

of the said matter. An instance drawn from a serious, and unluckily in our country very frequent malady, will serve to illustrate our argument. A man becomes apoplectic from cerebral hæmorrhage, but fortunately recovers, finding himself, however, hemiplegic: after a few months, more fortunate still, without having had recourse to a physician or medicine, he recovers even the use of his limbs. Now, in this case, there was an extravasation of blood in the brain, and to the end that the patient might recover, nature was forced to absorb it, but previously to the absorption, to transform its globules and other component parts by a metamorphosis not dissimilar to that by which we see large ecchymoses resolve themselves after external contusions. Now, once absorbed, we must necessarily conclude that it must be also eliminated from the economy by some of its excretories, or that this blood effused within our tissues (the same may be said of the humors that have degenerated and have lodged for a long time in the viscera) may, after having been re-absorbed, and as a necessary condition for the re-absorption previously transformed, may, I assert, be re-composed, and return once more to constitute an integral and reconstructive element in the mass of vital fluid. Now this second conclusion, although it seems not unreasonable when we consider the powerful resources of our economy, we are far from being able to prove; while, on the other hand, the former fully tallies with the doctrine of the crises, and is daily attested by facts minutely observed.

[To be continued.]

TWO CASES OF NODULES UPON THE VOCAL CORDS, OF PROBABLE SYPHILITIC ORIGIN.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

By HENRY K. OLIVER, M.D.

CASE I.—*Extreme Hoarseness of a Year's Standing; Nodule upon each Vocal Cord.*—Mr. M., an Italian, aged 38 years, came to me on the 25th of May, 1866, for extreme hoarseness of a year's standing. His history is as follows:—General health always good. Two years previously he had a single chancre, followed some time afterwards by an eruption of the skin. Is not aware of having had swellings in the groin. Has had sore throat and "canker" in the mouth.

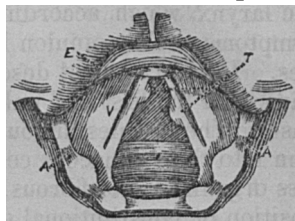
About a year subsequent to the appearance of the chancre he began to get hoarse, the high notes of the voice being first affected. This hoarseness has continued to increase till the present time. Has employed various remedies for this symptom, but has had, as far as can be made out, no continuous treatment for the constitutional affection.

His present condition is as follows. He appears to be in perfect health. Upon examination, the inguinal glands seem to be some-

VOL. LXXV.—No. 17*

what larger than natural. On the surface of the body no appearances are seen of a venereal character, and nothing unusual is seen in the mouth or fauces, except a slight injection of the mucous membrane of the latter. No soreness of the throat is complained of; no pain on swallowing; no difficulty in breathing; but little disposition to cough, and no expectoration. Pressure over the larynx produces no pain.

On examination with the laryngoscope, a nodule was seen on each vocal cord. The one on the left cord occupied a point half way between the anterior origin of the cord and the vocal process; it had a broad base, was white and glistening, and was of the shape and relative size as seen in the adjoining cut. The nodule on the right cord was more anterior, smaller, and more rounded, but of the same color. When the cords were approximated in phonation, the nodules came one immediately behind the other. The mucous membrane of the cords was red, and the membrane of the whole interior of the larynx and of the trachea, as far as seen, was somewhat injected.



E points to the epiglottis; A to the ary-epiglottidean fold; V lies upon the right ventricular band (false cord); T points to the nodules upon the vocal cords.

Feeling pretty confident as to the venereal character of the affection, I decided not to attempt surgical interference with the nodules, but to put the patient upon iodide of potassium, with tincture of iodine to be applied to the throat externally. In order, however, to hasten the absorption of the nodules, I determined to touch them with the solid nitrate of silver. I therefore melted a small bead upon the end of the silver probe, and seizing the moment when the glottis was closed, I touched both nodules at one thrust. Moderate spasm followed, and upon examination subsequently both nodules were seen to be tipped with a white coating.

On June 7th, I saw the patient again, when there seemed already to be a slight change in the voice for the better. On examination, the nodule on the right cord was manifestly smaller than on the first visit; that on the right was of about the same size as before, but had its mucous covering somewhat abraded. I again touched with the solid nitrate of silver, and ordered the continuance of the treatment.

Subsequently, I saw the patient weekly, each time employing the nitrate as described. The nodules continued to decrease in size—and the voice to improve correspondingly—until July 10th, when they had almost entirely disappeared, and in their place only a slight bulging could be seen. The general injection of the mucous membrane was very slight. The voice was exceedingly improved, so much so that but little change from a natural tone was observable, except in the highest notes.

