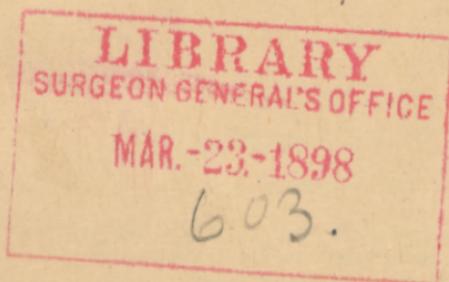
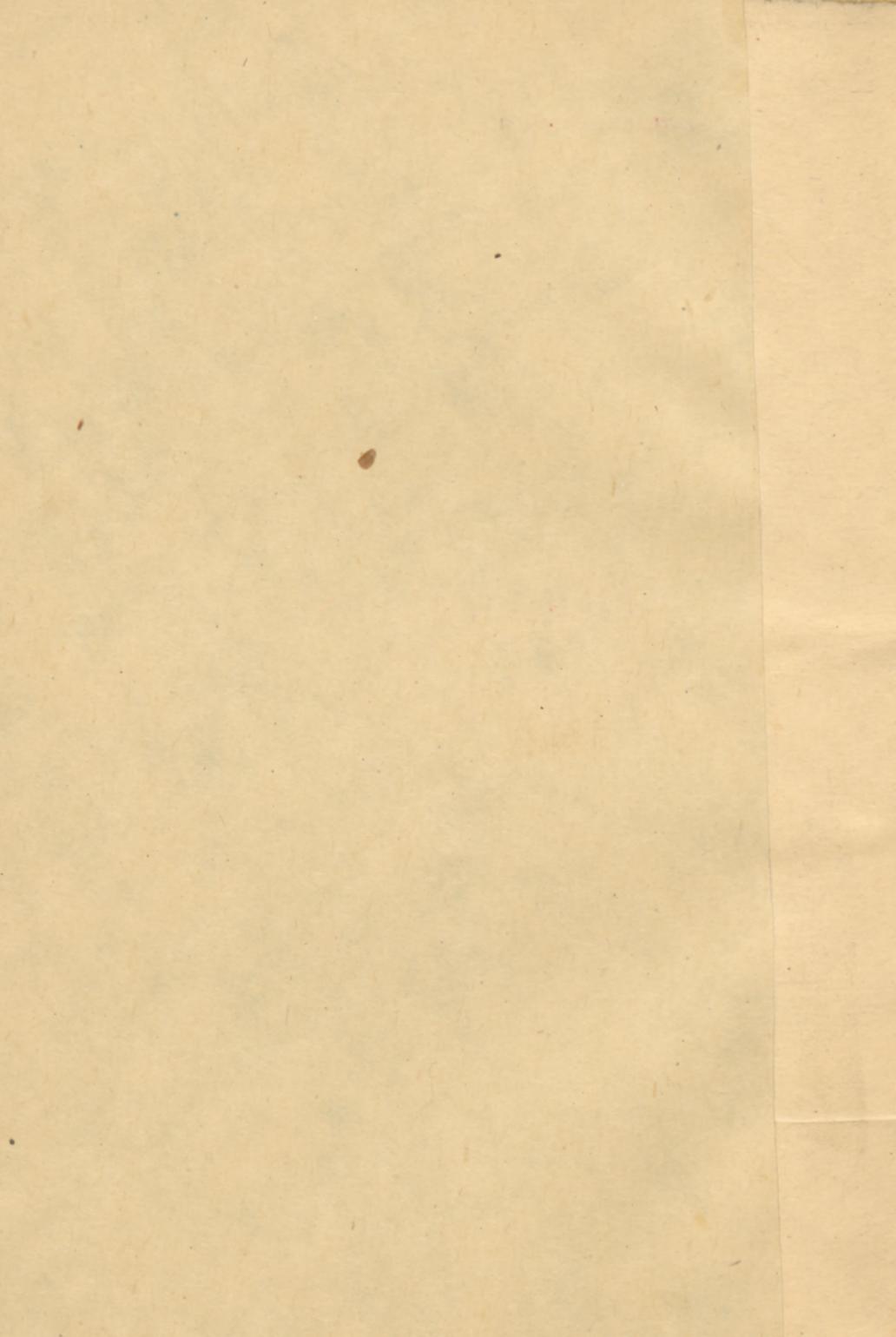


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Direct Autoscopy; Kirstein.

WITH DEMONSTRATION.

BY

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Gross Medical College, Laryngologist to Arapahoe
County, St. Luke's and St. Anthony's Hospitals,
President Colorado State Medical So-
ciety, etc.

