inferior vocal cord, apparently of recent date ; there was also œdema. Du Cazal thinks that the patient may have swallowed a piece of glass at the café, which entered the trachea, and, being expectorated by the coughing efforts, wounded the vocal cord. **Joal**

**LUC.—Tracheal Ozæna.** *Journ. de Ruault, February*, 1888.

IT is a generally-received opinion that in patients suffering from true ozæna, when the nasal fossæ are once cleansed, the unpleasant odour ceases, not to reappear until fresh mucous secretions soon drying re-form in the cavities. Three clinical cases observed by the author contradict this opinion, and establish the fact that in certain subjects with ozæna, the fœtidity of the breath has a dual origin, and that it proceeds both from the nasal fossæ and the trachea, and may therefore continue when the nasal fossæ are cleared by irrigation from the fœtid secretions they contain. According to Luc, Fraenkel of Berlin is the sole author who has already mentioned tracheal ozæna, and he has only mentioned briefly the existence of fœtid crusts in the trachea without in the least appreciating the clinical value of the fact, and without entering into their pathogenic signification, and without drawing any deduction from the prognosis and therapeutics of ozæna. The author maintains that tracheitis is secondary to rhinitis, but once originated it appears to evolve independently. The microscope reveals the presence in the tracheal secretions of micro-organisms similar to those contained in the nasal crusts in ozænic patients ; these are not migratory productions which have gone from the nose, but are originated *in sitû*. Tracheal ozæna is indicated clinically by expectoration of a greenish colour, viscous, thick, exhaling the odour of ozæna, especially in the morning, by the persistence of the fœtidity of the breath after nasal irrigation, and also by the fact that the air expired by the mouth is as fœtid as that from the nose. Besides the cases which he related in December at the Soc. de Méd Pratique, Luc brings forward two new observations fairly conclusive.

**Joal.**

## NECK, &c.

**PETIT, L. L.—Gaseous Tumours of the Neck.** *Congrès Chirurgie, March*, 1888.

AFTER having studied the pathogeny and symptomatology of æroceles, the author says that contrary to the general opinion, certain of these tumours are susceptible of diminution and even of cure. They are those which have appeared suddenly during an effort not repeated, and without chronic affection of the respiratory tract ; the others remain *in statu quo* or increase. It is the opinion of many surgeons that these tumours are not always incurable ; some have been cured by compression, and narcotics internally. Perhaps in the future it will be possible to perform an operation analogous to the surgical one for abdominal hernias. **Joal.**

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**SEGOND.—A Case of Cystic Goître.** *Gaz. des Hôp., Feb.* 23, 1888.

A LECTURE given at the Hôpital de la Charité on a patient suffering from this affection. The professor enumerated the different methods of treating goîtres. He recommended interstitial injections of iodine for parenchymatous goîtres. Duguet has proved that this method gives marvellous results. Iodine injections are also employed in cystic goître, though they gave rise, in certain cases, to inflammatory complication, which, in the case of one of Segond's patients, even ended fatally. These injections sometimes produce an appreciable modification, and the patient in the present case has been already unsuccessfully treated by Trélat, and energetically demands an operation. Segond rejected antiseptic incision and total thyrodectomy, and decided on performing partial thyrodectomy.

**Joal.**

**GAUTHIER, G.—On Thyroidean Cachexia in Basedow's Disease.** *Soc. de Sc. Méd. de Lyons, March*, 1888.

THE author develops the idea that cachexia, occurring at a confirmed period of Basedow's disease, is connected, in a certain number of cases, with lesions of the thyroid gland. In twelve autopsies, the lesions consisted either of cirrhotic retraction, causing the glandular elements to disappear, or of hæmic cysts or sanguineous infarcts ; in a word, there was functional atrophy of the organ ; it is possible that these alterations determine the cachexia of exophthalmic goître in a manner analogous to that observed in "cretins," or persons who have undergone thyroidectomy.

**Joal.**

**VIERORDT.—On the Combination of Goître and Laryngitis Hypoglottica.** *Festschrift für Ernst Wagner von seinen Schülern*, p. 51.

THE author has observed two cases in which not only goître and laryngitis hypoglottica were seen together, but there was a relation between the two conditions, in so far that if there was an exacerbation of the laryngitis, there was also an increased swelling of the goître. It is possible that such cases are not so rare as is supposed. Many dyspnœic, hoarse, and goîtrous patients, never being examined with the laryngoscope.

**Michael.**

**BALLET.—Paralysis of the Bulbar Nerves in Exophthalmic Goître.** *Soc. Méd. des Hôp., February* 24, 1888.

BALLET exhibited a patient suffering from hysteria and exophthalmic goître, and who had a very pronounced paralysis of the ocular nerves. He could not, indeed, move his eyes at all, and had paralysis of the third, fourth, and sixth pair ; however, the pupil had preserved its contractility, and the muscle of accommodation also. Besides this, the face of the patient is immobile and expressionless, which proves the existence of double facial paresis. The only bulbar nerves which appear to be intact are the hypoglossal and the motor branch of the trigeminal. The existence of these paralyses tend to disprove the sympathetic and pneumogastric theories of the pathological physiology of this affection ; and

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Ballet admits with Sattler and Panas that the disease is situated primarily on the bulb. **Joal.**

**HAW, W. H.** (Wednesbury).—**Hæmorrhage in Myxœdema.** *Lancet, January* 7, 1888.

A SHORT record of a case with hæmorrhagic tendencies, "the bleeding here occurring probably from the lungs, and, at the menstrual period, the uterus." **Hunter Mackenzie.**

**DAVIES, ARTHUR** (London).—**The Hæmorrhagic Tendency in Myxœdema.** *Lancet, January* 14, 1888.

A RECORD of three cases confirmatory of the views of Dr. Shelswell, regarding the presence of a tendency to hæmorrhage in myxœdema (vide *Journal of Laryngology*, etc., Vol. II., p. 217). **Hunter Mackenzie.**

**JALLAND** (York).—**(1) Tumour of Left Parotid; (2) Malignant Diseases of Lower Jaw; (3) Myeloid Sarcoma of Lower Jaw.** *Lancet, January* 7, 1888.

IN the first case, the tumour. weighing nine ounces, was removed by a longitudinal incision. It consisted chiefly of cartilage. Facial paralysis followed the operation. In cases two and three portions of the jaw were removed. **Hunter Mackenzie.**

**TILLAUX.—Deep Lipoma of the Neck.** *Journ. Méd. et Chir. Pratiques, March*, 1888.

THE case of a man, aged fifty-six, looking healthy, but having on the lateral part of the neck, on the left side, a voluminous tumour, which first appeared nine years ago. This tumour extends to the pharynx, and hinders deglutition; it projects so far into the mouth that it might be considered a retro-pharyngeal tumour. Though it appears to fluctuate, it is not liquid, as an exploratory incision proves; neither is it a cyst. Professor Tillaux rejects also the hypothesis of cancer, or sarcoma, or lymphadenoma, and concludes it to be a lipoma of a rare kind. **Joal.**

**WALTER** (Munich).—**Report of the Polyclinic for Diseases of Children in Munich.** *Münchener Med. Wochenschr.*, No. 13, 1888.

SEVENTY cases of whooping-cough were treated by Michael's nasal insufflations. In all cases the attacks diminished in severity after two to five insufflations. One case was cured in fourteen days. **Michael.**

## CONGRESS MEETING.

### Congress of Physicians in Vienna.

*Meeting, April* 8, 1888.

V. GENSER.—*Pathology and Treatment of Whooping-Cough.*

A RECOMMENDATION of treatment with antipyrine. **Michael.**

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