that suffocation occurred when the cannula was introduced, and disappeared when it was withdrawn. In one of these attempts a foreign body coming out of the trachea, during a vigorous expiration, was ejected to a great distance. It was the seed of a water-melon, which had been in the air passages for six months. **Ramon de la Sota.**

NECK, THYROID, &c.

CHRÉTIEN.—Thyroidectomy. *Thèse, Paris,* 1888.

IT is only since 1880 that French surgeons, following the practice of the Germans, have adopted thyroidectomy. In 1882 J. Reverdin discovered myxœdema, as a result of total extirpation, and surgeons adopted then partial extirpations.

In 1886 Socin devised, under the name of enucleation, or intra-glandular extirpation, a method already described by Porta, which consists in removing the tumour and leaving intact the thyroid parenchyma surrounding it. Whilst total extirpation should be reserved almost exclusively for malignant tumours, partial hypertrophies, cysts, circumscribed adenomatous goitres are best treated with partial extirpation, and especially with intra-glandular enucleation.

Besides the accidents common to all wounds, thyroidectomy is sometimes followed by modification of the voice, more or less permanent. It is complicated also in women, with tetany, hysteria, and cerebral affections. **Joal.**

DROBINCK.—Experimental Researches upon the Consequences of Extirpation of the Thyroid Gland. *Archiv für Experimentelle Pathologie und Pharmakologie, Band* 25, *Heft* 2.

FROM experiments made upon eight dogs, the author has arrived at the result that symptoms are produced by irritation of the nerves during healing, especially during purulation. With Münk he believes that the presence of the gland is not of vital importance. **Michael.**

MÜNK.—Further Researches upon the Thyroid Gland. *Sitzungsberichte der Königlich preussischen Academie der Wissenschaften, Berlin,* 1888.

THE author believes that the symptoms occurring after extirpation of the thyroid gland are caused by irritation of the nerves, and that they have no relation to the absence of the gland. In his experiments upon animals, symptoms always occurred during the treatment of the wound, but disappeared after its cure. The same symptoms could also be produced by

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irritation of the tissue round the gland by means of croton oil, even without extirpation of the gland. If in some cases symptoms occur long after extirpation, this must be explained by cicatricial irritation of the nerves.

Michael.

KOCHER.—Report upon 250 Extirpations for Goitre. *K. K. Gesellsch. der Aerzte in Wein, February* 8, 1889.

THE author draws the following conclusions:—

1. Extirpation is indicated in malignant goitres, inflammation of the thyroid and diffuse hypertrophies. It is contra-indicated if there is no healthy tissue ;
2. Enucleation is indicated in cystic goitres ;
3. Evacuation is indicated if there are isolated soft tumours ;
4. In some cases extirpation must be performed by resection of the tumour ;
5. Ligature of the thyroid gland is indicated in vascular goitres and Graves' disease.

Michael.

BOSE (Grissen).**—Artificial Anæmia during Operations upon the Thyroid Gland.** *Centralblatt für Chirurgie, No.* 1, 1889.

THE author operates so as to completely liberate the gland, so that it can be raised from the wound ; he then places an elastic ligature round the gland before opening the capsule and removing the contents. **Michael.**

ARMSTRONG.—Fibroid Tumour of the Thyroid. *Montreal Medico-Chirurgical Society, November* 16, 1888.

Dr. ARMSTRONG presented the enlarged right lobe which he had removed ten days previously from the neck of a boy aged three-and-a-half years. The growth had been slow until within six weeks of removal, when it rapidly developed to the size of an orange. The growth was shelled out, each vessel being tied twice before division. A microscopic section showed the growth to be of the nature of a hypertrophy.

George W. Major.

ARMSTRONG.—Exophthalmic Goitre. *Montreal Medico-Chirurgical Society November* 16, 1888.

Dr. ARMSTRONG presented a young woman aged twenty-four, suffering from Basedow's disease.

Prominence of eyeballs, a rapid pulse (136), and distinct enlargement of both lobes of the thyroid gland were observed. Any exertion caused great dyspnœa. Under constitutional treatment and galvanism of the sympathetic, temporary improvement followed.

Dr. Major noticed the frequency with which nasal and naso-pharyngeal disturbances precede exophthalmic goitre. **George W. Major.**

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LEWIS, CHRISTOPHER (Birmingham).—**A case of Deep Cellulitis of the Neck with Partial Paralysis of Right Arm, following Acute Otitis Media, caused by a Blow.** *British Medical Journal, September* 1, 1888.

THIS paper, which is mainly of otological interest, was read before the Annual Meeting of the British Medical Association, 1888.

Hunter Mackenzie.

NEW PREPARATIONS.

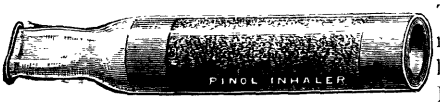
Jeyes' Surgical Soap.

SOME little time ago we had the opportunity of testing the antiseptic preparations of this firm, the basis of which is creolin. Creolin has obtained the reputation, founded on strictly conducted scientific experiments, of being at once one of the very cheapest, most harmless, and efficient of antiseptic bodies. We are, therefore, pleased to find that Messrs. Jeyes have added to their preparations antiseptic soaps, which cannot fail to be valuable, both to the surgeon and for toilet purposes. Both fulfil their purpose admirably, and the latter are especially elegant preparations.

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WE have received samples of this cocoa. It scarcely needs recommendation from us, as it has already been before the public for a long time, and has acquired a pre-eminent place in both medical and public favour. We are pleased to state in public the opinion we have long ago formed in private, that Van Houten's Cocoa is fully deserving of the high favour it has obtained for itself, both amongst the general public and with the medical fraternity.

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THIS ingenious little instrument, patented by Mr. Loxton, has been introduced by Messrs. Burroughes and Wellcome. It is a most portable, simple, and efficient instrument, obviating many of the difficulties experienced in giving dry inhalations. As will be seen from the illustration it consists essentially of a glass tube, filled with pine chips, which can be moistened with pinol eucalyptum, terebene, or any of the oils used for inhalation. One end is shaped into a mouth-piece, and can be conveniently held for any length of time between the lips. The patient is

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