

**AFFECTIONS OF THE
THROAT
AND LARYNX**

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Affections of the throat and larynx by Arthur Trehern Norton

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ARTHUR TREHERN NORTON

**AFFECTIONS OF THE
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AND LARYNX**

AFFECTIONS
OF
THE THROAT AND LARYNX.

THE CLASSIFICATION, DESCRIPTION, AND STATISTICS OF
150 CONSECUTIVE CASES OCCURRING IN

The Throat Department

OF ST. MARY'S HOSPITAL.

BY

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PREFACE.

THIS volume is, with some few alterations and additions, a reprint of Papers on Diseases of the Throat and Larynx which appeared in "The Lancet" in 1870. My object in writing the papers was to give statistics of a series of cases occurring in a public hospital, and at the same time to introduce a simple classification of those affections which, from their hidden position in the throat or larynx, it is difficult or impossible to diagnose without the aid of the laryngoscope.

With the advice of professional friends, and at the request of several medical men personally unknown to me, but who have written to me on the subject, I have undertaken to publish the papers in the present form.

A chapter on the method of applying the laryngoscope has been added; for the proper manipulation of this instrument is the first thing to be acquired by

the surgeon who would treat these diseases. If carefully applied, patients can undergo its introduction into the throat without inconvenience ; but without the strictest care in its application, retching and dread of the instrument are produced, which it is difficult subsequently to overcome.

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Mode of applying the Laryngoscope.

THE whole apparatus for laryngoscopy consists of a lamp ; of a larger reflector, for the purpose of throwing light into the throat; and of a second or smaller reflector, fixed at the extremity of a light metal handle, to be passed into the pharynx. On a clear day the lamp is unnecessary, and the larynx may be seen to better advantage with the ordinary day light.

With regard to the large reflector, it may be fixed upon the forehead of the operator by an elastic strap around the head, or it may be held in a spectacle-frame in front of the eye, the line of vision being maintained through an aperture in the reflector. It is this latter variety that I prefer.

The first thing to be done is to adjust the light, and for this purpose the patient should sit by the side of the lamp, facing the operator. The patient should be requested to open his mouth, and the reflector should be arranged so that the light is thrown well into the throat without cramping the head of the surgeon in its movements.

The tongue of the patient, held in a napkin, must now be drawn forwards by the left hand of the operator ; but in so doing the patient's head must

not be moved. In order not to injure the tongue against the teeth, the left index finger should be placed beneath the tongue, slightly above the level of the teeth, and the tongue should be drawn over the finger without touching the teeth.

The patient should now be requested to breathe with prolonged inspirations and expirations, for by so doing the cavity of the larynx is freely exposed, and the space of the pharynx increased in size.

The laryngeal reflector, first warmed over the lamp, and its temperature tested by applying it to the face or hand of the operator, must now be held lightly in the right hand, like a pen, and passed in a curve along the roof of the mouth—great care being taken not to touch the tongue. The soft palate and uvula will now be pushed upwards and backwards by the reflector, and the reflector, having reached the back of the pharynx, should next be depressed by elevating the hand until the cavity of the larynx comes into view. If the patient be now requested to articulate the expressions, "Ah! Ah!" the cords will be seen to approximate.

When the cords are not closed, several rings of the trachea will be readily distinguished, and with a strong light the bifurcation of the trachea may be occasionally seen.

AFFECTIONS OF THE THROAT AND LARYNX.

IN 150 consecutive cases of affections of the throat and larynx which came under the care of Dr. Sieveking and myself in the throat department of St. Mary's Hospital, nearly every disease was exemplified. I have, therefore, collected the cases into classes and subdivisions, and described the several symptoms which characterised each disease, together with the treatment adopted and the results obtained. I have also illustrated the diseases by a report of characteristic cases, and of cases which, from complications or from some deviation from the ordinary course of symptoms or treatment, have a special interest. It will be noticed that a large number of cases were complicated with, and probably due to, syphilis; and therefore, in giving the number of patients suffering from each disease, I have thought it well to add also the number of cases in which syphilis was present.