**Downie** (Glasgow).—*Foreign Bodies in the Lung.* "Brit. Med. Journ.," Dec. 17, 1892.

In referring to a case, he remarks upon the liability of suffocation by impaction of the body in the larynx during strong expiratory efforts, one reason for performing tracheotomy at once; another is due to the reasonable supposition that a foreign body in the lung must eventually set up injurious processes in the lung, bronchiectasis, abscess, etc., if allowed to remain—an equally good reason for at once performing tracheotomy and exploring with sound and forceps where inversion has failed. In one such case, a boy aged nine, while eating hazel nuts inhaled a piece of one; twenty-three days after there were noticeable flushing, high fever (temp. 104·2), cough, and immobility of right side. There was an area of dulness over right base, and blockage of right bronchus. Tracheotomy was performed, the patient being allowed to come to before the trachea was opened so as to allow of free coughing. Mucus and blood were at first expelled. While using a fine laryngeal probe, a violent cough brought away fœtid muco-pus along with a pyramidal-shaped portion of the nut kernel, measuring a quarter of an inch by three-eighths of an inch, smaller pieces following. Air now entered the right lung freely, a result on which we must congratulate Dr. Downie. Next day the patient was virtually well. *Wm. Robertson.*

## THYROID GLAND, &c.

**Horne, R. M.** (Edinburgh). — *The Blood-Vessels of the Thyroid Gland in Goître.* "Lancet," Nov. 26, 1892.

Gutknecht ("Die Histologie der Struma" — "Virchow's Archiv," Band XCIX. 1885) has remarked on the occurrence of hyaline changes in the walls of the vessels, and of colloid material in the lamina in extirpated goitrous thyroids. He derived these colloid masses from the red corpuscles of the circulating blood. Horne examined a number of normal thyroids from adults and fœtuses, and found projections into the lamina of the smaller arteries, formed by proliferation of the endothelium of the intima. These projections or "buds" resembled young gland follicles, and in several sections were found to contain colloid not to be distinguished from that in the true gland follicles. It would seem, therefore, that they possess in common with the thyroid follicles the power of secreting or of producing colloid material. Nothing similar was found in the veins. *Dundas Grant.*

**Braun.**—*On the Genesis and Diagnosis of Intrathoracic Goîtres.* Med. Gesellsch. in Leipzig, Meetings, Aug. 2, 1892, and Oct. 25, 1892.

The surgery of goître has made great progress. The mortality of the normally situated goîtres is rather less. Goîtres situated in the thoracic cavity arise from degeneration of accessory strumous glands. The author

https://doi.org/10.1017/S1755146300149789 Published online by Cambridge University Press

has observed a patient with the symptoms of compression. A tumour of the size of an egg was situated on the aorta. The author performed extirpation and cure resulted. *Michael.*

**Wiesmann** (Herisau).—*Case of Struma Intrathoracica.* "Correspbl. für Schweizer Aerzte," 1893, No. 1.

A PATIENT, fifty-six years old, had during his whole life difficulties of breathing, which in his latter years increased constantly. He finally also had dysphagia, and died from marasmus. The anterior mediastinum was filled with a tumour of the size of two fists, which compressed the œsophagus and trachea. He also had a calcified struma situated on the right side of the larynx. *Michael.*

**Krönlein** (Zürich).—*On Death from Goître.* "Beiträge zu Klin. Chirurgie," IX. 3.

IN one hundred and ninety-one cases of goître operated upon by the author, there were none without more or less dyspnœa. In most cases it was a chronic and increasing dyspnœa. In some cases he observed sudden death. He believes that these cases must be explained by suddenly increasing pressure of the goître upon the trachea, caused by increased dyspnœa from an unusual position or from mucus in the trachea. *Michael.*

**Brady.**—*A Case of Thyroidectomy — Successful Result.* "Australasian Med. Gaz.," Sept. 15, 1892.

THE case was that of a girl, thirteen and a half years old, with a rapidly growing thyroid hypertrophy. The operation was performed when distinct pressure symptoms had developed, and medicinal treatment had entirely failed to benefit. The left lobe of the gland was removed, and measured three and a half inches long, two and a half inches broad, and one inch thick. It weighed five ounces, and did not contain any cysts. Mr. Berry's method of operation was followed as closely as possible, and was successful. *B. J. Baron.*

**Moussu.**—*On Experimental Thyroidectomy.* Biological Society, Paris, Dec. 17, 1892; "Medical Week," Dec. 23, 1892.

THE author recently performed some new experiments to ascertain the effect of thyroidectomy on the lower animals, and the results may be summed up as follows :—

1. That the so-called accessory thyroids play a different part in the economy of young as distinguished from adult animals.

2. That excision of these glandular structures arrests or obviously retards the growth of young subjects.

3. Thirdly, that excision may be followed by the production of myxœdematous cretinism in certain cases, in others of atrophic cretinism.

The importance of the so-called accessory glands is, therefore, more and more doubtful.

The thyroid body exerts a physiological influence on the general

https://doi.org/10.1017/S1755146300149789 Published online by Cambridge University Press

nutrition of the organism, which manifests itself in a variety of changes perfectly recognizable in the different animal species.

