

author was unable to find any cause for the paralysis other than an attack of laryngitis twenty years previously. When last seen the respiration was comparatively quiet.

Hunter Mackenzie.

**GLEITSMANN, J. W.** (New York).—**Traumatic Hæmatoma of the Larynx.** *New York Medical Record*, October 29, 1887.

HÆMORRHAGES from the larynx, produced by undue exertion of the voice, or preceded by catarrh, are not uncommon. Injuries of the larynx followed by bleeding, are, in most cases, the result of severe lesions. A traumatic origin is unusual. In the author's case the patient received a blow from a fist upon the larynx, and immediately began to spit blood, lost the power of speech, and experienced severe pains about the larynx. Blood-spitting continued, and deglutition was painful. There was no fracture of the laryngeal cartilages, but a dark red tumour of the shape of a tongue was observed by the laryngoscope, originating by a broad base on the outer part of the posterior laryngeal wall, covering the right arytenoid and extending over the inter-arytenoid space. The extravasation was beneath the mucous membrane.

The left side of the larynx was normal. The right ventricular band formed an indistinct dark red body, almost covering the vocal cord, and no trace of a ventricle could be discovered. The condition readily subsided under treatment of resolvent and slightly astringent sprays. The interesting feature of the case was the simultaneous extravasation of blood into the external posterior as well as the interior right part of the larynx.

The blow appeared to have caused a fissure of the mucous membrane at the posterior external surface of the right arytenoid, causing hæmorrhage, and the larynx being contused against the spine, an extravasation into the arypeglottic fold resulted.

Wolfenden.

**M. B.**—**Laryngeal Spasm with Associated Nerve Symptoms.** *Lancet*, November 19, 1887.

THE writer asks for suggestions for the treatment of the case of a healthy woman, aged twenty-five, married, who from the age of sixteen has been subject to sudden seizures of difficulty in breathing almost amounting to complete asphyxia, without loss of consciousness, but with the development of urticariæ. Recovery usually takes place in from twenty to thirty minutes. (This elicited a recommendation of inhalations of amyl.)

Hunter Mackenzie.

---

## NECK, &c.

---

**EDITORS OF LANCET** (London).—**Exophthalmic Goitre.** *Lancet*, November 26, 1887.

AN editorial note, having reference to the associations of morbid conditions in this disease.

Hunter Mackenzie.

**VETLESEN, H. Y.** (Hamar, Norway).—**Etiological Researches concerning Goître.** *Christiania*, 1887.

THIS interesting essay is based on observation of 117 families, in which one or more member suffered from goître; all patients observed living in the town of Hamar and its environs, where the disease is frequently met with, without being endemic. Nearly all the patients examined exhibited the disease only in its lesser forms, and the author considers it to be due either to hypertrophy of the thyroid gland or to the development of adenoma. The disease had rarely commenced after the age of forty, most frequently in childhood; in comparatively few cases the development of the goître could be traced back to puberty or gravidity. In no less than 74 of the 117 families several individuals suffered from goître, and in 48 of these the disease appeared in the direct ascending or descending line, while it appeared only in the lateral branches in but 26 cases. Hemicrania, and this only in its typical form, where it has all the signs of a neurosis, was a symptom very frequently met with—both in the patients with goître and—and this was more frequently the case—in their relations with no goître, and also here the direct ascending or descending lines exhibited this nervous symptom most frequently. To show how hemicrania and goître occur alternately in a family, the author quotes a case, where the grandmother had hemicrania but no goître, the mother has goître without attacks of hemicrania, while of her two daughters, who both suffer from goître, the one also suffers from hemicrania, while the other one is free. Altogether the author quotes seven most interesting genealogical tables, showing the heredity of goître, especially in the direct line, and its close relationship to hemicrania, which the author does not consider as resulting from a mechanical pressure of the thyroid gland, but as a co-ordinate symptom of disease of the vaso-motor system, three patients out of the 117 families suffered from Basedow or Graves' disease. A very large number of the patients observed suffered from anæmia, as also was found in several cases a marked hæmorrhagic tendency, and this occurred more frequently in individuals with no goître; in one family four females had goître and five suffered from menorrhagias, which in one case resulted in death under the author's treatment. There were found thirteen cases of mental disease and four cases of deaf-mutism.

The author considers goître as being of vaso-motor origin, as put forth by Woakes, and sees a corroboration of this theory in the fact, that in the families with goître observed by him, other diseases, which can also be explained as vaso-motor diseases, occurred so frequently.

The essay, which seems to be founded on very thorough and careful observations, deserves attention as a valuable contribution to the etiology of goître.

Holger Mygind.

**TSARYROGBOAS** (Smyrna).—**Some Notes on Goitre in Asia Minor.** *Monatsschr. für Ohrenheilk., &c.*, 1887, No. 12.

GOÏTRES are very frequent in Asia Minor. The inhabitants believe them to be caused by bad water.

Michael.

**HARRIS, ARTHUR** (London) and **F.R.C.S.**—**Strumous Ulcers.**  
*Lancet*, November 26, 1887.

IN reply to a querist, the former gentleman recommends the following treatment in strumous ulcers of the neck:—Bathe daily with warm water; dress with linen, &c., soaked in sweet oil; administer thrice weekly, at bed-time, from one to two grs. of calomel, and every morning mag. sulph., ʒj; mag. carb., gr. x; pot. nit., gr. v in peppermint water. Continue treatment for three months or longer, omitting the calomel one week in four.

The latter recommends cleansing or scraping; dusting daily with iodide of lead; if sluggish, the application of chloride of zinc, one drachm to the ounce of water; also, cod-liver oil, hypophosphites, &c.

Hunter Mackenzie.

**WALTERS, J.** (Reigate).—**Discoloration of the Skin by Nitrate of Silver.** *British Medical Journal*, December 3, 1887.

CASE of a woman, aged sixty to seventy, the subject of argyriasis, and who, many years previously, had been supplied with a solution of nitrate of silver to apply to her throat.

Hunter Mackenzie.

**DIXON, JOSEPH** (Kempston, Beds).—**Salivary Calculus occupying Wharton's Duct, and a portion of the Sub-lingual Gland beneath.**  
*Lancet*, November 26, 1887.

REMOVED by operation.

Hunter Mackenzie.

**BRESGEN** (Frankfort-on-Main).—**On Nervous Cough.** *Berlin. Klin. Wochenschr.*, 1887, No. 49.

HE agrees with Rosenbach (see the report), and adds that such nervous coughs often arise from the effect of cold.

Michael.

**BUDD, RICHARD** (Barnstaple).—**Is Cancer Contagious?** *Lancet*, November 26, 1887.

A LETTER to the Editor, in which is narrated the case of a gentleman who had cancer of the lip, which was frequently licked by a favourite little terrier. This dog died, before his master, of cancer of the tongue.

Hunter Mackenzie.

**STRANGE, WILLIAM** (Worcester).—**Gangrenous Abscess of the Lung, probably caused by the Stump of a Tooth passing into the right Bronchus, treated by Puncture and Drainage; Recovery.**  
*British Medical Journal*, November 26, 1887.

THE nature of this case is indicated by the title.

Hunter Mackenzie.