NECK, &c.

SNELL, SIMEON.—On some Clinical Features of Graves' Disease. *Lancet, April* 23, 1887.

THE author limits himself to the discussion of three eye-symptoms, viz., Stellway's symptom, or retraction of the eyelids, exophthalmos, and Graefe's sign, or loss of co-ordination between the upper eyelid and the eyeball. Of these he gives illustrative cases. He concludes by endorsing the central lesion theory of Sattler, who assumes a lesion of the vaso-motor centre which presides over the vaso-motor nerves of the thyroid gland and orbital tissues, it being inferred that these centres must lie close together. The cardiac symptoms he ascribes to lesion of the cardio-inhibitory centre of the vagus, and Graefe's symptom is explained on the assumption of a centre governing the associated downward movement of the eye and eyelids. The association of diabetes in some cases of Graves' disease the author considers noteworthy, seeing that the diabetic puncture is close to the vaso-motor area. The cases cited tend to support such a central theory. GREVILLE MACDONALD.

SHELSWELL, OSCAR B.—Cases of Hæmorrhagic Tendency in Myxœdema. *Lancet, April* 2, 1887.

THE author gives two cases in which severe hæmorrhage followed tooth extraction. He then gives quotations from various authors, from which he draws the conclusion that hæmorrhage in myxœdema assumes one of four forms, viz., menorrhagia, ecchymoses, bleeding from the gums, and purpuric patches on the skin. He then points out that certain pathological conditions in the disease may predispose to hæmorrhage, and quotes Dr. Bruce Low, who asserts that out of ninety cases of goître who had borne children, thirty-one were habitual flooders. GREVILLE MACDONALD.

DRUMMOND, DAVID.—On some of the Symptoms of Graves' Disease. *Brit. Med. Jour., May* 14, 1887.

A CLINICAL lecture on three cases, with an admirable *résumé* of the leading symptoms and the various theories. The author draws special attention to pigmentation of the skin, which he describes somewhat minutely. With Wilks, Bristowe, Savage, &c., he has failed to detect any structural changes in the cervical ganglia. He leans to the view of a functional neurosis of the sympathetic, and

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perhaps of the associated centres in the cord and medulla. He concludes with mentioning a case of Graves' disease in which the thyroid enlarged rapidly in one direction, during an attack of acute tonsillitis, while the eyes projected more than before. The thyroidal enlargement he believes to be simple hypertrophy.

GREVILLE MACDONALD.

FÉRÉ.—Spasm of the Muscles innervated by the Hypoglossal. *Soc. de Biologie, April* 23, 1887.

THESE spasms are usually limited to the tongue. Féré has just seen a patient in whom the spasms extended to the lingual and hyoid muscles. The patient was a woman of fifty, of neurotic constitution, and in whom, after extraction of a tooth, a pretty intense spasm occurred, consisting in sudden lowering of the jaw and protrusion of the tongue. A set of artificial teeth worn by the patient was at each spasm jerked out on to the ground. JOAL.

ANNANDALE, Prof. (Edinburgh).—**Parotitis following Ovariotomy.** *Edin. Med. Jour., March*, 1887.

IN a discussion which followed the reading of a paper of gynæcological interest, before the Medico-Chirurgical Society of Edinburgh, January 19, 1887, by Mr. Skene Keith, Mr. Annandale referred to this subject, and to an explanation of its occurrence which he had lately seen, to the effect that the removal of the ovary caused some interference with the salivary secretion, and the ducts in such a condition permitted the entrance of germs to the glands, and so caused the inflammation. He inquired of Mr. Keith if he had met with any case in which this might be a likely explanation of this condition. Mr. Keith had seen suppuration of the parotid after ovariotomy, but believed it was as common after other operations. (See "Case of Suppuration of the Parotid, following Ovariotomy," by Skene Keith, M.B., *Journal of Laryngology and Rhinology*, vol. i., p. 29.) (Mr. Annandale's question, which he pointed out had reference to inflammation, not suppuration, was not satisfactorily replied to.)

HUNTER MACKENZIE.

SÖRENSEN (Copenhagen).—**Report of the Copenhagen Hospital for Infectious Diseases (Meddelelser fra Blegdamshospitalet).** *Hospitalstidende, May* 11, 1887.

THE author, who is physician to the above-named hospital, has, during the year 1886, treated 496 cases of croup and diphtheria, which he considers identical diseases. (The post-mortem examination showed diphtheritic membranes of the fauces in 88 out of

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101 cases of croup, and false membranes of the lower air-passages in 40 out of 55 cases of diphtheria without stenosis.) During life there were often no symptoms of any diphtheritic deposits in the air-passages in cases of usual diphtheria, whereas the post-mortem examination showed false membranes of these parts. He considers the danger of diphtheria to be in proportion to the extent of the diphtheritic process. The author draws attention to some symptoms of gastric disorders during diphtheria as being of very bad prognostic significance. These are first unconquerable dislike for food, and later, vomiting, which latter symptom often appears shortly before death, and he only saw one patient recover after having had these symptoms. He considers them due to pathological changes of the minute structures of the central nervous system. The post-mortem examination did not show any visible changes of the structure of the stomach, the brain, or the spinal cord. HOLGER MYGIND.

THOMSON AND DEWAR (Edinburgh).—**Clinical Report of the Cases in the Royal Hospital for Sick Children, from May to October, 1886.** *Edin. Med. Jour.*, *May*, 1887.

AMONGST the cases (353 in number) were the following :—

Diphtheritic croup, 5. In four of these, death occurred within a few hours of admission to the hospital.

Post-diphtheritic paralysis, 2. In one of these the soft palate, and in the other the vocal cords were affected.

The surgical cases (28 in number) embraced, amongst others, cases of ranula, wry neck, cellulitis of neck, and foreign body in the larynx. Death occurred in a case of cellulitis of the neck, following measles, in a child of one year.

The following are recorded amongst the specially noteworthy cases :—

Mediastinal tumour in a girl aged eight years. Precordial murmurs, tracheal stridor, attacks of dyspnœa, and cyanosis. Sudden death. Post mortem—large lympho-sarcoma, enveloping pericardium, and extending up the trachea as far as the cricoid cartilage.

Pyæmia in a boy of five, following acute necrosis of lower jaw. History of decayed teeth and recent gumboil.

Bronchiectasis in a boy of four, following pertussis.

In 25 cases of tuberculosis, no record is made of any laryngeal participation. HUNTER MACKENZIE.

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