since 1878. For papilloma forty-five operations have been performed, twelve for fibroma, twenty-two for malignant tumours, for foreign bodies eleven, and twenty-six for various causes. Four have been performed for chorditis; of the total number of one hundred and twenty operations, seven patients have died from the results of the operation, the other cases were cured. The author concludes from them and other statistics that the operation is not dangerous to life, and not dangerous to phonation, so long as the disease itself has not destroyed the voice. **Michael.**

NECK, THYROID, &c.

ROBINSON, H. B. (London).—**Cystic Bronchocele.** *British Medical Journal, November* 3, 1888.

EXHIBITION of a case before the Metropolitan Counties Branch, South London District, British Medical Association, October 25, 1888.
Hunter Mackenzie.

STOKER, GEORGE (London).—**Case of Goitre.** *British Medical Journal, December* 1, 1888.

IN this case, which was exhibited before the Medical Society of London, November 25, 1888, the goitrous tumour completely disappeared after galvano-cauterisation of thickened middle turbinated bodies. A second case was mentioned, in which partial disappearance of a goitre had followed similar treatment. **Hnnter Mackenzie.**

ROBSON, MAYO (Leeds).—**Case of Goitre.** *British Medical Journal, December* 8, 1888.

EXHIBITION of case before the Leeds and West Riding Medico-Chirurgical Society, December 8, 1888.

The goitre pressed on the trachea, and for three years had caused dyspnœa. The constriction could be seen by the laryngoscope. Division of the isthmus by the galvanic *écraseur* ten months previously had reduced the circumference of the neck from 17½ to 14½ inches, and the breathing had become easy. **Hunter Mackenzie.**

DUNCAN, JOHN (Edinburgh).—**On the Value of Electrolysis in Angioma and Goitres.** *British Medical Journal, November* 3, 1888.

A PAPER read at the Annual Meeting of the British Medical Association, 1888.

The author says he has not yet had sufficient experiences to be able to state precisely the value of electrolysis in goitres. So far, however, the results have been very encouraging. **Hunter Mackenzie.**

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BROWNE, LENNOX (London).—**Cases of Partial Removal of Goitres.** *British Medical Journal, December* 1, 1888.

EXHIBITION of cases before the Medical Society of London, December 1, 1888.

Mr. Browne had removed either the isthmus, or the isthmus and lobe, in ten cases, with a most satisfactory result in each. He believed that the risk of myxœdema ensuing after entire removal had been exaggerated, but seeing that it did exist, he deemed it better to do a partial operation. The hæmorrhage in these cases was slight, due probably to the author's method of transfixing with a double ligature, and tying the two separate halves.

An unimportant discussion followed. **Hunter Mackenzie.**

POLOSSON.—Constricting Goitre coinciding with an Œsophageal Cancer. *Provence Médicale, March*, 1889.

IN the presence of an œsophageal cancer, when the obstacle to catheterism is seated in the neck, it is necessary to bear in mind the possibility of a constriction produced by compression from a thyroid tumour. Basing his opinion upon two cases which he has observed, the author emits the hypothesis that cancer of the œsophagus may originate a thyroid congestion, seen as compression or simple thyroid tumefaction. **Joal.**

POLHERAT.—Intra-thoracic Goitre. *Société Anatomique, March*, 1889.

THE author presented a specimen constituted of a soft intra-thoracic goitre situated behind the aorta and in front of the trachea. The tumour was much lobulated on the surface, pedunculated, and attached to the isthmus by a narrow pedicle. The cervical portion of the thyroid was not hypertrophied. One can imagine all the difficulties which the clinician meets with when a tumour of this kind causes symptoms of intra-thoracic compression. **Joal.**

GUYOT.—The Treatment of Exophthalmic Goitre. *Soc. Méd. des. Hôp., February* 22, 1889.

IN the course of a discussion upon the pathology of Basedow's disease, the author related a typical case observed by himself and Dr. Potain, and cured by tincture of veratrum viride. The disease had existed for three years when this treatment was commenced, and cure had been maintained for three years. **Joal.**

GÉRIN-ROYE.—Cure of a case of Exophthalmic Goitre. *Soc. Méd. des Hôp., March* 8, 1889.

