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As we approach the Millenium 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

**A FOREIGN BODY REMOVED FROM THE LARYNX
 WITH THE AID OF THE AUTOSCOPE.**

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THE direct inspection of the air passages without mirror, called "autoscopy" by the inventor, Dr. A. Kirstein, is, for diagnostic purposes alone, an extremely valuable addition to our resources. But, as Kirstein has pointed out in his exhaustive monograph¹ on this method, it may prove of still greater value for operative procedure within the larynx. It is only necessary to adapt our ordinary laryngological armamentarium for this purpose to meet autoscopic requirements,² i.e., to change the curved instruments into straight ones, and we can proceed without further alterations in the shape or size of our instruments. Some cases, of course, will not be suited for any autoscopic manipulations, as has been fully set forth by the author himself.

Mr. C. F. B., aged twenty-four, a civil engineer, consulted me on March 25th, 1896. While eating stewed chicken two days before he suddenly felt something "go the wrong way," as he expressed it. He had subsequently a violent coughing and choking spell, which after a while subsided, to be repeated again during the night. A physician who was called gave him an emetic, after which the patient became more comfortable. Since that time he had had occasional coughing spells, although on the whole he got along very well. However, he was sure, he stated, that a foreign body—probably a bone—was somewhere lodged in his throat, although there was no difficulty in swallowing, nor any pain worth mentioning.

The patient was a strong young man, of more than average size. No signs of distress were noticeable. There was no dyspnoea, nor any tenderness of the neck on pressure. The voice was slightly husky. Laryngoscopic examination revealed, in an extremely large larynx, situated longitudinally, a piece of bone, the broader end of which seemed to be imbedded in the right ventricle, while the other end leaned against the left aryepiglottic ligament. The upper end seemed not to be impacted. It was evident that this patient's larynx was not very irritable. The autoscope was introduced with the medium-sized hood attached. No cocaine was deemed necessary. It was possible to readily grasp the foreign body with a slender serrated forceps in Krause's straight tube and universal handle, and to lift it out of the larynx and remove it together with the autoscope. The removed piece of bone was one of the small ribs of a chicken, and was nearly one and a half inches long. The whole operation took but a few seconds.

¹ Kirstein: "Autoscopy of the Larynx and of the Trachea." Philadelphia: The F. A. Davis Company.

² Op. cit.