with his forceps, which was examined by Professor Ponfick, who declared it to be malignant, and probably a sarcoma. Extirpation of the larynx was determined upon and performed by Dr. Riegner. The operation lasted two hours, and the examination of the specimen proved it to be a scirrhus. Eight days afterwards, the first ring of the trachea had to be extirpated on account of a portion of tumour which may have been left unremoved, or might have been a recurrence. Two days later, death occurred from cardiac paralysis. **Michael.**

SOMMERBRODT (Breslau).—**Hoarseness of 28 years' duration, Dyspnœa lasting for 5 years, Multiple Papillomata, Laryngo-fissure—Cure.** *Berl. Klin. Wochens.*, No. 42, 1888.

THE title indicates the nature of the case. **Michael.**

BENNO LEWY (Warmbrunn in Schl.).—**A case of Laryngeal Typhoid in a child of one year of age.** *Archiv. für Kinderheilkunde, Band* 10, *Heft* 2.

THE child suffered for eight days from general spasms, diarrhœa, fever, and increasing laryngeal stenosis, which at last necessitated tracheotomy, but without avail. The autopsy proved the existence of abdominal typhoid. In the larynx swelling of the mucous membrane with much stenosis was found, and the whole subglottic region was occupied by a white tumour-like mass. Microscopical examinations showed it to be fibrinous transudation into the mucous membrane, so that the condition was a laryngitis fibrinosa. In the muciporous gland the well-known typhoid bacilli were found. **Michael.**

NECK, THYROID, &c.

MUDD, H. H. (St. Louis).—**A Fibro-Myxo-Chondroma of the Neck.** *Weekly Med. Review, November* 10*th*, 1888.

THIS was a tumour removed from the neck of a woman aged fifty-six Nineteen years before a little nodule had appeared under the skin near the right ear, which had subsequently developed. Eventually the tumour had stretched the skin over it very tightly, and the large and well-developed blood vessels had ulcerated and caused numerous hæmorrhages. The skin was not adherent at any place except here and there to a blood vessel, and at these points gave way upon the slightest touch. The tumour gave a sense of pseudo-fluctuation, but on removal was found to be solid and myxomatous. It was attached about the angle of the jaw behind the sterno-mastoid, with the deep vessels in front and to to the inner side. The tumour measured vertically 28½ inches, and transversely 24 inches in circumference. It was enucleated without much difficulty. The author closed up the incision, but thinks it would have been better to leave the wound open. As it was the wound suppurated. The patient would have recovered so far as the wound itself was con-

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cerned had she not developed a pneumonia, from which she died nine days after the operation.

The author saw a similar case some years ago, probably fibroma, or fibro-myxoma. It was ulcerated, and caused the death of the patient.

R. Norris Wolfenden.

BIONDI.—Structure of the Thyroid Gland. *Berliner Medicinische Gellesschaft*, 31*st October*, 1888.

THE author's histological researches show that the gland has a great abundance of lymphoid glands. The author's observations were confirmed by Virchow and Baginsky. **Michael.**

HOPMANN (Cologne).—**Cure of a Case of Graves' Disease by Nasal Treatment.** *Berliner Klin. Woch.*, No. 42, 1888.

THE patient, 40 years of age, with exophthalmos, and stenocardia, and general asthenia (without having any goitre), suffered also from nasal polypi and rhino-pharyngitis. With the removal of the polypi and treatment with gossypium tampons, the other symptoms were also cured.

Michael.

BUMAN.—Cystic Goitre. (*Soc. de Méd. du Canton de Fribourg.*) *Rev. Méd. Suisse Rom.*, 20*th November*, 1888.

THE author exhibited the photograph of an enormous lateral cystic goitre. Having operated upon a similar growth by drainage, the cure was so slow, that he had performed excision in this case with a favourable result.

NEISS mentioned that he had operated on a cystic goitre, which contained black soft substance. Prof. Roux diagnosed it as a hæmorrhagic goitre.

WECK stated that having treated a cystic goitre by injections, he now proposed to do excision.

GUTKNECHT remarked that complete extirpation should never be performed.

BUMAN thought that the age of the patient should be taken into account. Total ablation of the thyroid could certainly modify the constitution of a young subject, while it would have little influence in an older subject. Certain German journals have published cases of complete extirpation not followed by cachexia.

NEISS believed that a cyst could be completely extirpated without entirely removing the thyroid gland, and he cited a case of total ablation in which no cachexia appeared.

GUTKNECHT remarked that Billroth formerly a partisan for complete removal of the thyroid gland, performed it now only for cancer and in case of imminent danger of suffocation. **R Norris Wolfenden.**

MARSHALL, C. R. (Clifton Springs).—**A Case of Enlarged Thyroid producing Tracheal Stenosis.** *New York Med. Jour. July 7th*, 1888.

THIS was the case of a man sixty-five, who twelve years previously had noticed difficulty of breathing, which was thought to be due to aneurism. The author arrived at a diagnosis of stenosis of the right bronchus. Dr.