THE case was related of a woman suffering from Graves' disease, who had severe gastric symptoms. She was cured spontaneously, after having tried without success all the remedies recommended for such cases.

Joal.

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PORTER (Sheffield).—**Graves' Disease.** *British Medical Journal, December* 1, 1888.

EXHIBITION of two cases before the Sheffield Medico-Chirurgical Society, November 22, 1888. **Hunter Mackenzie.**

HARSANT (Bristol).—**Cancer of Thyroid.** *British Medical Journal, December* 1, 1888.

SPECIMEN exhibited before the Bristol Medico-Chirurgical Society, November 14, 1888.

The exhibitor considered the case one of primary cancer, and remarked on the rarity of the condition. **Hunter Mackenzie.**

MORTIMER (Exeter).—**Case of Early Myxœdema of a very Characteristic Nature.** *British Medical Journal, November* 3, 1888.

EXHIBITION of a case before the South-Western Branch, British Medical Association, November 3, 1888. **Hunter Mackenzie.**

SHEPHERD, F. J.—A hitherto undescribed arrangement of the Inferior Thyroid Arteries. *Transactions Montreal Medico-Chirurgical Society, February* 22, 1889.

IN the specimen both inferior thyroid arteries came off from the right side, and neither was derived from the subclavian. The *right* arose from the right common carotid about one inch from its commencement, and supplied the lower part of the right lobe of the thyroid gland. The *left* was derived from the innominate, crossed in front of the trachea to the left side, and supplied the left thyroid lobe; as it crossed the trachea it gave off a middle thyroid artery to the isthmus. **George W. Major.**

SHEPHERD, F. J.—A very large Thyroidea Ima. *Transactions Montreal Medico-Chirurgical Society, February* 22, 1889.

THIS vessel arose from the innominate artery, and almost immediately divided into four large trunks, which completely covered the central part of the trachea. In the same case there were two superior laryngeal arteries on the left side, the lower of which was of large size and anastamosed freely with the superior thyroid of the same side.

George W. Major.

DILL, JAMES.—Accessory Thyroid Gland. *Transactions Montreal Medico-Chirurgical Society, February* 22, 1889.

THE tumour was about the size of a hen's egg, with a firm, elastic feel, freely removable, and situated directly upon the crico-thyroid space and first two rings of the trachea. It had no definite attachment, but was held in place by dense layers of fibrous tissue. It was easily enucleated, and on section was found to be an irregular thick-walled sac, containing a dark, bloody-looking fluid. Microscopic examination showed that it consisted of thyroid gland tissue, degenerated in the centre. The tumour exerted sufficient pressure to render breathing at times very difficult.

George W. Major.

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SPANTON, W. D. (Wolverhampton).—**Large Tumours of the Neck.** *British Medical Journal, December* 22, 1888.

THE tumour was of twenty-seven years' existence, and occupied the whole side of the neck; it pushed the larynx and trachea two inches beyond the middle line, causing considerable dyspnœa. It was clearly adenomatous, and was successfully excised. The author advocates the removal of all such tumours which were uninfluenced by treatment—except in certain tuberculous cases, where it seemed neither safe nor desirable.

Hunter Mackenzie.

MEYER (Hamburg).—**Blood Cysts of the Neck.** *Inaugural Dissertation, Würzburg*, 1889.

A PATIENT, now ten years old, was born with two blueish tumours on the right side of the neck. These tumours were as large as walnuts. When the child was half a year old puncture was made, and this was occasionally repeated. Under this treatment the tumours diminished, but complete cure was not effected. The child is now ten years old (April, 1889), and presents a large tumour commencing at the external part of the sterno-mastoid, and reaching to the vertebral column. Fluctuation was detected in it. Dr. Alsberg removed the tumour by an operation which lasted an hour and a half. In a few days the patient was cured. The author reviews twenty-two cases of similar nature found recorded in medical literature, and discusses the views emitted by various authors as to the nature of such tumours. Microscopical examination of the tumour removed from this case, by Dr. Fütterer, proved it to originate in a vein and it must be regarded as a congenital ectasis of a venous plexus with secondary cavernous metamorphosis of the tissue at its circumference.

Michael.

