VOL. XXXIII. No. 12. DECEMBER, 1918.

THE
JOURNAL OF LARYNGOLOGY, RHINOLOGY AND OTOLOGY.

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INFLUENZA.

ALTHOUGH much of the newspaper clamour during the present influenza epidemic is to be strongly deprecated, nevertheless we may, on the whole, welcome it as an indication of the lively interest taken nowadays in matters of public health. And, indeed, it is not difficult to discern in these excursions and alarums of the press the forging of an implement whereby the long-delayed Ministry of Health may at length be erected.

With the wider questions raised by the epidemic we, as specialists, may have little to do, but it is impossible not to ask ourselves what element it is in their nature or in their human soil that confers upon certain contagious diseases the occasional propensity to travel far and wide—a propensity often suddenly manifested, and acquired it would seem in one particular locality. The present wave radiates from Spain; the epidemic of 1889–90 came from Russia.

The notion that influenza spreads on the winds is as old as the human race, but it is a fact that even influenza, the fleetest of all epidemics, can invariably be traced to immediate human contact.

Thus the spread of the disease must obviously lie within our control, if only we knew how to exercise it. And if the first cases of an epidemic could be diagnosed and isolated much illness and loss of life would be prevented.

Unfortunately, it is impossible to recognise influenza the epidemic disease, as such, in the hour of its birth, and even to-day, with all their experience, bacteriologists are speaking in very uncertain tones regarding the morbid agent. Pfeiffer's bacillus may be—probably it is—the cause, but then Pfeiffer's bacillus is found when there is no epidemic, in sporadic cases which remain sporadic. What it is exactly that at one time gives to the bacillus its spreading quality and at another time withholds it is at the present moment unknown to us. And until it is known efforts at isolation must fail, since we are unable to determine when a sporadic case or group of cases is likely to originate a wide-spread and serious epidemic.

For individual protection during the epidemic the use of the surgeon's face-mask or veil both by the patient and by his attendants obviously suggests itself as a protection against the spraying of the

neighbourhood with droplets of infected saliva, and in the second place dishes and other utensils soiled by the patient should be sterilised regularly and all discharges burned. But we do not recommend "sniffing" salt water up the nose as an influential medical corporation has recently done.

Each epidemic wave of disease has certain characters that distinguish it from other epidemics of the same disease. Many observers must be able to recall influenza epidemics in which cases of serious osseous destruction in and about the middle ear were very prevalent. At the present time this grave complication seems to be less common, but we are meeting, on the other hand, with a large number of cases of pharyngeal inflammation, amounting often to cellulitis of the peritonsillar and retropharyngeal regions, sometimes simulating diphtheria, sometimes resembling the more severe scarlatinal throat. Abscess-formation is not uncommon, and there is always great swelling around and enlargement of the cervical glands, with such constitutional phenomena as high fever and delirium. This type of the disease is tedious and depressing to the general health and resistance, but it tends to recovery in most of the cases in about ten days from the onset. D. M.

THE CLASSIFICATION OF THE SYNDROMES OF ASSOCIATED LARYNGEAL PARALYSES.

By Dr. Maurice Vernet (Marseilles).

For their long passage from their terminal ramifications in the muscles of the larynx to their starting-point on the level of the bulbo-nucleus, the nervous motor-fibres of the vocal cords are liable to a great variety of injuries. This is what explains the constantly increasing number of forms which have been described of simple recurrent paralyses and of laryngeal associated paralyses.

The simple recurrent paralyses, that is to say manifesting themselves only by the paralysis of a vocal cord, are well known when they are caused by aortic aneurysm, by cancer of the œsophagus or by goitre, for example.

But as one follows upwards, towards the base of the cranium those recurrent fibres may be seen first going along in the pneumogastric cervical trunk, passing afterwards through the internal branch of the spinal nerve, and effecting, at that level, more and more intimate anatomic connection with the four last cervical nerves—the glosso-pharyngeal, the pneumogastric, the spinal accessory (external branch), and the hypoglossal nerves. These relations of proximity are continued alike in the cranial cavity and even to their starting-point in the bulb, where they are in immediate contact. So, by ascending the recurrent fibres it may be noticed that anatomically every cause of compression or physiological change of these fibres can influence simultaneously to a more or less extent the participation of one or several neighbouring nervous trunks. Simple laryngeal hemiplegia becomes an associated laryngeal hemiplegia. From the great variety of associated lesions a great variety of syndromes result.

There is no one who has not met with real difficulties in the study of such a question, whether in what concerns the *classification* of the syndromes or what refers to their *representation*.