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*As we approach the Millennium I thought it would be interesting to see what our forebears were writing about 100 years ago. The Journal of Laryngology, Rhinology and Otology was then published by Rebman Publishing Company, Limited, 11 Adam Street, Strand, London, W.C.—Editor*

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**A CASE OF HYSTERICAL APHONIA WITH VENTRICULAR-BAND  
SPEECH**

BY DR. MIDDLEMASS HUNT

S.M.—, a Jewess, aged twenty-seven, has been more or less under my observation for the past five years. When I first saw her in February, 1894, she had been suffering from hysterical aphonia for about six years, and had on two or three occasions been an in-patient at the Liverpool Royal Infirmary for long periods. She then gave the following story as to the origin of her loss of voice. In the month of February, 1888, her mistress, to whom she was apprenticed as a dressmaker, died suddenly, and being an Irish Catholic, her friends decided to “wake” her, after the custom of her native country. My patient, then a girl of sixteen, was invited to be present, and though very unwilling, she accepted “as they dared her to go.” According to her description, the wake appears to have been a gruesome and drunken orgie. The coffin containing her deceased mistress had been set on end in the middle of the room, and during the progress of the debauch it was accidentally knocked over, and the corpse thrown on to the floor. At this sight the girl screamed, became unconscious, and was taken home. For the next two or three years she was absolutely mute, and was never heard to utter a sound of any kind. When she tried to speak, her lips moved, but no tone was emitted. When I first saw her, which was six years after she had lost her voice, she was able to speak in a distinct whisper, but her normal voice had never returned except on one occasion, when she was put under ether, and then it disappeared again in two hours.

On laryngoscopic examination, one saw that the ventricular bands came firmly together on attempted phonation, so as to hide the ligamentous glottis almost entirely; but one could see that the cartilaginous glottis was wide open, and that the vocal processes remained apart.

All efforts to restore her voice proved futile, though at various times galvanism, hypnotism, and vocal drill were employed. A gradual improvement in the voice, however, took place in the last two or three years, till she came to talk in a deep, rough, but fairly powerful, voice.

The laryngoscopic picture all this time remained much the same. On phonation the ventricular bands were seen to come tightly together and to vibrate, while the glottis, so far as it could be seen, remained open. Evidently the tone was due to ventricular-band vibration.

As I had long abandoned all hope of restoring the normal voice of this patient, it was a great surprise to me when she presented herself at my clinic, one day in September of last year, with her voice perfectly restored, since when she has never lost it. I naturally inquired what had happened, and asked if she had had any sudden fright. She then told me that three days previously, when returning from her work at night along with two companions, she had seen a man thrown downstairs into the street, and so severely injured that he died shortly afterwards. They went to his assistance, but at the sight of blood flowing from a wound in his head she became alarmed and ran off. Her voice did not come back at once, but next morning when she awoke she could speak.

Laryngoscopic examination now shows normal closure of the true cords on phonation, with considerable hypertrophy of the ventricular bands, so that on quiet breathing the cords are quite hidden. Though the voice is quite normal, the cough still remains hoarse and gruff as formerly.