BARATOUX.—Palliative Treatment of Epithelioma of the Larynx and Pharynx by Tincture of Thuja Occidentalis. *Pratique Médicale, June,* 1888.

THE author prescribes alcoholic tincture of thuja in doses of twenty drops at first, subsequently going up to three or four grammes. It is also necessary to swab the tumour every two or three days with a glycerine mixture of the tincture. This treatment has given him good results, and has checked the course of the disease. **Joal.**

HJORTH (Christiania).—**Sarcoma Laryngis—Laryngofissio—Recovery.** *Norsk Magazin for Laegevidenskaben, No.* 12, *December,* 1888.

THE patient, a man aged sixty-two, exhibited on laryngoscopical examination a large tumour, situated on the left arytænoid cartilage, filling up the whole width of the laryngeal cavity, while it anteriorly left an open space. The symptoms, which had lasted for three months, were only feeling of something sticking in the throat, indistinct pronunciation, and, lately, dysphagia.

The growth was removed by thyrotomy, during which operation the lower part of the larynx beyond the tracheal tube, temporarily introduced, was plugged with small sponges. The ossified thyroid cartilage was cut by means of scissors, and afterwards the two sides were brought into contact by means of a silver wire applied at the upper part (the application of a similar one below failed, on account of the cartilage breaking into pieces). Twenty days after the operation the patient was discharged. The laryngeal examination showed only very slight alterations ; the vocal cords were in good contact, and the voice sonorous, but deep.

The tumour was found to be 2 centimètres long and broad, and 1 centimètre thick, and the microscopical examination showed it to be a spindle-celled sarcoma. The patient exhibited on the hands several small tumours, of which one examined microscopically consisted of spindle cells. **Holger Mygind.**

NECK, THYROID, &c.

McBURNEY (New York).—**Tubercular Enlargements of Lymphatic Glands.** *Internat. Journal of Surgery, January,* 1889.

THE patient was a female, aged twenty-five. She had two small enlargements beneath the jaw on either side ; one has existed for six and the other for four years. Dr. McBurney regarded them as tubercular. All these cases do well after operation, and there is every advantage in their removal. If they are of tubercular nature, the quicker they are removed the better. It is possible for them to dry up or to spontaneously rupture, a hard cicatrix forming. It is best to operate, however, and not wait for these conditions to occur. We should operate before suppuration of the

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glands has gone far, so that a clean wound will be left behind. As a rule these glands can be readily shelled out if the morbid process is not far advanced. In the present case it took some time to remove the glands on the left side, owing to the long duration of the disease, the capsule being adherent to the surrounding tissues in consequence of a peri-adenitis. The wound was irrigated thoroughly, drainage tubes inserted and antiseptic dressings applied. **R. Norris Wolfenden.**

TREVES, W. K. (Margate).—**On the Treatment by Excision of Masses of Scrofulous Glands.** *Lancet, July* 21, 1888.

IN very large glands, or masses of glands, the author believes that excision is the proper method of treatment. Scooping out is altogether ineffective, and drugs are quite inert.

Full details of the method of operating are given, and a series of illustrative cases is recorded. **Hunter Mackenzie.**

EDITORS OF "LANCET" (London).—**Angina Ludovici.** *Lancet, August* 4, 1888.

IN concluding their article on the Mandeville case (*vide infra*) the editors make the following remarks :—"Acute diffuse cellulitis of the neck has "always a serious prognosis. . . . . It is a malady upon which pro- "fessional opinion differs as to its exact cause, incidence, and mode of "development. . . . The balance of opinion seems to be in favour of the "theory which supposes it to arise from implantation of a virus upon "the pharyngeal or tonsillar mucous membrane, and that, the local "contagion once established, there ensues a widely and rapidly diffused "lymphaginitis, with general infection of the system. . . . The generally "recognised mode of treatment is identical with that for other acute "infective inflammation—viz., to maintain the strength, to get rid of the "poison and its products, and to ward off any special tendency to death. "The second of these desiderata is best attained by relieving tension, "and giving free vent to the local exudation by means of free external "incisions. Incisions to be made effectual cannot be made from within "the mouth on account of the danger of immediate and consecutive "hæmorrhage. Except in the very early stages, but little good can be "expected from leeching; the mischief is too deep and serious for "that." **Hunter Mackenzie.**

EDITORS OF "LANCET."—The Mandeville Case. *Lancet, August* 4, 1888.