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Bosworth was able to see as far as the bifurcation and the trachea, and to state that the windpipe was not obstructed. Attention was not directed to the thyroid gland. Latterly the patient had become slightly cyanotic, and breathing was louder. The chest was full of rales, temperature and pulse rate increased, and the patient died. At the autopsy the heart was found enlarged, as were the superior and inferior venæ cavæ. The left ventricle was hypertrophied, the aorta dilated, and the coronary veins distended. The lungs were œdematous, pleura healthy, and no sign of tuberculosis, The trachea was firmly compressed between two lobes of an enormously hypertrophied thyroid gland, which was situated behind the manubrium, extending upwards as far as the upper margin of the thyroid cartilage, and downwards almost to the bifurcation of the trachea. The trachea was flattened laterally, and its mucous membrane hyperæmic. The gland weighed 1½ lbs., consisting of two flattened kidney-shaped lobes of equal size and very firm consistence. The trachea contained two distinct curves, and the opposite lateral walls were almost in contact.

R. Norris Wolfenden.

FRANK.—Report on the operations for Struma in the Friederichsham Hospital, Berlin, during the years 1885 to 1887. *Berl. Klin. Wochens.*, Nos. 41 and 42, 1888.

OUT of nineteen operations fifteen were cured and four patients died. In only one case was tracheotomy necessary. This was the case of a girl 17 years of age, affected with Graves' disease, and who died subsequently from broncho-pneumonia. Some fatal cases owe this result to the effect of chloroform, which produces an intense degree of irritation of the tracheal mucous membrane, which already in struma is in a chronic inflammatory condition. In one case death was caused by œdema of the lungs, in another by pulmonary hepatisation, in a third by purulent mediastinitis. One patient died some months after the operation from cachexia strumipriva. The fourteen cases which were cured showed no signs of cachexia. In three cases alterations of the voice were noticed, in one of which total aphonia had already existed from paralysis of the vocal cord before the operation.

Michael.

BERDEZ.—Goitre Operation. Paralysis of both Recurrents and Tetany. (*Soc. Vaudoise de Médecine.*) *Rev. de la Suisse Romande*, 20*th March*, 1888.

A BOY, fifteen years old, was presented to the Society, upon whom thyroidectomy had been performed in 1886. N. Weiss has observed that patients who have submitted to thyroidectomy are especially liable to tetany. The case presented was, moreover, remarkable from its long duration, and an extraordinary galvanic hyper-excitability. Thus upon using feeble currents, and placing both positive and negative poles upon the horizontal branch of the twelfth pair, tetanic contractions of the corresponding half of the tongue are produced, either on opening or closing the current.

HERZEN remarked that if hyper-excitability of the motor nerves consequent on removal of the thyroid is not the rule in man, it is at any rate the rule in animals. It is very remarkable, especially in the dog, which animal develops very pronounced tetanic phenomena. Sometimes

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a single nerve, for example, the phrenic, is affected in the dog. Schiff has seen each cardiac pulsation determine an excitation of the diaphragm under the influence of the negative electrical variation of the cardiac muscle.

BERDEZ remarked that he had observed hyper-excitability of the phrenic nerve in tetany. He has determined raising and lowering of the liver. **R. Norris Wolfenden.**

MANASSE.—Myxœdema. *Berliner Med. Gesellschaft*, 31*st October*, 1888.

THE case shown by the author wast hat of a woman fifty-four years of age, the first symptoms of whose disorder had appeared four years previously. While Lassar did not believe it to be true myxœdema, Virchow agreed with the author's diagnosis. **Michael.**

HOPMANN (Dresden).—**The Propagation of Tuberculosis by Flies.** *Jahrsbericht für Gesellsch. für Natur. und Heilkunde zu Dresden*, 1888.

THE author examined the excrement of flies which had been in rooms of tuberculous patients, and has found numerous bacilli in it. From it, and from portions of the intestines, he could get cultures of the bacillus sufficient to infect rabbits. Through the intermediation of flies human food is infected and the disease spread. **Michael.**

BREDA, A.—The Anatomy of Lupus of the Mucous Membranes. *Padua.* 1888.

IN some cases, and these are more frequent than is often thought, lupus may attack mucous membranes without, or quite antecedent to, involoment of the skin, and may be even more severe in mucous membranes than the skin. Chiari, Riehl, Hebra, Idelson, Lang, Kaposi are the observers who have mostly studied the question. Breda has not only confirmed these observations, but insists on the frequency with which lupus occurs on mucous membranes as a primary manifestation. The mucous membranes of the nose and throat are the most vulnerable to attack, and from this focus the neoplasm extends to the ear, tongue, eye, &c. The consequences are often very severe, since cartilages and other structures become destroyed. In the mucous passages, more frequently than on the skin, lupus is complicated with inflammation and an ulcerative process, and leads to stenosis, especially in the hypertrophic form. **Massei.**

PINS (Vienna).—**On the Relation between Scrofula and its Individual Symptoms.** *Archiv. für Kinderheilk. Band* 10, *Heft* 2.

MANY of the symptoms attributed to scrofula must be removed from the symptomatology of this disease, since they can be caused by other conditions often found in infantile age. Rhinitis, otorrhœa, infiltration of the lymphatic glands, and impetigo are not characteristic of scrofula, and it cannot be concluded that the patient is scrofulous from these signs. Scrofula cannot then be regarded as a very common condition. Since these symptoms are often caused by neglect, it is natural to find them often in the poorer classes. Local treatment is of the first importance, since it is quite possible to cure the patient by this means alone, without general medication of the pseudo-scrophulosis. **Michael.**

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