NECK, &c.

SLOAN, A. T.—Goître in Animals. *Lancet, May* 28, 1887.

THE author enumerates the various animals that are known to be liable to the disease. In some localities it is more common in mules and horses than in men. In three cases in horses the enlarged thyroid has induced compression of the trachea. It appears to be specially prevalent among mules, and the author remarks on sterility being one of the characteristics of cretinism. He concludes with some remarks on the artificial production of goître in animals, but judges that the results are not of much value.

GREVILLE MACDONALD.

AIGRE (Boulogne).—**Tumour of the Thyroid Gland.** *Revue de Laryngologie, &c., June*, 1887.

THE tumour occurred in an aged patient, and was of cancerous nature. The author makes the following remarks :—

Malignant tumours of the thyroid gland are tolerably rare. Since 1882, only seven cases have been published ; in none of these cases is there any history of those early acute pains, radiating into the neck and arm, of which authors repeatedly speak of as characteristic. Cachexia is also rare, and in the cases recorded the patients died from dyspnœa, dysphagia, hæmorrhage, and chronic nephritis. The cancerous mass, instead of being propagated along the cellular tract, which is plentiful in this region, is directed at first from before backwards, pushing on one side the large vessels and nerves, reaching the sides of the trachea and œsophagus, then enclosing the latter structure so as to meet the opposite thyroid lobe.

Obliteration of the jugular vein is a frequent occurrence, but no phenomena of cerebral stasis are recorded, the anterior jugular and vertebral veins compensating for the closure. There is not, however, any abnormal development of these compensatory veins.

An important point also is the slight alteration of the voice, notwithstanding that at the autopsy one may search in vain for traces of the recurrent nerves. JOAL.

ALBARRAN (Barcelona).—**Primary Carcinoma of the Œsophagus.** *Gaceta Médica Catalana*, No. xxiii., Ano. 8o.

OBSERVATION of a case of primary carcinoma of the œsophagus, the inferior half of which was the seat of a whitish, friable, pendulous growth, extending to the cardia, and invading the stomach to the extent of from seven to eight centimètres. In the posterior part of

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the œsophagus, at about six centimètres from the cardia, there was a perforation three centimètres in length and two in width. The bottom of this perforation was formed by the prevertebral cellular tissue, which replaced the wall of the œsophagus at this spot.

Histological examination showed the disease to be an encephaloid carcinoma. The peculiarity of this case consisted in the fact that the patient had another tumour of similar nature in the upper jaw. Albarran did not think gastrotomy feasible, the operation itself being unfavourable, and there was in this case every probability, from the patient's enfeebled condition, of the worst results from operating.

RAMON DE LA SOTA.

BIRD, GOLDING.—Gastrostomy for Epithelioma of Œsophagus; Immediate Feeding by Puncture of Stomach; Death after Six Hours. *Brit. Med. Jour., May* 21, 1887.

A SPECIAL point brought out in this case is the advantage of employing a pointed cannula as a means of immediately introducing a liquid meal. No regurgitation through the puncture occurred on withdrawing the cannula, and when the stomach was opened with a knife, four hours later, the puncture was only visible as a small hæmorrhagic spot.

TAYLOR, H.—Parotitis after Injury or Disease of the Abdomen or Pelvis. *Brit. Med. Jour., April* 16, 1886.

A CASE in which the author thinks that an attack of parotitis followed wounding of the seminal vesicles during an operation for imperforate anus upon an infant.

CHURCH, H. M. (Edinburgh).**—On a Case of Poisoning by Corrosive Sublimate.** *Edin. Med. Jour., March,* 1887.

THE points of interest to the reader of this Journal were, the swelling of the lips and cheek, the presence of pain in the throat, the absence of salivation, and a profuse mucous discharge from the nose. The patient (a girl of five years, who had had administered to her by mistake a glycerine solution of corrosive sublimate instead of castor oil) died within twenty-three hours. Necropsy showed lips livid ; gums white ; sordes on upper incisors ; grumous mucus escaping from nostrils ; tongue sodden ; pharynx presenting a general diphtheritic look ; gullet distended. To within one inch of its upper extremity, the œsophagus presented a yellowish-grey appearance. Above this there was much congestion, which became marked over each tonsil and on either side of the rima glottidis. Grey patches of a diphtheritic nature covered the fauces. The trachea was markedly, and the larynx moderately, congested. The writer attributes death partly

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to the primary corroding action of the poison upon the tissues. (It is a matter of general interest to know that no traces of mercury were found by a chemical expert in the organs, tissues, or secretions.)

HUNTER MACKENZIE.

SINCLAIR, A. J. (Edinburgh).—**Case of Phosphorus Poisoning.** *Edin. Med. Jour., March*, 1887.

A CHILD, aged twenty-two months, had sucked some phosphorus matches, traces of which were found in her mouth and on her lips. When the writer attended he found the cheeks red and flushed, and a dark treacle-like fluid was occasionally vomited. White-coloured fumes emanated from the mouth (after the administration of the white of an egg with flour). Death took place in about six hours. No necropsy was permitted. Neither the stools nor the vomited matter showed any traces of phosphorescence.

HUNTER MACKENZIE.

ASSOCIATION AND CONGRESS MEETINGS.

The French Society of Otology and Laryngology.

ON April 13, 1887, M. MENIÈRE opened the meeting, ceding the chair to M. GOUGENHEIM, the newly-elected president. The bureau was constituted as already reported (this Journal, May, 1887). The following papers of laryngological interest were read :—

1. *Case of Hæmorrhagic Laryngitis.* By Dr. GAREL. (An abstract of this paper has already appeared in this Journal, *vide* p. 222.)

M. POYET questioned whether the case was really one of hæmorrhagic laryngitis. M. Garel merely stated on the part of the larynx, rupture of vessels, lesions of the mucosa, and violent cough, which had determined the flow of blood. But besides this, M. Garel admitted a grave cardiac and vascular condition, which might of itself be the primary cause of the disseminated hæmorrhages, and the blood might have coagulated in the larynx. M. Poyet regarded the hæmorrhage as the result of a diapedesis, and not of a laryngitis. Strübing, in his observations, says that the reddened and inflamed vocal cords present blackened points where the flow of blood had occurred.

M. DELIE agreed with his colleague Poyet. There was in this case a general condition dominating the laryngitis, which was only secondary. He could not see that the larynx of the patient presented any degeneration of the mucous membrane. "I cannot," said Delie, "understand the case enunciated by our estimable confrère as one falling under the category of hæmorrhagic laryngitis. It is essential not to confound hæmorrhages, or sanguineous transudations, manifested in all organs under conditions of profound alterations of the blood, with inflammations of the larynx sufficiently violent to lead to a local rupture, either superficial or deep, of he laryngeal arteries. The clots of blood met with on, or between, the vocal

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