

ensued. As stated by Dr. M. she is now well, and expects to be confined during the ensuing month of November, 1877.

As a rule, the bromide, in doses varying from 30 grains to one drachm, dissolved in beef-tea, to which brandy and laudanum may or may not be added, should be given every four hours until the nausea and vomiting have ceased, and the stomach will retain some bland food, and stimulants if necessary, and then it should be gradually withdrawn by extending the intervals between the enemata. This treatment has not failed in any case which has come under my observation; but the practitioner must not imagine that with the suspension of the nausea and vomiting the case is concluded. The effects of the deprivation of food and fluids, together with the nervous and circulatory disturbances, may seriously protract convalescence, and excite the gravest apprehensions.

In conclusion, I must add that the method of treatment is not original with me. To Dr. Girabetti is due the credit of having first suggested and successfully applied this mode of administering the potassium bromide in obstinate vomiting of pregnancy. He administered it in increasing doses, giving 92 grains the first day, 8 grammes the second, and 10 the third; after which he lessened the dose in proportion to the effect produced.

OCTOBER 1, 1877.

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#### ARTICLE XIV.

CASE OF PARALYSIS OF ABDUCTORS OF VOCAL CORDS; TRACHEOTOMY; RECOVERY; RELAPSE; DEATH. By ANDREW H. SMITH, M.D., Surgeon to the Throat Department of the Manhattan Eye and Ear Hospital, New York.

F. C., aged 50, native of Ireland, messenger, came to me Sept. 8, 1877, suffering from urgent dyspnoea, which he stated had been coming on for two years, but had grown rapidly worse during the previous fortnight, until the night before he had suffered so much that he thought he should not live until morning.

A laryngoscopic examination showed at once the cause of the difficulty to be complete paralysis of the posterior crico-arytenoid muscles. The ligamentous portions of the vocal cords were in perfect apposition, leaving only a triangular opening about a line and a half in extent each way between the vocal processes of the arytenoid cartilages. This small opening was all the space available for breathing, and even this was lessened whenever a powerful inspiratory effort was made. Expiration was unimpeded. The vocal cords were reddened and somewhat thickened. The voice was husky, but retained its laryngeal character.

The patient gave a clear history of specific lesions contracted fifteen years ago, and followed at intervals since by consecutive symptoms. Four years ago had facial paralysis, which lasted eight months. Had had cough and profuse expectoration for some months, and had been troubled for years with an anal fistula, which discharged very freely.

There was apparently some degree of dulness at the apices of both lungs.

Auscultation gave no very satisfactory results, owing to the impeded respiration; but it was evident that chronic bronchitis existed, with more or less of bronchial spasm.

Feeling that the patient's life was every moment in jeopardy, I suggested tracheotomy, to which he readily assented, and the operation was performed at the Manhattan Eye and Ear Hospital on the following day. The trachea was more than usually irritable, and the coughing caused by the insertion of the tube was very violent and long continued. Indeed this irritability constituted a very awkward feature of the case throughout, and was, perhaps, the indirect cause of the unfavourable result. The slightest interference with the tube would provoke a furious paroxysm of cough, which would continue until the patient was almost exhausted. Changing the canula for one a little smaller was not attended by any good result, and morphia had to be employed to obtain any rest.