With the hope of restoring the cords to their complete normal condition, I continued the treatment, and also applied the nitrate of silver occasionally, until Sept. 11th, when the bulging on the right cord had entirely disappeared, and that upon the left was with difficulty discerned. Patient could now use his voice, even in singing the high notes, with but slight change from the healthy tone. It is probable, however, that the free edge of the cord has been permanently affected, as the highest notes, in singing, are not entirely clear.

Remarks.—Affections of the larynx as a consequence of syphilitic taint are ranged among the later manifestations of the disease. The only exception to this rule is the appearance of mucous patches in the larynx, which, according to Gerhardt, occur among the secondary symptoms. This opinion is not, however, accepted by other authorities. In the case just described, the affection of the throat seems to have been the first and only symptom of the later phase of the disease. The nodules undoubtedly consisted of an inflammatory exudation into the submucous cellular tissue, which had become more or less organized into fibrous tissue. According to Dr. Wilks, the disposition of constitutional syphilis, "in the larynx as elsewhere, is to the production of lymph, which may subsequently become a tough fibrous tissue."

CASE II.—Hoarseness dependent upon a Papule upon the right Vocal Cord.—This occurred in a male, aged 32, who came to the Massachusetts General Hospital as an out-patient in April, 1866, principally on account of an ulcer of the leg. He, however, complained of hoarseness, and was requested to come the following day for laryngoscopic examination. Before my arrival, Dr. J. Collins Warren, Surgical House-Pupil at the Hospital, made an examination, and discovered a papule upon the right vocal cord.

My notes of the case have been mislaid, but, according to my recollection, the patient confessed to having, at some time, chancres with one open bubo. He did not remember having any eruption of the skin or other secondary manifestations of syphilis. Three or four months before, he noticed a pimple on outside of left leg which broke and remained open, increasing in size to the present time. Hoarseness commenced two weeks ago; first noticed it while singing; this had increased gradually. No pain or soreness in throat. On examination, a deep ulcer three fourths of an inch in diameter, surmounting a hard infiltrated swelling, is seen in the locality above mentioned. No other manifestations of syphilitic taint are to be noticed.

The voice is moderately hoarse, and the upper notes are quite unavailable. The papule upon the vocal cord is situated on the free border, about at the middle of its length. Its color is whitish; its shape is much like the nodule on the left vocal cord in Case I., though it is smaller and less prominent. The membrane of the affected cord is somewhat injected in the vicinity of the papule.

Being desirous of watching the course of the affection, an innocent gargle was ordered as a *placebo*. The patient, however, ceased to continue his visits after a week or two, during which time the papule seemed to be stationary.

During the patient's attendance at the Hospital, several of the physicians and surgeons of the institution had an opportunity of seeing the morbid appearances in the larynx.

Although the history of this case did not point so clearly as in Case I. to a syphilitic taint, yet it seemed probable that this was the source both of the ulcer on the leg and of the throat affection.

DR. WEBBER'S ESSAY ON CEREBRO-SPINAL MENINGITIS.

[Concluded from page 302.]

THESE two diseases resemble each other in almost every respect, except in reference to the eruption and where the functions of the brain are implicated; also, cerebro-spinal meningitis is by far the more severe, being fatal in a shorter time and in a larger proportion of cases.

Murchison, speaking of the convulsions which are often met with in typhus, says, "No appearance is ever found within the head to account for the convulsions." "It is now tolerably certain that convulsions occurring in the course of typhus have always a uræmic origin." Again, in speaking of the cause of the palsy which sometimes occurs, he says:—"Although the nervous system may be primarily at fault, the palsy is really due to an exaggeration of the muscular atrophy which, to some extent, is always produced by typhus." He remarks, with regard to the *post-mortem* appearances found in the head, that they rarely, if ever, show that inflammation of the brain or its membranes has been present, even as a complication. "The cerebral membranes often exhibit increased vascularity, but never any deposit of lymph or pus, indicative of recent inflammation." "The increased vascularity of the cerebral membranes in typhus must not be regarded as a sign of inflammation, and does not account for the cerebral symptoms observed during life." "In the majority of cases, where there is increased vascularity of the cerebral membranes in typhus, some impediment will be found in the pulmonary circulation, or there has been evidence of greatly impaired cardiac action. The congestion, in fact, is mechanical or passive, never active." Hæmorrhages on the arachnoid occur, but have no connection with cerebral symptoms. "Increased effusion of serum within the cranium is one of the frequent morbid appearances." "It never contains any flakes of lymph or exudation corpuscles." "The increased amount of serosity within the cranium is no sign of inflammatory action, and accounts, in no way, for the cerebral symptoms during life."