

with tenacious mucus, which the child was unable to get rid of by expectoration; for the lung-tissue, although collapsed, was not inflamed, and the bronchitis was scarcely in itself severe enough to have proved dangerous, except as a complication of the graver disease. In fact, however, I regard both the bronchitis and the collapse of lung as having resulted from the laryngeal affection; the former having probably been mainly occasioned by the gravitation downwards of the acrid fluid, from the larynx and trachea, consequent upon the patient's inability to expectorate. The collapse of lung doubtless arose, as it so often does in the bronchitis of children, from the imperfect admission of air into the lungs during inspiration, partly in consequence of the obstruction in the larynx and trachea, partly from the choking up of the bronchial tubes with tenacious mucus. This latter, again, was in a great measure owing to the inability to cough it up, consequent on the want of power to take such a full inspiration as necessarily precedes the act of coughing. This was therefore eminently a case of diphtheria, fatal in consequence of the local manifestations of the disease, and it was in the conviction that these constituted the real danger of the case that I entertained no doubt respecting the propriety of endeavouring to save the patient by tracheotomy.—*Lancet*, June 3, 1865.

ANEURISM OF THE THORACIC AORTO.

Dr. Potain, of the Hospital St. Antoine, gives, in *L'Union Médicale*, an interesting case, in which aneurism of the thoracic aorta was diagnosed by means of the laryngoscope. The patient, on admission, suffered mainly from cough, aphonia, and dyspnoea, and was treated for laryngobronchitis. But as the treatment had no effect, M. Potain, convinced that the mischief lay in the larynx, examined the organ with the laryngoscope; and, to his surprise, found the mucous membrane in a perfectly healthy state. The cause of the aphonia, however, was at once explained by a complete paralysis of the left vocal cord. Hence, it appeared probable that the left recurrent nerve was affected in some part of its course. On further investigation, M. Potain was able to observe deep down in the trachea on its left side a reddish and projecting surface, which prevented the first division of the bronchi from being seen. No pulsation, however, was observed in it. This fact, however, with certain auscultatory signs, led to the diagnosis of aneurism, which was confirmed by autopsy. The recurrent nerve was found closely pressed between the tumour and the trachea; it was flattened and transformed into a kind of ribbon, and could only be recognized by its continuity with the pneumogastric nerve. All the laryngeal muscles supplied by the left recurrent were more or less atrophied.