Considering that the paralysis probably depended upon a gummy deposit somewhere in the track of the inferior laryngeal nerve, I put the patient upon liberal doses of iodide of potassium, with half a grain of the protoiodide of mercury, three times a day. In the course of about two weeks the paralyzed muscles were found to have regained their action to a slight degree, and then direct faradization by means of the laryngeal electrode was resorted to. The improvement was very rapid, and in two weeks more the movements of the glottis seemed to be almost normal. Meantime the cough was excessively wearing, and great quantities of mucus were expectorated through the tube. The patient complained of a great deal of tightness and wheezing in the chest, which was but little relieved by treatment. As his strength was breaking down, and the larynx was now acting very satisfactorily, the cause of the paralysis being apparently under control, I determined to risk the removal of the tube. For a few days the cough was less severe, but it soon became as bad as ever, so that I was doubtful whether the presence of the tube had had as much to do with it as I had supposed. The expectoration of mucus was not lessened, and the auscultatory signs were those of chronic bronchitis with asthma. The patient gained ground, though slowly, for the next three weeks, and then began to lose again, complaining of increasing tightness of the chest. On the evening of the 28th of October I was summoned to see him, and found him in the condition of a person with a moderately severe attack of asthma. It was easy to see that the dyspnoea had its origin in the lungs and not in the larynx, and an examination with the mirror showed that the glottis was acting as well as at any time previously. A dose of morphia hypodermically gave marked relief. The following evening I called again, and found the patient in the same condition. I did not then make a laryngoscopic examination, but repeated the injection, with the same result as on the evening before. Twenty-four hours later I was summoned in great haste. The patient's wife told me that he had had great difficulty of breathing all day. The moment I saw him I perceived that his condition was widely different from what it was at my previous visit. The difficulty was now plainly laryngeal, and the first glance with the mirror showed that the cords were again in close apposition.

The wound had so nearly healed that no air entered by it into the trachea, though a little escaped during expiration. With some difficulty a No. 8 catheter was introduced, but, though the breathing was relieved, the cough which resulted was so violent that the patient would not permit the instrument to remain. I therefore left him, to procure the necessary

instruments and assistance to introduce a canula, but when I returned he was dead. I was told that I had scarcely left the room when he rose from the chair in which he had been sitting and went to the bed and lay down. A moment after, without any noise or struggle, he ceased to breathe. It is probable that overfilling and consequent paralysis of the right heart was the immediate cause of death, rather than direct asphyxia, for when I left the patient he was able to walk about, and though breathing with great difficulty his face was but slightly dusky, and actual suffocation appeared not to be immediately at hand.

Doubtless the recurrence of the laryngeal paralysis was due to the exhaustion caused by the asthmatic attack.

110 EAST THIRTY-EIGHTH ST., NEW YORK, NOV. 17, 1877.

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#### ARTICLE XV.

CASE OF MOLLUSCUM FIBROSUM; TUBERCLES OF AN UNUSUAL SIZE. By F. PEYRE PORCHER, M.D., Professor of Clinical Medicine and of Materia Medica and Therapeutics in Medical College of State of South Carolina, Charleston.

THIS patient entered the City Hospital in November, 1876, and remained there for some months. He asked for his discharge, and no further accounts have been received from him. In the following description are included some notes kindly furnished by Dr. F. P. Lewis, of Colleton County, S. C., then an under-graduate, who had known the subject whilst at his home in the country, and was instrumental in bringing him to the city.

*Solomon Youngblood*, colored, aged 17, native of Colleton Co., S. C., was first seen March last (1876), at which time he had from seventy to eighty tumours on his person. These varied in size from a large-sized water bucket to that of a pea, resembling tubercles, sacks and soft, flabby, pendulous "cutaneous purses." The largest tumour he says is congenital. This remained stationary, of the size of a pigeon's egg, until he was six years old, and was located between the shoulders; since that time it has grown very much and gravitated downwards, until now it hangs in folds from the left buttock, reaching as far down as the knee. Another, growing just below and to the inner side of the knee, and as large as a cocoanut, rests on one of the same size just below it—these two being attached by constricted necks. Between these one was taken out about eight years ago, weighing eleven pounds. During the operation there was a good deal of hemorrhage. This tumour when cut into presented a grayish appearance and consisted seemingly of dense fibrous tissue. Another tumour grows from his left groin, and still another just below his left breast; each of these is about as large as an egg. One on his wrist is about the size of a walnut; the remainder are smaller.

Since the time mentioned above these tumours have increased in size and number, the one on his groin, having grown rapidly, has gravitated downwards, and has coalesced with that below the knee. His mother