THE interest in this case to the readers of this Journal consists in the fact that the subject—one of the Irish prisoners—died shortly after his discharge from prison from diffuse cellulitis about the pharynx and neck (angina Ludovici). An enquiry was held, and the editors, in a leading article (*vide supra*), express their dissent from the verdict of the jury—that the death of Mr. Mandeville was primarily due to the deprivation and suffering which he is alleged to have borne during his term of imprisonment. **Hunter Mackenzie.**

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PICQUÉ.—Enormous Cystic Goitre, with rapid Development, and Thyroidectomy.—Cure. *Archives de Laryngologie, February*, 1889.

IN every case of benign growth, interglandular enucleation should be preferred to total ablation when possible. The latter should only be undertaken in cases of malignant tumours ; in such cases, however, it is better to abstain from operation.

Picqué practised interglandular enucleation in a case of a patient thirty-five years old, who had a voluminous goitre, which had rapidly developed two years. **Joal.**

EDITORS OF "LANCET" (London).—**Galvano-Puncture in Goitre.** *Lancet, August* 18, 1888.

AN annotation dealing with a report by Dr. Weinbaun, in a recent number of the *Vratch*, on this subject. The current was passed from a battery of twenty cells through the tumours by means of two gold needles, inserted into opposite sides of the growths. In one case one hundred and fifty sittings were required. Recovery followed. (The number of sittings necessary appears to be an objection to this method of treatment.—H. M.)
Hunter Mackenzie.

LEFLAIVE.—Recent Theories as to the Nature and Pathogeny of Exophthalmic Goitre. *Gazette des Hôp., January* 12, 1889.

A GENERAL review of the nature and pathogeny of this disorder. After having discussed most of the theories emitted with regard to it the author concludes :—"Basing our conclusions on the symptomatology, so extensive "and so various in Graves' disease, as its etiology and its parentage, which "approaches so near to epilepsy and especially to hysteria, we can share "the opinions of those who make of this malady a nervous affection "implicating the whole cerebro-spinal nervous system. Its effects, however, "seem to predominate at the bulbo-protruberantial region. The only "conception which is satisfactory is that of a neurosis, not only a cardiac "neurosis, but a general neurosis." **Joal.**

CHARCOT.—New Signs of Graves' Disease. *Bulletin Médicale, February* 3, 1889.

BUT a little time ago it was thought that the disease was manifested by the classical triad of symptoms—goitre, exophthalmos, and tachycardia ; now we may diagnose the condition in the absence of goitre or exophthalmos. A new symptom remarked in a patient with Graves' disease, is elevation of temperature, which has been studied by Bertoye (*see* also Wolfenden, this Journal, Vol. II., p.355). The urine does not, however, present febrile characters. Besides hyperthermia there is a sign which has not yet been signalised, namely, trembling. With the myograph 8-9 oscillations per second can be counted, whilst in paralysis agitans there are five or more, and seven in hydrargyrism. (This is a point which has been thoroughly worked out by Norris Wolfenden and Dawson Williams—*vide* "Note on the Rhythm of Certain Tremors," *Brit. Med. Journal*, 1888). Thermophobia is also a sign of value ; the patients are always

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too hot in bed, continually unclothe themselves, and that without fever. Charcot draws attention to the feebleness of limbs, and the paraplegia which is met with as a symptom of Graves' disease. **Joal.**

BERTOYE.—On Fever in Exophthalmic Goitre. *Thès., Paris*, 1888.

THE fever seen in Graves' disease has certain peculiar characters. It arises suddenly, and an insignificant influence is sufficient to make it break out, such as emotion or chagrin. The reflex, in place of starting from the brain, may originate in the genital organs. This fever is very unstable—it is not a continuous fever. Neither the sensation of heat nor the pulse are in relation with the degree of the temperature. It can show itself with variable intensity, and, besides slight forms, there are forms which are grave, and simulate typhoid fever. The appearance of this fever in the course of exophthalmic goitre is in general of bad augury. These febrile states are accompanied with a rapid wasting, which, if it persists, ends in a certain time in cachexia and death. **Joal.**

DAMION.—Electrotherapy in Graves' Disease. *Soc. de Méd. Pratique, November* 8, 1888.

