A CASE OF SUBMUCOUS HEMORRHAGE OF THE RIGHT VOCAL CORDS.

BY OSCAR WILKINSON, A.M., M.D., WASHINGTON.

The infrequency of submucous hemorrhage of the vocal cords together with the danger that might arise from an extensive hemorrhage in this locality, leads me to report this case.

Mrs. S., age 50 years, came to me on March 10th, with the following history:

On arising that morning her voice was as clear as usual and she had no special irritation of the throat. She was talking with a member of the family when suddenly her voice became indistinct; she felt a slight fullness in the larynx, but no pain. The fullness continued despite an effort to expell the offending substance. She had not spoken in a loud tone; had made no effort to clear the throat, and had not coughed.

The patient is rather a stout woman of a florid complexion and of good health, except she suffers from a chronic laryngitis for which she has been treated at intervals during the past four years. She suffered with two or three attacks of acute laryngitis during the past year for which I treated her. These attacks were associated with colds in the head and loss of voice. She usually recovered her voice in a week or ten days. At no time has she spit up any blood nor has she had any hemorrhage during these attacks of acute laryngitis.

On looking into the larynx, a submucous hemorrhage of the right vocal cord was to be seen covering the posterior four-fifths of the cord, giving this portion of the cord a bluishred, decidedly puffy appearance, while the remainder of the cord was perfectly white and clear. The left cord was not even red, and was perfectly normal in appearance except for a slightly notched condition from the chronic laryngitis. Two days following the hemorrhage, the cord had asumed a darker appearance and was discolored throughout its length. The other cord remained normal. The cord cleared up entirely in the course of two weeks. The treatment consisted of mild oil sprays at first, with one or two applications of 2% nitrate of silver during the week, and an injunction not to use the voice.

The danger attending a submucous hemorrhage in the region of the vocal cords, of course, would depend upon how far it encroached upon the breathing space. In a condition where the mucous membranes were much relaxed from disease a submucous hemorrhage of the larynx might become a serious menace to life, and that with but little warning. An open hemorrhage of the larynx, and this seems to be the most common form, is not likely to be so serious as the submucous variety, as the swelling is not apt to be so great where the blood finds an outlet.

A hemorrhage of the larynx is no particular forerunner of any special constitutional disease. Dr. J. W. Gleitsmann¹, in his collection of hemorrhages of the larynx, did not find that it was a precursor of tuberculosis, or any other disease, but it seemed to occur in patients of full habits and those with some form of catarrhal laryngitis.

It can not be denied that the extravasation of blood is at times an indication of some constitutional disturbance. The exposure to draughts, and to varied temperatures might bring on an attack. Anything that would precipitate an acute laryngitis might bring on a hemorrhage of the larynx. Schroetter observed a submucous hemorrhage of the cord following an endo-laryngeal application of electricity. It is frequently the result of traumatism. It is usually a mark of some local irritation and it may be idiopathic. Gleitsmann sent a series of 57 letters in an effort to get the opinion of American laryngologists in regard to the relation of the various forms of laryngeal hemorrhages to tuberculosis. "The general tenor of the replies was that hemorrhages from the larynx can be regarded as a precursor of phthisis in exceptional cases only" (Gleitsmann). The information obtained would indicate that the majority of cases seen are not published.

The majority of cases reported are of open variety. The patients become excited from spitting up small quantities of blood associated with hoarseness and then consult the physician. This form of hemorrhage, as before stated, is not so serious as the submucous variety. Several deaths have been reported from the latter form, the patients dying from laryngeal stenosis. Pfeufer, L²., reports a case of death from submucous laryngeal hemorrhage; Bogros, M³., reports two cases and Otto reports one case. Bobil-

¹ *Am. Journ. Med. Science*, 1885.

² Larynxapoplexie. *Zeitschr. f. rationelle Med.*, vol. iii, 1845.

³ *Bull. de la Soc. anatomique de Paris*, 1848, p. 141.

lier,⁴ reports a case of a man who died from a submucous hemorrhage which was due to an injury inflicted five days previously. Other cases of less severity have been reported by various men.

Very few cases of submucous hemorrhage of the cords are on record. One of the first cases reported was that by Schnitzler⁵. His was a case of pharyngo-laryngitis in a woman. He afterwards reported a case with extravasation of blood in both cords in a girl with diphtheritic paralysis. He also mentions two other cases in lady singers which occurred after great vocal exertion.

E. F. Ingalls⁶ reports a case of submucous infiltration of blood in the left vocal cord in a merchant who came to him complaining of sudden hoarseness and discomfort in the larynx. Sommerbrodt⁷, saw a hemorrhage (with acute laryngitis) in both cords of a pregnant woman.

The special feature in the case above reported is that the hemorrhage came on in a perfectly healthy individual, without any apparent exciting cause. Outside of the rarity of the condition and the danger that might occur from the excessive submucous hemorrhage there is no special interest in these cases.

1404 L. St. N. W.

⁴ *Recueil de memoirs de medicine, de chirurgie et de pharmacie militaire*, vol. iii, 1820, pp. 140, 143.

⁵ *Wiener med. Presse*, No. 38, 1880, p. 399.

⁶ *Journ. Am. Med. Assn.*, 1884.

⁷ *Berl. klin. Wchnschr.*, No. 13, 1878.