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DIRECT AUTOSCOPY; KIRSTEIN.—With Demonstration.*

By ROBERT LEVY, M. D.

Professor of Laryngology, Rhinology and Physiology, Gross Medical College,
Laryngologist to Arapahoe County, St. Luke's and St. Anthony's
Hospitals, President Colorado State Medical Society, etc.

Allow me to consume a short time in showing you the direct method of examining the larynx by means of what is known as the method of Kirstein.

I regret that the patient suffering from Laryngeal Papillomata has not presented himself, and as a consequence, I wish simply to show you the use of the instrument known as the Autoscope, and the larynx of a patient who is easily examined by this method. The Autoscope is an instrument consisting of a handle upon which is placed a hood and to which is attached cables connected with a ten volt battery. In the hood is an electric light of ten candle power, which is concentrated by a small bulls eye upon a mirror. The mirror is so placed as to reflect the light through a slit in the hood and upon a long grooved tongue depressor. The tongue depressor is so introduced into the patient's pharynx as to illuminate to a distance below the vocal bands and even to the first bronchi. The object of the method is to do away with the laryngeal mirror, but this object has not, as yet, been accomplished. The great disadvantage of this means of examination is the difficulty that patients find in allowing the instrument to be passed far enough for a successful examination. Some patients are more easily manipulated than others, and in the majority of instances it is necessary to anaesthetize the throat with a solution of cocaine.

The photographs which are here presented show the patient in two positions in which the examination may be conducted. One position is that of the patient upon a table with his head thrown well downward over the edge, the other position is that of a patient sitting erect his head thrown back, the operator standing behind. A much simpler method and more comfortable position is that of the patient sitting erect in a chair, his body inclined slightly forward, his neck well extended, the operator standing in front.

Whatever position be assumed, the principle is simply that of bringing the mouth in as near a straight line with the larynx and trachea as possible, much as is done in the sword swallower's act.

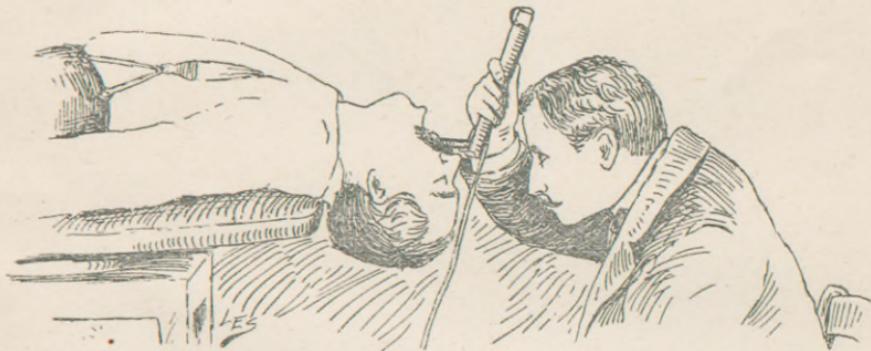
Autoscopy is applied in three stages, namely:

First. The simple examination of the pharynx is similar to ordinary pharyngoscopy, by means of the common tongue depressor

* Presented at the meeting of the Colorado State Medical Society, June, 1896.

Second. By slightly raising the handle of the instrument and slipping the tongue depressor backwards as far as the base of the tongue, the anterior surface of the epiglottis together with the adjacent regions is seen.

Third. The examination of the interior of the larynx and trachea; this is the most important as well as the most difficult portion of the procedure. It is necessary, in order to accomplish the third position, that the handle of the instrument be well raised, the instrument gradually slipped well into the glosso-epiglottic space and firm pressure made downward and forwards; the epiglottis is thus raised and the interior of the larynx with more or less of the structures below brought into view. At times this is not accomplished so easily on account of failure to raise the epiglottis sufficiently; in these instances it is not difficult to pass the end of the tongue depressor over the epiglottis, drawing it well forward by gentle pressure upon its under surface.



In regard to the practicability of this instrument, it is true this is as yet very limited. However, there are certain conditions which can undoubtedly be more successfully treated under the guidance of this method of examination.

Intra-laryngeal operations upon children are with great difficulty performed with the laryngoscope, either under general anaesthesia or local. Von Bruns* has recently operated upon two cases of laryngeal papilloma in children, by placing them under complete anaesthesia and then using Kirstein's Autoscope. We can readily appreciate the ease with which this method is applied during anaesthesia as compared with its use in children under simple applications of cocaine. It is easy to appreciate also the advantages in such instances of this method over the almost impossible examination by the laryngoscope.

*Central blatt fur Kinderheilkunde.

