, was demonstrated by us on February 28th, at the Section for the Study of Disease in Children, of the Royal Society of Medicine.

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APHONIA, DYSPHONIA, AND THE "SINGER'S ATTITUDE."

BY

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At the last meeting of the Section of Laryngology of the Royal Society of Medicine I referred to my application to the treatment of functional aphonia of Mr. Negus's observation that in certain animals, particularly the climbing ones, the efforts made with the fore limbs were accompanied by an approximation of the vocal cords. Mr. Negus kindly placed at my disposal an apparatus containing a strong spiral spring, which resisted the pressure made by the hands on the two ends. The result was most satisfactory, as the involuntary approximation of the cords added a valuable additional factor in the restoration of voice. I found that in the absence of the spring-pressure instrument a similar result was obtained by making the patient press together my hands or those of a nurse standing behind her (or him). This procedure helped to restore the voice with less frequent resort to the distressing faradic stimulation which is sometimes inevitable.

In the treatment of singers suffering from functional difficulty in voice production with paresis of the internal tensors or transverse arytenoid muscles (elliptical glottis or posterior triangular gap) I have found this "arm-adduction" pressure most helpful. The following is a recent case in point.

Miss Y., aged 23, a contralto of considerable ability who had been studying singing for over a year, found that for some weeks her voice was husky and the "attack" uncertain. The laryngoscope showed imperfect approximation of the cords, the vibrating parts of the cords having an elliptical opening between them and the cartilaginous portion a triangular one. The "arm-adduction" against resistance was followed by an approximation of the cords

to almost the normal degree, and with it a great increase in the certainty of the "attack." The confidence in herself, which is of such importance to a singer, was again established, and she was at once able to apply the appropriate general principles inculcated by her teacher with every success.

The "attitude" adopted by many singers in which the hands are held together as in prayer, or in holding a little book of the words, is in most cases probably a fashionable affectation, but it may become an extra help in producing approximation of the cords if the hands are not merely in contact but compressed together. I can conceive this application of the attitude described as being of great use to a singer. It should, however, be accompanied by the lower lateral costal method of breathing, which is, for singing purposes, probably the best.

Among other ancillary helps towards combating the perverse gaping of the glottis in functional aphonia I find induction of the "inspiratory phonation" of the vowel sound "ee" followed by the expiratory "aw" effective in spite of, or, perhaps all the more, on account of, the grotesque effect. Another adjunct is the application of "Bárány's noise-box" to the two ears while asking the patient such a question as he may be anxious to answer. If the noise is suddenly turned off while he is giving his answer he may be surprised at the discovery that he is talking in a loud or even shouting voice.

I am grateful to Mr. Negus for his masterly investigation, and am pleased to have given it immediate clinical application.

A NOTE ON DISSEMINATED SCLEROSIS.*

BY

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DISSEMINATED sclerosis is one of the most common organic diseases of the nervous system met with in Northern Ireland, and apparently occurs more frequently here than in other parts of the world. In the Royal Victoria Hospital, Belfast, 728 cases of disease of the nervous system were treated in the wards during the past three years, this total including neuroses, psychoses, epilepsy, chorea, and neuritis; 106, or 14.5 per cent., of these were cases of disseminated sclerosis. I have analysed 100 cases, 40 of which were under my own observation. From this analysis I have obtained statistics regarding the sex, age, and occupational incidence, also mode of onset and relative frequency of certain symptoms. Doubtful cases were rejected, and the possibility of syphilis was invariably excluded.

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Although the disease is stated to be equally common in males and females, I found that males were more frequently affected, the proportion being 3 to 2 (males 61, females 39). The onset is most common between the ages of 20 and 40; the average age at onset was 29, the youngest patient being 11 years and the oldest 59. Five children under 15 were affected, and three adults over 50. As regards occupation, two-thirds of the patients were town workers and one-third country workers; 10 per cent. were farmers. The hospital records show that in 1927, out of a total of 5,450 in-patients treated, 540, or 10 per cent., came from the country, and 157, or 3 per cent., were farmers.

This would seem to indicate that disseminated sclerosis was three times more prevalent in farmers and in people living in the country than among those dwelling in towns. To check this I analysed another series of medical cases (heart and kidney), and found, somewhat to my surprise, that the proportion of country cases was only 10 per cent. and farmers 2 per cent. From these findings there would seem to be no doubt that disseminated sclerosis is more common among those living in country districts. The occupational statistics which I have given do not seemingly support the contention that this disease is more common in wood workers.

Heredity seems to have no bearing on the incidence of infection. Even in families with a definite neuropathic history disseminated sclerosis does not necessarily show

* Condensed from a Presidential Address delivered to the Ulster Branch of the British Medical Association.