

Original Communications.

A case of Laryngotomy. By E. H. TRENHOLME, M.A., M.D., C.M., B.C.L., Professor of Midwifery and the Diseases of Women and Children, University of Bishop's College.

Read before the Medico Chirurgical Society of Montreal.

At 4 a.m., June 18th, 1873, I was called out of bed, and on opening the door admitted to my study Mrs. N., of N. Street, in a state of aphasia and apparently moribund condition from want of breath.

How the patient managed to reach my door I cannot understand, but I suppose the energy of desperation and the assistance of a cousin who accompanied her enabled her to do so.

I learned by signs and scarcely audible articulations that she was choking and dying. Placing her on a chair I sent a messenger for my friend Dr. Kennedy, and prepared everything for the operation of Laryngotomy which was performed as soon as he arrived.

The incision was made through the skin and cellular tissue to about $\frac{1}{2}$ an inch in extent over the cricothyroidean space, and so soon as the hemorrhage, which in this case was considerable, had abated, the membrane was divided to a sufficient extent to admit of the introduction of the tracheotomy tube, which I now show you.

The completion of the operation was followed by immediate relief. As the morning was cold a shawl was wrapped around the lower part of face and neck, and the woman taken home in a carriage. Twice on her way she uncovered her neck in her anxiety to direct the course of the driver; an imprudence strictly forbidden, and which I feared might be followed by serious consequences.

The inner tube of the instrument was changed and cleaned several times during the day, the room kept from drafts, but warm and comfortable. The day and night of the operation were passed in comparative ease and comfort.

June 19th, was sent for early this a.m., as patient after having a good night was troubled for want of breath, and complained of pain in and above larynx.

The tube was cleaned and seemed to give more ease. Carefully examined lungs, but found no evidence of congestion. Skin was rather hard and dry, so I placed her on tr. aconite.

At 11 a.m. saw patient again in consultation with Dr. Howard, when the larynx was examined by the laryngoscope and found to be most intensely con-

gested and the vocal cords considerably thickened. The day and following night were passed in considerable comfort and freedom from pain, except in the immediate side of the larynx, especially on the left side. Could swallow with a little difficulty all kinds of fluid food—applied Solution of perchloride of iron to throat and larynx.

20th June—Complains of more pain in left side of larynx, respiration somewhat labored and shallow. A little bloody mucus passes through canula. Carefully examined lungs, but find no pneumonia.

21st—Early this a.m. about 4 o'clock, after a restless night and much pain in larynx, was almost suffocated by a sudden discharge of about one ounce of bloody mucus and pus, which discharge was preceded by "a sound of something giving way," sufficiently loud to be distinctly and loudly heard by attendants.

The abscess (for such I take it to have been) of the larynx was chiefly discharged through the artificial aperture, although a considerable amount escaped by the mouth.

After the violent spasms and coughing caused by the presence of the fluid in the tubes had abated, the patient felt much easier than heretofore, and no longer was distressed by the pressure of the "lump" in the larynx, and could swallow much easier.

The daily brushing out of the larynx is continued. The aconite omitted; and placed on tr. ferri. mur and phos. acid.

23rd—So well and throat much less sensitive that I removed the tube, and allowed patient to breathe both by mouth and artificial aperture.

Without extending details it may suffice to say that the woman improved every day, and that by 1st July the respiration was entirely normal, the laryngeal opening being quite healed up.

I may add that as my patient is of a tubercular family, and exhibiting the diathesis herself in a marked degree, I have placed her on cod liver oil and syrup of iodide of iron.

Cases of Cerebro-spinal Meningitis. By A. A. FERGUSON, M.D., C.M., Franklin, Q.

On Tuesday, Feb. 14th, 1873, I was summoned to see F. U., a boy aged 15 years. Was informed, that on the preceding morning he had complained of headache, but was able throughout the day to play with the rest of the children; that at eight o'clock that evening he suddenly fell down, was immediately lifted up and found to be unconscious; and that he had remained in that condition all night.

Upon my arrival, I found the patient lying in bed