

Feb. 1st.—A few ulcers remain open on the lip; but no trace of incisions on the tongue now visible; although not quite its normal size, it causes no inconvenience in its use.

4th.—Put upon full diet and quinine mixture; convalescent.

The cause of salivation was, no doubt, owing to the patient's inability to dispose of the fluid in the usual way, the swollen state of the tongue preventing the act of deglutition. There was no swelling or undue irritation of the glands, or abscess forming. It may be here stated that no pus whatever was formed in the above case.

CROYDON GENERAL HOSPITAL.

FRACTURE OF SEVERAL RIBS; UNREDUCED DISLOCATION OF CLAVICLE FORWARDS; RECOVERY.

(Under the care of Dr. T. RUTHERFORD ADAMS.)

DAVID G—, aged thirty-eight years, a bricklayer, was admitted on the 21st of January, 1869, in a state of collapse, caused by injuries received whilst he was in the act of removing some supports to a large arch of brickwork. The whole mass gave way, killing two of his companions, and injuring himself and another man, who was less severely hurt. It was found at a glance that the left clavicle was dislocated forwards; and, upon placing the hand over the left side, there was loud crepitation, showing that four of the ribs were completely fractured, and the side flattened. The clavicle projected on the fore and upper part of the sternum. The slightest attempt to move him caused the greatest pain; and, from his depressed condition, nothing in the way of reduction was attempted. A broad roller was applied round the chest, and light nourishment given, with sedatives, and complete rest enjoined. For some days it was thought that the man could hardly recover, his symptoms were so very unfavourable. Eventually, however, he did well, and left the hospital a month after the accident. His case being unusual, Dr. Adams sent him up to University College Hospital to Mr. Christopher Heath, who, with Mr. Erichsen, examined him, and had a cast taken for the museum. They both concurred in advising that no attempt at reduction should be made, as the injury had then existed six weeks.

Medical Societies.

HARVEIAN SOCIETY.

EXOPHTHALMIC GOITRE.

AN important contribution to the clinical history of exophthalmic goitre, a disease which has recently been brought prominently before the notice of several Societies,—was made to the Harveian Society by Dr. W. B. Cheadle, at a late meeting. Dr. Cheadle has met with eight cases of this disease during the last eighteen months, and of these six exhibited its three leading features—viz., palpitation, enlargement of the thyroid, and prominence of the eyeballs, in a marked degree. In the two remaining cases, one of the three great symptoms was absent; in one there was no goitre, and in the other no exophthalmus. Seven of the cases occurred in females, and one only in a male. In the latter, no cause could be discovered on most careful and repeated inquiry which would account for the attack. Of the seven cases occurring in females, four were associated with disordered menstruation, one with the advent of puberty, and one with the final cessation of the catamenia. Five of the women were anæmic, although not in any extreme degree; but the remaining two, and the man, were full-blooded and robust. In every case palpitation was the first, or one of the first symptoms noticed, and the action of the heart always rapid and forcible. The pulse was generally full and jerking, and ranged between 84 and 144, being, however, rarely found in any instance below 100, although showing great fluctuations between the limits. The temperature had been carefully registered in most of the cases, and found to be generally above the normal—in one case as high as 101°,—showing, however, like the pulse, considerable variation. In one case, which had been under observation for above a

year, although recovery had appeared to be almost complete for some months, the pulse remained above 100, and the temperature about 99°. Observations were made to determine whether any difference existed between the temperature of the cheek and that of the axilla, or between the two cheeks, with the view of obtaining evidence respecting any affection of the cervical sympathetic. The results showed a general difference of half a degree in favour of the axilla, and corresponded with those obtained from persons in perfect health. In one case, however, the temperature of the cheeks was found to be two degrees lower than that of the axilla. This was observed twice only, the temperature having the normal relations as in the others, on all other occasions. In no instance was any material difference between the two sides of the body discovered, either in the cheeks or axilla. The pupils were found to be somewhat dilated, but responded readily to light and atropine, except in one instance, where there had been severe inflammation of both eyes. The impulse of the heart was always increased, and accompanied by arterial throbbing. In no case could hypertrophy or distinct organic disease be made out.

Amongst other symptoms observed in the majority of cases, were irritability of temper, great nervous excitability, flushing of the face, and increased palpitation on the smallest excitement or exercise, epistaxis or diarrhoea, and profuse perspirations. In the case of the man, all the three principal symptoms were strongly marked, and the pressure of the goitre produced grave dyspnoea. The circumference of the neck measured 17½ inches. Iodine and glycerine were applied under oiled silk, and ten-minim doses of the tincture of iodine given internally. The goitre rapidly decreased in size, all the symptoms abated, and the neck was eventually reduced to a circumference of 13¾ inches. The iodine was given internally for nine months, with short intermissions only from non-attendance, without producing any increased palpitation or other ill effect. A second case, in which the goitre was large, and the other symptoms severe, was treated in the same manner with equal success. In one case only out of six in which iodine was given continuously for many weeks, it was deemed necessary to discontinue its use on account of increased palpitation following the administration of fifteen-minim doses.

In considering the bearing of the evidence afforded by these cases upon the nature of the disease, the author observed that increased action of the heart was not only an invariable symptom, but also one of the earliest in point of time, as in the cases related. If the sequence were real, the congestion or hypertrophy of the orbital cushions and thyroid might be explained as a result of hyperæmia from increased cardiac and arterial action. But the case of injury to the cervical sympathetic lately brought before the Medico-Chirurgical Society by Dr. W. Ogle seemed to show that mere hyperæmia was not sufficient. There must be something in addition, a nerve stimulus which at the same time sets the heart going at such an unwonted pace. The excessive cardiac action being viewed as the key to the series of phenomena, it was necessary to go a step further back, and seek the nerve source of this.

The author considered the morbid changes found in the cervical sympathetic on post-mortem examination, in a number of cases during the last few years, quite inadequate to explain all the phenomena observed. If the cervical portion of the ganglionic system were alone affected, it was, *primâ facie*, improbable that both chains should be implicated at the outset in every case. These chains had been shown by experiment to have singularly independent action; and yet, in the cases observed, no difference of temperature between the sides, such as lesion of one chain would produce, could be detected. Nor was there any disparity between the cheek and axilla, except casually in one case; showing that the morbid condition, whatever it might be, was not limited to one chain of ganglia only, or to the cervical portion only.

The symptoms of exophthalmic goitre corresponded partly to paralysis, and partly to irritation of the sympathetic. The increased heat and arterial action were consistent with the former, the cardiac excitement, the exophthalmus, and the dilatation of the pupil with the latter. Symptoms indicative of such opposite conditions were difficult to reconcile; but they appeared to show that the sympathetic system was in some way or other largely implicated.