

The *disadvantages* are stated to be the risk of phlebitis, thrombosis and embolism. I have never met with any of these in the cases I have done. A certain number of patients, however, object to this method on account of the supposed risk and pain. The main drawback I experienced was the difficulty in sometimes finding superficial veins.

While convinced of the efficiency of this method of treating syphilis, I do not recommend it as a routine one. I think it is specially valuable in those cases of obstinate skin eruptions, notably so in disfiguring syphilides of the face, which it is desirable to get rid of quickly. In those chronic cases of ulceration of the tonsils and fauces the results were somewhat disappointing, and sometimes negative until potassium iodide was freely administered.

These cases were treated in India in the plains, during the hot weather, under unfavourable climatic conditions. In a better environment—climatic, hygienic, dietetic—there is every reason to believe that the results would be more favourable. I would submit, however, that they are sufficiently encouraging to warrant a more extended trial, for it seems clear enough, *ceteris paribus*, that the direct introduction of the specific remedy into the circulation possesses certain inherent advantages.

A CASE OF EARLY GRAVES' DISEASE WITH APHONIA.

BY LIEUTENANT CUTHBERT BROWNE.

Royal Army Medical Corps.

THIS patient, aged 20, was admitted to the Queen Alexandra Military Hospital, Millbank, on March 22nd, 1906, suffering from aphonia. He stated that, after feeling hoarse for some days, he suddenly lost his voice while on sentry duty three nights previously.

On admission he was found to be unable to speak above a whisper, he phonated slightly on coughing, and on laryngoscopic examination bilateral adductor paralysis was present; he presented no other abnormal physical sign. Three weeks after admission he found his neck was getting larger, and on examination slight enlargement of the thyroid gland was noticed; about this time he began to get out of breath on exertion. His condition on August 1st was as follows: Still unable to speak above a whisper, uniform enlargement of the thyroid gland, which felt soft and was difficult to define accurately. He had a fine tremor of both hands, and stated that he frequently felt very hot but was unable to perspire. There were no abnormal ocular signs or symptoms; no cardiac bruit.

From July 25th to August 6th his morning and evening pulse rates varied from 112 to 72, the average morning and evening rates both being 88; on running the length of the ward his pulse rate rose to 130. During this period patient had a variety of treatment, chiefly directed towards curing his aphonia, *e.g.*, high frequency for nine weeks, galvanism,

faradism, inhalations, blisters, painting neck with iodine, and nauseating draughts. His previous and family histories were good; he had spent all his life in Northamptonshire. At another laryngoscopic examination, made on August 3rd, the right cord moved slightly towards the middle line on patient attempting phonation.

On August 7th, patient's condition being as above, I operated, and divided the thyroid isthmus between ligatures. Patient took chloroform without difficulty, but he had great congestion of the veins, especially the inferior thyroids and a median anterior jugular which crossed directly over the isthmus. The gland was uniformly enlarged, somewhat lobulated in outline, the isthmus being greatly thickened, very short, and encroached upon by the lateral lobes, the latter nearly meeting in the middle line; these were freed from the sides of the trachea. The wound ran an uneventful course and healed by first intention. The patient did not speak either going under or coming round from the anæsthetic; on the evening of the operation he was still whispering; the next morning he stated his voice "felt stronger," and that evening, thirty hours after the operation, he spoke for the first time. His voice has remained normal since.

Average pulse-rate during fortnight following operation (patient got up on seventh day) was as follows: Morning 73, evening 76.

The interesting points in this case are the onset of the aphonia nearly four weeks before the appearance of the thyroid swelling, the return of the voice thirty hours after the operation, and the relief of his tachycardia. Though it seems probable that the aphonia must have been functional, yet it resisted strongly antineurotic treatment, and if purely functional one would have expected the appearance of phonation under the anæsthetic, or at least on regaining consciousness. With regard to the justifiability of the operation I think the relief of the tachycardia is sufficient answer, and although it is a possibility that the aphonia might have been cured by a mere skin incision over the gland, it is also a possibility that the pressure of the enlarged gland on the recurrent laryngeal nerves reflexly inhibited their adductor fibres, and so produced a functional paralysis. The relief of pressure after the operation put an end to this reflex inhibition, and the nerves took thirty hours to recover their normal functions. I do not think there is any question of malingering in the case; he was only too anxious to get well, understood that the operation was a severe one, and is extremely grateful for all that has been done for him. It would be interesting to hear of any similar cases.

I am indebted to Brigade-Surgeon-Lieutenant-Colonel C. E. Harrison, Grenadier Guards, for permission to publish this case.