ANNANDALE.—Discussion on the Pathology and Treatment of Strumous Glands. *Medico-Chirurgical Society of Edinburgh, Wednesday, March* 20, 1889.

PROF. ANNANDALE commenced by referring to the looseness of the term "strumous," which could not be considered as equivalent to "tubercular," as it seemed to include a class of cases resembling the tubercular in their behaviour, but which were not tubercular. He considered that it would be better to look on these gland affections as inflammatory, and that the general word "adenitis" should be used to include them all, an attempt being then made to specify or classify the different forms of adenitis as simple, suppurative, tubercular, scarlatinal, etc. The treatment of these conditions could not be carried out without a reference to the cause, which might be local or general, or both. As an example of a local causation frequently overlooked, he mentioned the glandular affections arising from the irritation of "jammed" teeth. He was also of opinion that the whole naso-pharynx and the ear should be carefully examined in searching for other local causes of irritation. Such local causes must be got rid of and the constitution treated, but it was necessary to apply local treatment to the glands themselves. He considered that this should first of all be of a soothing character. Then counter-irritation

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should be applied. If tension occurred, even before there were signs of suppuration, relief would be given by puncture with either a tenotomy or a Graefe knife. If suppuration occurred, incision and scraping with a sharp spoon ought to be practised. If it could be done, excision of the gland was the best treatment, but the cases suitable for this were few. Deformed cicatrices should be excised altogether.

Dr. JOHN DUNCAN, in discussing the question as to the mode of entrance of the tubercle bacillus into the glands, argued in favour of the blood-stream being the principal path. Among other points in support of this view, there was the fact that strumous glands were very rarely caused by local strumous disease. He had seen three cases of that rare disease, tubercular ulcer of the tongue, two of which were verified by microscopic examination, and in these the glands were not affected. Strumous diseases of the joints were not prone to produce disease of the glands. He did not deny that local irritation played a part in the production of strumous glands, but this part, that it formed the soil. Two general principles governed the treatment: First, it must be etiological, must consist in the removal of the cause, and Second, every means should be adopted to obtain the rest that was necessary in all inflammatory affections. The subsidiary or local cause should be first removed, after which, as part of the etiological treatment, came the removal of the tissues affected. This might be accomplished by excision or by scraping. Injections of iodine, bichloride of mercury or salicylic acid sometimes gave good results, but excepting in chronic simple adenitis, counter-irritation would prove a failure. It could hardly affect the tubercle bacillus. The rest should be absolute, and was best afforded by the use of some sort of cuirass with a good stock running up from it, and catching by the jaw and occiput so as to hold the head steady.

Mr. CATHCART having contraverted Mr. Duncan's view, that the blood-stream was the principal path by which the tubercle bacilli entered the gland, proceeded to draw attention to a local cause of enlarged cervical glands frequently overlooked, viz., painless enlargements about the fauces, occurring sometimes after a chill, sometimes after an attack of measles. He found a pigment of equal parts of tincture of iodine and glycerine of great value in those affections.

Dr. WOODHEAD pointed out that in the tubercular process, the giant cell was not an essential part, but rather of accidental occurrence. He considered that in struma they had a condition in which the gland was exceedingly ready to undergo caseous degeneration in the presence of a small number of bacilli. The adenoid tissue was weakened so that it was more readily attacked by the tubercular irritant, and broke down under the irritant inflammation, undergoing caseation much more readily than did a healthy gland. He did not agree with Dr. Duncan in regarding the blood stream as the path by which tubercle bacilli entered the glands. When these bacilli made their way into the blood stream, a condition of acute miliary tuberculosis usually occurred. He would be chary of scraping tubercular glands without first applying the cautery. He believed that in a number of cases the history of an acute miliary tuberculosis dated from the scraping of glands; the breaking down of the

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capsule and scraping brought the bacilli and their spores into connection with the circulation. The cautery, he thought, would be of more value than any antiseptic. He objected to the injection of bichloride of mercury, which, in the presence of albumen, rapidly lost its action as a germicide, and might also weaken the tissues themselves, so that before they had recuperated the bacilli might have attained the upper hand.

