A CASE OF EXOPHTHALMIC GOITRE, ENDING FATAALLY FROM SUDDEN PRESSURE ON THE TRACHEA.

By HUGH MONTGOMERIE, M.D.,

ASSISTANT PHYSICIAN, WEST CORNWALL INFIRMARY, PENZANCE.

THROUGH the kindness of Dr. Humphry Davy I am able to record this case, which, so far as my researches extend, seems to be unique.

In March last I saw the patient, Mrs. X—, aged thirty-five, who complained of a swelling in the neck, nervousness, slight difficulty of breathing, with stridor and cough. She stated she was pregnant. Her own health and family history were good. Her neck, she informed me, had been swollen for two years (I since hear it was longer), and measured twenty-three inches in circumference. The swelling consisted in a softish elastic mass, larger on the left side than the right, and with a small central mass. There was no doubt the swelling was a bronchocele. The eyes showed some exophthalmia and dilated pupils; Von Graefe's sign present to a slight extent; there was no tremor. The pulse was 120. The larynx showed nothing abnormal, but it was impossible to see below the cords with the laryngoscope. From her condition and the deep origin of the growth no interference was recommended. In September, 1890, I had another opportunity of examining her after delivery, and found the symptoms abated, the neck only measuring twenty-one inches in circumference. In the early morning of December 1st, 1890, I was called to the patient's house, and found her lying on a bed unconscious, breathing rapidly and with considerable stridor, the lips and face cyanosed. Dr. Davy, Mr. Symons, and myself were sent for. We learnt that at half-past ten the previous night she had gone to bed quite well. In about an hour she got up to attend to the baby, and was seized with severe difficulty of breathing. She got back to bed, struggled violently, and became unconscious in the course of five minutes. Tracheotomy was determined on, though the patient was evidently moribund. The tube was inserted by Dr. Davy, who performed the low operation. There was scarcely any bleeding during the operation. One inspiration was taken through the tube, and artificial respiration resorted to without avail.

A necropsy was granted, which I performed in the afternoon. It was then found that the right lobe of the thyroid was attached to the trachea firmly, and the size of an egg. The left lobe about double the size, and implicating the deep structures of the neck. The isthmus was much enlarged, and a supplementary lobe of the gland lay on the thyroid cartilage. On removing the larynx, trachea, and thyroid gland, one saw on looking up the trachea that the right wall was bulged in towards the left, leaving only a mere chink to breathe through. The bulging corresponded with the right lobe of the thyroid gland. On splitting up the trachea, the cartilages at the obstruction were softened, and had lost all their resiliency, thus aiding the collapse of the tube. The mucous membrane was injected.

I have considered this case worthy of record, as showing that, although the cartilages of the trachea had been softening for some time, the actual "caving in" was in the end quite sudden.

Penzance.

A CASE OF TETANUS; RECOVERY.

By A. C. DUTT, B.A., M.B. CANTAB., A.K.C. LOND.,

SENIOR HOUSE SURGEON TO THE SCARBOROUGH HOSPITAL.

ON the 22nd September James A—, aged thirty-five, a fisherman belonging to Peel, Isle of Man, was admitted under the care of Dr. Everley Taylor, suffering from well-marked symptoms of tetanus. In August last his left hand was crushed between two boats, producing a wound three inches long at the level of the heads of the second and third metacarpal bones. For this he was treated as an in-patient at the Berwick-on-Tweed Infirmary for five weeks, and left that institution (with the wound not quite healed) to join his boat. He fished off Hartlepool for some days, whence he came to Scarborough and sought admission here. On inquiry the patient admitted he had indulged freely in alcohol, and had syphilis about twenty years ago. On one

leg there was a fetid tertiary ulcer, and on both legs there were several pigmented cicatrices. He was unmarried. Patient said that when he was off Hartlepool he had pain in the back of his neck, and then the "jaws began to contract"; the legs felt very stiff, and he found he could not swallow. On examination it was found that he could not separate his teeth more than a quarter of an inch; there was a very peculiar anxious look, and the masseters and the recti abdominis were extremely rigid. The wound on the hand was covered with small unhealthy granulations, and was very foul-smelling. Before he came into the hospital he had taken lodgings in the town, where Dr. Everley Taylor had seen him in a state of opisthotonos. His temperature on admission was 98.6°, and was never above normal throughout the course of the disease. He was ordered a mixture of ten minims of the tincture of cannabis indica, fifteen grains of chloral and bromide of sodium, five minims of chloric ether, with mucilage and water, every four hours. As to diet, he had three pints of peptonised milk, two pints of beef-tea, two eggs, six ounces of brandy, and six ounces of port wine daily. The wound on the hand was dressed with starch poultices for the first fortnight, and then with boracic ointment; the ulcer on the leg was also washed and dressed. The patient complained of "spasms," but steadily improved under the treatment. After Oct. 3rd stimulants were reduced to two ounces each of port wine and brandy daily; minced meat and bread were given on the 7th. On the 15th, pills of Calabar bean, one-sixth of a grain (gradually increased to half a grain) three times a day, were ordered. The patient could sit up on the 10th, and had full diet on the 19th. On the 20th the wound on the hand had quite cicatrised, and the patient was discharged on Nov. 1st.

Remarks.—Of late the theory has been gaining ground that tetanus is of microbic origin, and that the microbes produce an alkaloid which acts on the nervous system. The fact that division of the injured nerve at the seat of injury has sometimes been found curative does not necessarily disprove this theory, for doubtless with the division of the nerve precautions are taken to render the wound aseptic, so as to prevent the development of the microbes. The absence of any definite lesions in fatal cases also lends support to this view. According to Dr. George Kemp, there are three essential objects to be attained in the treatment—(a) The destruction of the nidus of development of the bacilli; (b) the elimination from the system of the products of the bacilli; and (c) the calming of the nervous system.

Scarborough.

SPONTANEOUS AMPUTATION OF THE SMALL TOE IN AFRICANS.

By J. TOPPIN, L.R.C.S.I., L. & L.M. K.Q.C.P.

ALTHOUGH doubtless this anomaly has been observed by Englishmen who have visited Africa, it has not hitherto, to the best of my belief, been described in the medical press. It seems, as far as I am aware of, only to occur amongst Africans; although I have never seen it in those inhabiting the West India islands, I believe it is common enough in Brazil amongst the negroes. The cases I have met with were among Kroomen, who come from a part of the West Coast of Africa about a day's journey from Sierra Leone. These men seldom wear boots, and consequently have very well shaped feet. The affection commences by a crack appearing on the under and inner surface of the little toe; a thing which is frequently met with amongst soldiers of whatever nationality, and which English sailors designate by a name more expressive than elegant. It, however, never goes beyond a crack or fissure in Europeans; but with Africans, whether living on shore away from the sea or on board ship, there is a progressive process, resulting ultimately in the toe dropping off. It is in no way connected with leprosy; the little toe is nearly always the only one affected, though the natives tell me that in rare cases the fourth toe goes also. I have tried incising the fissure, and then dressing it, and making them wear boots to keep out the salt water, but all to no purpose. The process when once commenced goes on, the fissure gradually extending round the toe. I have never allowed it to proceed to complete loss of the toe, because after a few months there is considerable pain, with some oedema of the foot, and in order to render the man able to work I have taken the toe off. In their own country, however, not having a surgeon at their service,