has already been called for, although sufficient time has not elapsed for the edition to get out of date. This evidence of the value of the work we can thoroughly confirm as the result of our own use of it.

Dundas Grant.

NOTES AND QUERIES.

Paralysis of Left Recurrent Laryngeal Nerve in Mitral Affections.

Osler, in the *Arch. des Maladies du Coeur des Vaisseaux et du Sang*, February, 1909, pointed out that there are two kinds of conditions in which valvular affections of the heart may give rise to the impression that there exists an aneurysm of the aorta. First, in aortic insufficiency, the throbbing of the heart may lead one to suspect aneurysm, particularly in young subjects, where the systolic pulsation of the aorta may be very marked; secondly, in mitral lesions, when great dilatation of the left auricle exists and when this dilated chamber compresses the left recurrent laryngeal nerve. In most of those cases reported in which with mitral disease there has been left recurrent laryngeal paralysis, it has been shown that the nerve has been compressed between the aorta and the dilated auricle; in some the enlarged pulmonary veins compressed the nerve, and in a case of Fischauer's the left branch of the pulmonary artery compressed the nerve. In some cases both recurrent nerves have been paralysed, and such cases have been explained by assuming that the weight of the dilated and engorged heart has drawn down the arch of the aorta and its large branches so as to irritate and cause atrophy of the recurrent nerve loops. The author quotes three cases which have come under his direct observation. The first patient, a woman, aged forty-five, had suffered from heart disease for some years. She was fat, the hands were somewhat cyanotic, and there was marked dyspnœa on exertion. The apex beat could not be felt; a faint thrill was detected, and the area of cardiac dulness appeared to be increased; there was no pulsation to be seen or felt to the left of the sternum, nor was there any tracheal tugging. An apical presystolic murmur was heard, also a systolic murmur conducted to mid-axilla. The voice was double-toned, and the left vocal cord was paralysed. Death took place about fifteen months later, and at the *post-mortem* examination the mitral orifice was found stenosed and the left auricle greatly dilated; there was no aneurysm. The second case was a woman, aged twenty-seven, who gave a history of scarlet fever and whooping-cough in childhood, and a mild attack of diphtheria some months previously, since when she had been ailing. When seen by the author the typical signs of mitral stenosis were present, and for a year her voice had been altered in character; this was found to be due to paralysis of the left recurrent laryngeal nerve; the apex beat was in its normal position; there was a well-marked presystolic thrill, and cardiac dulness commenced at the third rib. A loud presystolic murmur was heard, followed by a ringing first sound. A short, loud systolic murmur was also present, and the pulmonic second sound was accentuated. About one year later recurrent paralysis still existed, and death occurred about six months afterwards. The third case was a man, aged forty-eight, in whom an aneurysm was suspected. There were œdema of the legs and of the bases of the lungs, dyspnœa and signs of grave asystole when seen by the author. Cardiac pulsation was seen in the third, fourth, fifth, and sixth left interspaces, and also in the second left interspace. On auscultation the double murmurs of aortic and mitral disease were found; the voice was bitonal, and the left recurrent nerve paralysed. Improvement in the patient's general condition occurred: X-ray examination showed a very much enlarged left auricle and absence of aortic aneurysm. At the *post-mortem* examination, on opening the pericardium, the appendix of the right auricle was found to reach to the left sternal margin, and the rest of the anterior surface of the heart was formed by the right ventricle; the aortic valves were incompetent; the mitral orifice admitted two fingers, the tricuspid three. All the cavities of the heart were dilated, and the heart generally much hypertrophied. The left auricle was enormous, the aortic valves were sclerotic, the mitral flaps thickened, also the chordæ tendineæ, and the mitral orifice somewhat narrowed. The left recurrent nerve appeared sclerotic and of an opaque white appearance in that part which was compressed between the left auricle and the aorta.

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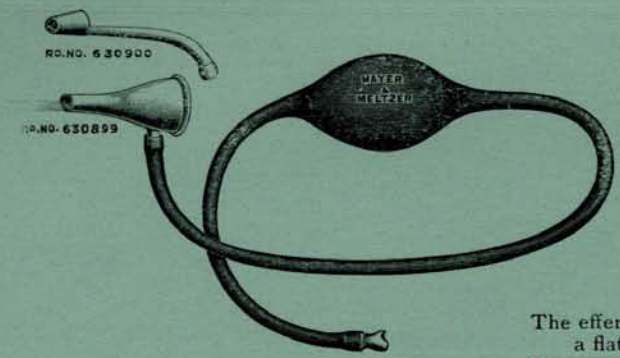

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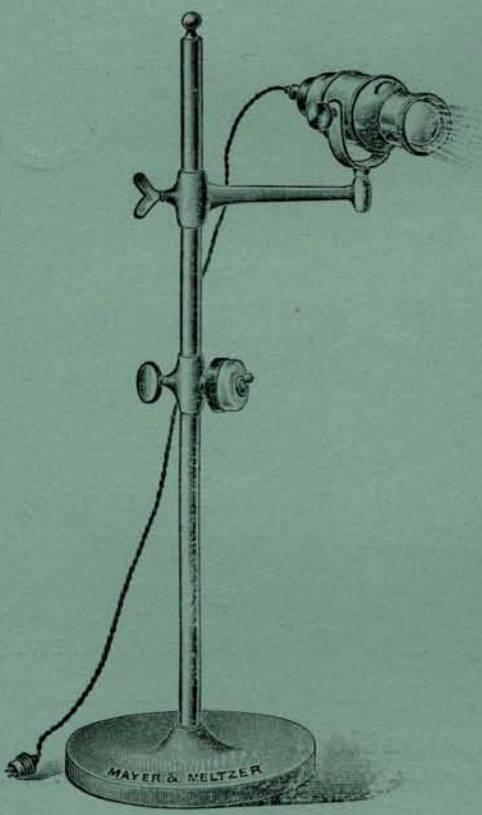

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