# 100 YEARS AGO

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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*

## THE VALUE OF ENDOSCOPY?

In aneurysm of the aorta, the laryngoscope is oftentimes of inestimable service in enabling the practitioner to make an early diagnosis, and consequently to allow of the institution of prompt treatment. It may be laid down as an axiom, that when the left vocal cord is immobile in the cadaveric position, pressure of an aneurysm upon the recurrent laryngeal nerve is the first thing to be thought of, and it is only after an aneurysm has been excluded that other causes for the paralysis of the laryngeal muscles need be considered. This is more especially the case in males between the ages of thirty and sixty. It must be remembered that, in accordance with Semon's law, "there is proclivity of the abductor fibres of the recurrent nerve to become affected sooner than the adductor fibres, or even exclusively in cases of undoubted central or peripheral injury or disease of the roots or trunks of the pneumogastric, spinal accessory, or recurrent nerves"; consequently, the first effect of pressure on the recurrent nerve is to cause abductor paralysis on the affected side. Now unilateral abductor paralysis presents such slight symptoms that, in the absence of a laryngoscopic examination, it is generally overlooked. Still, numerous cases have been recorded in which this condition has been observed as a symptom of thoracic aneurysm. When, however, the adductor fibres become implicated, and the cord passes into the cadaveric position, the effect on the voice is so marked that the patient feels that something is amiss with him, and consequently seeks advice.



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