Dr. GLEY remarked that the number of experiments which form the basis of Dr. Moussu's communication is not large enough to enable us to draw definite conclusions from them. Besides, these experiments were performed at a time when the existence of the accessory thyroids was unknown. Long before Dr. Moussu, other investigators, Schiff and himself among others, had pointed out the greater gravity of thyroidectomy in young animals than in old ones. In the third place, whatever interest may attach to Dr. Moussu's new experiments on kids, young pigs, and rabbits, it must be admitted that the same cretinoid state and myxœdematous condition were experimentally produced in monkeys by Horsley as early as 1885. He still persisted in believing that the trophic changes found in several rabbits and one dog, which he exhibited at a meeting of the society, are very closely related to myxœdema.

Now, as regards the results of thyroidectomy in rabbits, one fact is beyond all doubt, viz., that most of the animals operated on die. When they survive it is due to the fact either that the accessory glands have not been removed, or that a portion of the thyroid body has unintentionally been left behind, and has become hypertrophied, an occurrence he has several times had occasion to observe. The importance of the accessory thyroids is sufficiently apparent from the fact that, before his experiments, no changes were observed in rabbits after thyroidectomy, and the phenomena described by him in rabbits have recently been observed by Cristiani in other rodents (more than one hundred rats and mice). It is essential, therefore, that the experiments should be published with the fullest details, and the bodies of the animals operated on submitted to a careful examination after death.

*R. Norris Wolfenden.*

**Eiselberg.**—*Inhibition of Growth in Sheep after Thyroidectomy.* "Lancet," Oct. 29, 1892 (Vienna Letter).

Dr. EISELBERG, assistant of Prof. Billroth, removed the thyroids of two lambs at birth, and compared them, after eight months, with two not operated on. The subjects weighed only ten and fourteen kilos, as against thirty-five and thirty-seven on the part of the normal ones. The hind part of the head and the abdomen were enlarged; the tail was rudimentary, the testicles atrophied, the fleece bad, the intelligence wanting, and they suffered from bronchial catarrh. Therapeutical experiments are to be made. *Dundas Grant.*

**Mackenzie, Hector** (London).—*Treatment of Myxœdema.* "Lancet," Oct. 29, 1892.

THE thyroid gland, known to butchers as the "throat-bread," is given minced, and either plain or with a little brandy. One thyroid every other day is enough. A home-made extract may be made by mincing up the thyroid, rubbing it up in a mortar with a little crystallized sugar and glycerine, then adding a little water, and, after allowing it to stand for an hour or two, filtering through calico or muslin. *Dundas Grant.*

https://doi.org/10.1017/S1755146300149789 Published online by Cambridge University Press

**Pott** (Halle).—*On Hyperplasia of the Thymus and its Dangers to Life.* "Jahrb. für Kinderheilk.," Band 34, Heft 1.

In eighteen cases of one hundred and seventy-six of laryngismus stridulus the author has observed sudden death. In four of these cases, which died in the presence of the author, he found an enlarged thymus gland. The author believes that the enlarged thymus may be dangerous by causing compression of the trachea and of the large vessels, especially of the pulmonary artery. The cases observed by the author gave the impression that the children did not die from suffocation, but from disturbance of the circulation and sudden cessation of the action of the heart. Artificial respiration and tracheotomy were without any effect.

*Michael.*

## EAR.

**Barr, Thomas** (Glasgow).—*Treatment of the Nose and the Throat as a source of Middle-Ear Disease.* "Lancet," Dec. 17, 1892.

DR. BARR points out the now well-known dangers attending the use of the nasal douche. He thinks the entrance of fluid into the middle-ear is a common occurrence, though fortunately not always followed by inflammatory mischief.

He inculcates the necessity in the use of the nasal douche for careful instruction by the medical attendant; the previous examination of the nasal passages, so that in case of one side being narrowed the douche should be injected *into the obstructed side only*; the avoidance of a tight-fitting nozzle; the avoidance of great force; the fall in Weber's douche not to exceed two feet; a comfortable degree of warmth, and the admixture of one per cent. of salt or soda with, in ozæna or other bacterial diseases, a definite antiseptic; avoidance of the act of swallowing (as by protruding the tongue); the avoidance of the douche in the case of infants, young children, and adults with abnormally patent tube, nasal instillations being substituted; abstention from blowing the nose, and if possible from sneezing for at least a quarter of an hour after the douche; performance of the act of swallowing with the nostrils closed if pain in the ears evidence the entrance of fluid; great care, or even avoidance of the douche or syringe, and of exposure to cold or septic influences, for several days after operations or cauterizations on the nose or naso-pharynx; scrupulous cleanliness and asepticity of all instruments—cutting instruments, cautery points, finger-nail, etc. [The editor would like to draw attention to the safety nasal douche exhibited by him before the Laryngological Section of the British Medical Association at Nottingham, and reported in the JOURNAL OF LARYNGOLOGY for September, 1892.] *Dundas Grant.*

**Field** (London).—*The Pathology and Treatment of Suppurative Diseases of the Ear.* "Brit. Med. Journ.," Dec. 3, 1892.

THE author, after referring to the predisposing causes of suppuration, *i.e.*, any influence inducing a condition of the tympanic mucosa suitable

https://doi.org/10.1017/S1755146300149789 Published online by Cambridge University Press