The carefully written history of the patient is supplemented by a review of the etiology of laryngeal perichondritis, and a brief reference to a case occurring in the service of Dr. Asch, in which perichondritis and abscess of the posterior wall of the larynx resulted from swallowing a plate of false teeth during an epileptic fit.

J. N. MACKENZIE.

Statistics of Tracheotomies at the Hôpital Trousseau, and at the Hôpital des Enfants during the year 1886. *Revue des Maladies de l'Enfance, March,* 1887.

HÔPITAL Trousseau.—The number of croup cases operated on has been 363, of which 297 died and 106 recovered, making 29·23 per cent. of cures. The cases not operated on numbered 62, of which 54 recovered and 8 died.

Hôpital des Enfants: 355 children affected with croup were operated on, of which 60 recovered and 295 died, which gives the percentage of cures as 16·9 only. The difference of the two statistics is inexplicable.

JOAL.

NECK, &c.

FORT, J. A.—Cyst of the Thyroid Gland; Extirpation; Cure. *Gaz. des Hôp.,* No. 6, 1887.

THE tumour extended from the hyoid bone to the sternal notch, passing over the median line internally, and resting externally upon the internal jugular and carotid. Thyroidectomy was determined upon. During the operation the cyst emptied itself. The walls, containing cartilaginous and calcareous concretions were dissected out. No hæmorrhage occurred at the time, but after suturing the wound, secondary hæmorrhage supervened, which was, however, controlled without great difficulty. Antiseptic precautions were used. No vessels were ligatured.

BEC, Le.—Sanguineous Cystic Goître: Puncture: Injection of Iodine. Cure. *Gaz. des Hôp., No.* 1, 1887.

SIXTY grammes of clotted blood were removed on puncture. The nature of the case is indicated by the title.

HURRY, J. B.—Case of Goître, followed by Asphyxia; Tracheotomy; Death. *Lancet, March* 19, 1887.

THE goître was of a year's duration with increasing dyspnœa, which

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ultimately called for tracheotomy. No mention is made of the laryngoscope assisting the diagnosis. No relief followed the operation, and the patient died. At the autopsy, the trachea was found to be laterally compressed by the two lobes of the enlarged thyroid. The author offers an explanation of the suddenly intensified dyspnœa, in supposing that the sterno-hyoid and thyroid muscles being called into requisition to supplement the laboured respiration, increase, thereby, the pressure of the gland on the trachea, a "vicious circle" being thus established. GREVILLE MACDONALD.

NICOL (Hanover).—**Volubilitas Linguæ.** *Deutsch. Med. Zeitung, No.* 11, 1887.

THE patient, twenty-five years old, could put his tongue behind the soft palate, so that nothing could be seen of it in the mouth. He was enabled thus to clear his naso-pharynx of mucus.

The author has also seen a man of thirty-five, who could perform the same feat. MICHAEL.

HOEPLIN (Munich).—**Abscess of the Mediastinum Posticum.** *Munich Med. Woch., February*, 1887.

THE patient was admitted into the hospital with urgent tracheal stenosis. Dr. Ziemssen found laryngoscopically, paresis of the crico-arytenoidei postici muscles and protuberance of the posterior tracheal wall. Some time later the patient had attacks of suffocation and fever. The dyspnœa decreased, with the expectoration of $\frac{3}{4}$ litre of frothy pus within two days. He then left the hospital, but some months later died of pulmonary hæmorrhage. The autopsy revealed pulmonary phthisis, and an abscess behind the trachea filled with $\frac{1}{8}$ litre of pus. No cause could be discovered for the abscess. The pulmonary phthisis was considered to be secondary. MICHAEL.

HITCHCOCK, N. G. (N.Y.)—**Gummatous Infiltration of the Tongue.** *New York Med. Journal, February* 5, 1887.

REPORT of four cases. In none was the fibrous septum of the tongue the exclusive seat of the deposit, and in three the deposit did not approach this structure. In no instance was there neighbouring glandular enlargement. The cases bear out the assumption that the soft palate and tongue are more simultaneously involved in ulceration.

BUCHANAN, GEORGE (Glasgow).—**Salivary Fistula Cured by the Galvano-cautery.** *Glasgow Medical Journal, February*, 1887.

IN this case the fistula was formed by the incision necessary to relieve

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an enormous carbuncle which was situated on the left side of the neck below the ear. The fistula had existed for thirteen years, and cicatrized after a single application of the galvano-cautery loop.

HUNTER MACKENZIE.

MAYLARD (Glasgow).—**Case of Lympho-Sarcoma of the Neck.** *Glasgow Med. Journ., February*, 1887.

EXHIBITION of case before the Pathological and Clinical Society of Glasgow, October 11, 1886. Patient aged four years. The growth commenced as a little tumour below the left ear, and had grown in seven months. It now occupied the whole of both sides of the neck, and the breathing was becoming affected. The tumour was free from the larynx, and movable on it. Latterly it had become very painful, and a severe cough had developed.

HUNTER MACKENZIE.

MIDDLETON (Glasgow).—**Salivary Calculus.** *Glasgow Med. Journ., February*, 1887.

EXHIBITION of specimen (for Dr. Macpherson, Cambuslang) before the Pathological and Clinical Society of Glasgow, October 11, 1886. The calculus was spontaneously discharged.

HUNTER MACKENZIE.

LYALL, ANDREW.—A Case of Inflammation of the Deep Cellular Tissue of the Neck. *Edin. Med. Journal, February*, 1887.

IN this case, dyspnœa developed to an alarming extent. Great relief, and ultimately recovery ensued after two incisions had been made—one about two inches below the jaw, in the line of the sterno-mastoid, and the other below, and in front of the angle of the jaw. From both incisions fœtid pus and air escaped.

HUNTER MACKENZIE.

SCHRÖTTER (Wien).—**Carcinoma of the Lung or Tuberculosis?** *Allgem. Wiener Med. Zeitung, Nos.* 48, 49, 50, 1886.

A CLINICAL discourse on a rare case of combined carcinomatous and tubercular disease, in a man of thirty-eight, who for a long time had chronic phthisis of the lung, with carcinoma of the thyroid, compression of the trachea, and mediastinal lymphatic tumours. It was impossible to make a diagnosis during life.

MICHAEL.

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