NECK, &c.

WOLF, JULIUS (Berlin).—**Contribution to the Surgery of Goître.** *Berl. Klin. Wochenschr.*, Nos. 27, 28, 1887.

REVIEW of the literature of the subject, and recommendation of partial extirpation, with illustrative cases. MICHAEL.

D'ESTREÉS DEBOUT.—On Parotidean Gout. *Journ. de Méd., June* 26, 1887.

THE author publishes thirteen observations on this gouty manifestation, and concludes: 1. That the existence of gout of the glands, and particularly of the parotid, is clearly demonstrated. 2. That contrary to the opinions he had expressed in 1885 at the Academy, glandular manifestations do not always alternate with articular. 3. That gouty parotiditis never ends in suppuration, but in the elimination of saliva charged with urates. JOAL.

FAUVEL.—Contribution to the Study of Dermoid Cysts of the Neck. *Thèse, Paris*, 1887.

CONGENITAL dermoid cysts are found in the thyroid space at the level of the third bronchial cleft, and result from the embryonic inclusion of a portion of the external integument. They coincide sometimes with other abnormalities of development. These cysts own heredity as a primordial factor. Extirpation is the only method of treatment which prevents any recurrence, and it is necessary to practise it as soon as one is sure of the dermoid nature of the cyst. JOAL.

DELOBEL.—Contribution to the Study of Chronic Abscess of the Sub-hyoid Region. *Thèse, Paris*, 1887.

THERE exists a prelaryngeal gland in front of the crico-thyroid membrane, in the V formed by the crico-thyroid muscles (Poirier's gland). Chronic abscesses of this region are superficial, or deep and of glandular origin. Chronic affections of the larynx or cartilages also produce deep abscess, or adenitis. The former are to be treated by incision and scraping, or successive punctures, followed by injection of iodoform in ether. The latter may be opened, to give outlet to the pus, but it will be necessary, almost always, sooner or later to perform tracheotomy. They may be scraped, but the production of a lesion of the subjacent parts must be avoided. It may lead to fistula of the larynx and trachea. JOAL.

MOBITZ (St. Petersburg).—**Unilateral Fistula Colli Congenita Completa.** *Petersburg Med. Wochenschr.*, 1887, No. 37.

A TUMOUR as large as an egg between the sternal portions of the

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sterno-cleido-mastoidens and the windpipe was diagnosed as a fistula. It had a small opening through which a viscid fluid exuded on pressure. The emptied tumour filled again in twenty-four hours. The fistula was demonstrated by a probe. Treatment remained without effect. MICHAEL.

DESPRÈS.—Cancer of the Tongue. Ablation of the Tongue with the Ecraseur. Previous Ligature of both Linguals. *Gaz. des Hôp., September* 1, 1887.

A SUCCESSFUL case in a patient of forty-three operated on on February 9, and on May 25 quite cured. This method of operating obviates the usual troublesome hæmorrhage which follows even after ligature of the linguals below the digastric muscle. JOAL.

PEL.—A Case of Hemiatrophy of the Tongue, Paralysis of the left part of the Palate. Atrophy of the left Sternocleidomastoid, and Trapezius Muscles, and Paralysis of the Left Recurrent Nerve. *Berl. Klin. Wochenschr.*, No. 29, 1887.

CASE combined with bulbar paralysis in a patient of thirty-four years of age. MICHAEL.

HUGHES, ALFRED W. (Flint).—**Transient Localized Œdema of the Lip.** *British Medical Journal, September* 24, 1887.

THE swelling occurred on one side of the lower lip, and is explained by the author as being most likely due to pressure on the veins of the part during sleep. A chronically enlarged gland situated on the same side of the face near the anterior margin of the masseter muscle, probably played some part in its production. On a previous occasion the swelling had come on during the night, and spontaneously disappeared during the following day, and a similar result was anticipated on this occasion. HUNTER MACKENZIE.

WILDE, R. G. (Hackney).—**Localized Facial Sweating.** *British Medical Journal, September* 24, 1887.

THIS occurred in a patient who, many years ago, had suppuration of the parotid, following typhus fever. The sweating occurs on a patch about an inch in diameter, in the middle of the left cheek, invariably during mastication, or when any acid substance is taken into the mouth. There is no loss of power or sensation in the part; the sweating has lasted over twenty years. HUNTER MACKENZIE.

PHILLIPS, SIDNEY (London).—**Pulsating Aorta.** *British Medical Journal, October* 8, 1887.

AMONGST the minor symptoms associated with pulsating aorta are *dryness of the mouth, tongue, and palate.* The dryness of the mouth

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is generally much complained of. The tongue is usually covered with a dry white fur, and the papillæ are prominent. The author considers the dryness of the mouth (and dilatation of the pupil) an evidence of some irritation of the cervical sympathetic.

HUNTER MACKENZIE.

JESSOP, CHARLES MOORE (London).—**Ancient Dress compared with Modern in Relation to Disease.** *British Medical Journal, September* 17, 1887.

AN interesting historical and critical *résumé*. Amongst other subjects the author refers to the subject of "stays," with special reference to their deforming effects upon the figures of their wearers, and their interference with the healthy action of the thoracic and abdominal viscera. The article will repay perusal by the medical practitioner. (See also leading article in *British Medical Journal* of same date.)

HUNTER MACKENZIE.

DAVIS, HENRY (Tuam).—**Remarks on Rötheln.** *British Medical Journal, October* 8, 1887.

FROM his experience of an epidemic, the author enumerates the following distinctive appearances of the disease :—

1. Slight sore throat; without *malaise*, eruption, desquamation, and sequelæ.

2. Severe sore throat, with moderate fever, rheumatic pains, sometimes desquamation of the hands and fingers, a liability to chronic glandular enlargement (frequently sub-occipital), but no eruption.

3. Symptoms similar to the last, with patches of rose-coloured miliary eruption, generally on the limbs, sometimes extending over the trunk and face, uncertain in duration; sometimes decidedly itchy, and often followed by brawny desquamation.

4. Considerable fever, some coryza, cough, aggravated sore throat, a general eruption somewhat like scarlet fever, with scarlet tongue; desquamation, branny on the body, in whole pieces from the hand.

5. Ushered in by severe rigors and vomiting, or even by convulsions and protracted unconsciousness. Eruption in form of purple blotches; foul tongue, with red papillæ projecting; acute sore throat, with regurgitation of liquids through the nose; distressing cough; great prostration; desquamation, both branny and in pieces; a tendency to dropsy and to chest complications.

As results of rötheln, there may be delicacy of the throat, and chronic enlargement of the tonsils; chronic enlargement of many sub-occipital and cervical glands, two or more of which may unite to form a considerable swelling. HUNTER MACKENZIE.

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