THE author has employed electrotherapy in two patients with great success. It is at first necessary to apply galvanisation for two or three months, to be succeeded with faradisation for two or three weeks, then to return to galvanisation. **Joal.**

VERDIER.—Treatment of Exophthalmic Goitre. *Soc. de Méd. Pratique. November* 15, 1888.

THE case of a patient with symptoms of Graves' disease, and also pulmonary tuberculosis (cough, expectoration, and great enfeeblement). All the symptoms were considerably ameliorated under bromide treatment.

Joal.

EDITORS OF "LANCET" (London).—**High Altitudes in Graves' Disease.** *Lancet, August* 4, 1888.

AN annotation relating to the experience of Professor Stiller, of Buda-Pesth, who, contrary to the usual opinion, has found residence at high altitudes (1500 feet to 5000 feet) beneficial in this complaint.

Hunter Mackenzie.

EDITORS OF "LANCET" (London).—**Pathology of the Ganglion of the Trunk of the Pneumogastric.** *Lancet, July* 14, 1888.

AN annotation having reference to the thesis on the subject by Dr. Alexander Leonis, of St. Petersburg.

The author is stated to have found that in certain diseases—*e.g.*, typhoid, "the ganglion is frequently affected by an inflammatory process, "which leads to the atrophy or breaking down of the nerve cells, and to "hyperplasia of the connective tissue of the nerve." As a consequence, we have, amongst others, typhoid laryngitis and paralysis of the pharynx, spasmodic dysphagia, and vomiting. This condition of the ganglion may perhaps be connected with the paralysis of the pharynx and vomiting observed in some cases of heart disease. **Hunter Mackenzie.**

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SWANN, ALFRED (Batley, Yorkshire).—**A Foreign Body in the Ear for Eighteen Years.** *Lancet, July* 7, 1888.

THIS case is considered interesting, "as showing the toleration with which "the auditory canal may have for foreign bodies, and also on account of "the sympathetic irritation of the throat." **Hunter Mackenzie.**

REVIEWS.

TRANSACTIONS OF THE ROYAL ACADEMY OF MEDICINE IN IRELAND. *Vol. VI.* 1888.

THIS volume is full of interest, and contains papers in every branch of medicine and surgery of great value. A certain number of them may be here mentioned as bearing directly or indirectly on this specialty.

Dr. W. M. A. WRIGHT contributes notes of a *Case of Lymphadenoma*, presenting the uncommon feature of occurring in a child aged twelve years and four months. The cervical glands formed a chain complete from ear to ear, passing under the chin; they were hard, and inseparably fused together. The axillary and inguinal glands were enlarged to a lesser degree. There was slight increase of splenic dulness; no hepatic increase. She was very anæmic, very drowsy, and had been diarrhœtic for four weeks. Pulse was 110, and temperature 103 F. She spoke in a low whisper, with great disinclination to use the voice. This symptom, along with drowsiness, is regarded by Eustace Smith as very characteristic of the cachectic stage of this disease; so is the peculiar dry, rough skin, with powdery desquamation. A most interesting symptom was localized bronzing of the skin, which appeared about three months after the illness began, increasing in intensity for six weeks, and then remaining stationary until the end. It was confined to the neck and trunk, and never appeared on the face, or any part of the mucous membrane of the mouth, or on the hands and feet. Dr. Wright considered it due to extension of the disease to the suprarenal capsules. The illness only lasted seven months, the patient at last falling into a drowsy, semi-comatose condition, and exhibiting Cheyne-Stokes' rhythm for some hours before death. Leukhæmia was excluded on account of the enlargement of cervical glands being the first symptom, the very slight increase in size of the spleen, absence of hepatic enlargement, or fulness or tenderness of the abdomen; the absence throughout of any ecchymoses or bleeding from any part of the body. The blood was not examined, and no autopsy was allowed.

Immediately following this is a paper by Dr. A. WYNNE FOOT on *Argyria*, in which the notes of Dr. Baron and Dr. Wilks, of discolouration of the skin by using nitrate of silver to the throat, were referred to (*vide* this Journal, 1888, Vol. II., pp. 28, 77).

Dr. Foot presented drawings of a similar case to the section of medicine, in which the skin of the entire body was discoloured, the nails

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