Prof. CHIENE agreed with Dr. Woodhead as to scraping, and the injection of bichloride of mercury. He advocated early excision of enlarged glands, even at the risk of removing a gland affected by a simple adenitis, and considered that hydro-naphthol would prove a safer antiseptic than the bichloride. **Maxwell Ross.**

SUTHERLAND, W. D.—Ligature of the Common Carotid for Arterio-Venous Aneurism. *Transactions of the Montreal Medico-Chirurgical Society, March* 21, 1889.

A GIRL, aged twenty-four years, was shot in the neck by an ordinary parlour rifle, carrying a bullet the size of a pea. The bullet entered the neck midway between the symphysis and angle of the lower jaw on the left side, passed across the neck, and was found under the skin two inches below the right mastoid process. The right side of the neck was swollen, and a distinct pulsation and thrill were felt in placing the hand over the upper carotid triangle. With the stethoscope a distinct bruit could be heard. The pulsation was arrested by compressing the common carotid in the neck. Temporary obstruction of the carotid by ligating it over a piece of drainage tube, after the manner of Treves, was determined upon. The patient did well for several days, but the ligature loosening, the pulsation in the aneurism returned. She was again placed under ether, and the carotid was tightened in its continuity above the omo-hyoid. After three weeks the patient was discharged, cured.

George W. Major.

LLOYD, JORDAN (Birmingham).—**Congenital Gumma.** *British Medical Journal, October* 27, 1888.

A GIRL, aged fifteen years, had had swellings for several years in the course of the right sterno-mastoid muscle, supposed to be strumous glands. On operating, however, the whole muscle was found to be a mass of gummatous tissue, and no glands could be seen. There was a collateral history of a syphilitic disease in family. **Hunter Mackenzie.**

CARPENTER, G. A. (London).—**Spasmodic Wry-Neck.** *British Medical Journal, November* 24, 1888.

THE patient was a boy, aged seventeen, mentally weak, in whom the complaint had existed for two years. Treatment was quite ineffectual.

Hunter Mackenzie.

SAUNDBY, R. (Birmingham).—**Acromegaly.** *British Medical Journal, October* 27, 1888.

IN addition to hypertrophy of the extremities, there were present (case

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exhibited) thickening of the fibro-cartilages of the ears and nose, atrophy of the thyroid gland, and enlargement of the lower jaw. The disease had existed for twenty-one weeks. Thirst had been an early symptom, but had disappeared. **Hunter Mackenzie.**

BOND (Leicester).—**Surgery of the Parotid Gland.**—*British Medical Journal, November* 24, 1888.

THE author read notes of two cases, in which sarcomata had been successfully removed from the parotid, before the Leicester Medical Society, November 2, 1888. In the first case, the resulting facial paralysis, though persistent, did not lead to any inconvenience, and the recovery of the second case was retarded by an attack of acute parotitis. **Hunter Mackenzie.**

MORGAN, J. H. (London).—**Case of Frontal Meningocele.** *British Medical Journal, November* 3, 1888.

EXHIBITION of a child aged sixteen months, before the Medical Society of London, October 29, 1888. The tumour was congenital, and grew at first out of proportion to the growth of the child. It had been tapped, and some of Morton's solution injected, but without apparent result. It was best left alone. **Hunter Mackenzie.**

BARKER, F. R. (Medical Staff).—**Inoculation of Syphilis by Tattooing.** *British Medical Journal, October* 27, 1888.

THE tattooer confessed to having mixed his paints with saliva, and to having put the needles in his mouth. It was observed that he had a slight sore at the left angle of his mouth, and the greater part of his buccal mucous membrane and soft palate was found studded with mucous tubercles. Indications of syphilis were found on the skin and near the anus. Dr. Cousins remarked upon the very unusual appearance of well-marked rupial crusts at the seats of inoculation. All the patients (thirteen out of fifteen inoculated) were inoculated from the same source, and yet they presented very different forms of local inflammation, and widely different skin diseases. The President (Mr. Norman) observed on the rarity of a well-marked rupial eruption as a primary manifestation of syphilis.

(*Apropos* of this paper, Dr. DRYDEN MOFFAT, Glasgow, mentions in the *British Medical Journal*, November 24, 1888, a severe case of syphilis, with the chancre on the lip, in which a copious outbreak of rupia co-existed with the open chancre). **Hunter Mackenzie.**

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