Masini, G. — *A Needle in the Larynx.* "Gaz. degli Ospitali," No. 93, Aug. 5, 1893.

THE foreign body was easily removed under the laryngoscope after application of cocaine. The interest of the case lay in the fact of the special position of the foreign body—the head in the right ventricle, the point in the meso-arytenoid region. No other symptom was present, except dysphagia, on account of the point of the needle, which, when aliments passed over the pharynx, was deeply pressed into the mucous membrane. The needle measured thirty-two millimètres in length.

Massei.

Leech, Priestley (Halifax). — *Stenosis of the Trachea after Tracheotomy.* "Lancet, June 3, 1893.

A LITTLE child had stridulous breathing after having a nutshell in its mouth, and tracheotomy was performed. After a few days the trachea was explored by means of a finger passed through the tracheotomy wound, but the nutshell was not felt, and was supposed to be in the larynx. This was opened with negative result, and the trachea was then split downwards. The obstruction was found to be due to a cicatricial contraction of the portion of the trachea in contact with the upper part of the tracheotomy tube. The tube was introduced higher up, and after a few days was removed, and in due course the patient was removed from the hospital. She died suddenly some weeks later. *Dundas Grant.*

Gay, G. W. — *Tracheotomy and Intubation at the Boston City Hospital.* "Boston Med. and Surg. Journ.," Oct. 14, 1893.

A CRITICAL review of the hospital practice in dyspnœa for the last six years. After comparing the two procedures, he arrives at the question, "Does tracheal section relieve dyspnœa in those cases where intubation fails?" and regards the answer as the key to the situation. However, only seven cases of secondary tracheotomy recovered out of fifty-eight, and it is shown that, where intubation fails to relieve dyspnœa, tracheotomy is only of service when either the intubation tube blocks or membrane is pushed in front. The conclusion arrived at is that intubation is preferable to laryngotomy for the relief of acute laryngeal obstruction in children. *R. Lake.*

THYROID, NECK, &c.

Horsley (London).—*Discussion on the Pathology of the Thyroid Gland.* "Brit. Med. Journ.," Sept. 23, 1893.

THE point referred to is that a preparatory course of feeding or injection be carried out, so as to provide that the grafted gland should be embedded in normal connective tissue and not diseased.

Wm. Robertson.

https://doi.org/10.1017/S1755146300151236 Published online by Cambridge University Press

Stewart, Grainger, and **Gibson, G. A.** (Edinburgh).—*Notes on some Pathological Appearances in Three Fatal Cases of Graves' Disease.* "Brit. Med. Journ.," Sept. 23, 1893.

IN all three cases the change in the thyroid gland was identical. There was glandular hyperplasia with catarrhal changes in some of the acini, which were more numerous and smaller than usual, and were separated by a delicate connective tissue stroma. The colloid material had almost entirely disappeared, and there was an interstitial change, attended with much cellular proliferation, spreading inwards from the capsule. The trabeculæ contained a considerable number of blood-vessels, some of large size, but the gland was not very vascular. In one case there was no change in the nervous tissues. In another there was a hæmorrhage into the fourth ventricle, which had caused the development of the so-called colloid bodies. In the third there was a small suppurating cyst on the lower aspect of the pons varolii. No other changes in the nervous system could be detected. *Wm. Robertson.*

Sukatcheff, Nikolai S. (Samarkand, Russian Asia).—*Endemic Goître in Samarkandskaia Oblast.* "Vratch," 1893, No. 17, p. 495.

SAMARKANDSKAIA OBLAST, like certain other districts of Turkestan, is one of the classical domains of endemic goître, some villages being goîtrous almost to a man. The native population attribute the affection to their drinking water. Of nine hundred and twenty-four goîtrous inhabitants (nine hundred and eight men of fourteen to sixty, and sixteen women of forty to fifty-five) of a large village, Dagbit, examined by the writer, only in eleven a vascular variety of the new growth was found, the remainder suffering from "ordinary goître (*Obyknovennyi Zob*)." A few patients complained of difficult breathing and increased pulsation of the carotid and thyroid vessels, the symptoms being directly due to the large dimensions of the tumour. In all other cases the patient's general condition was entirely satisfactory, the swelling giving rise to no discomfort whatever. According to the author, a native attacked by goître never pays any attention to it until the tumour begins to cause some respiratory and vascular disturbances. Then he or she proceeds to treat himself or herself by the "*külan-kuirgak*," a common indigenous plant, which enjoys a high reputation in the Samarkand popular medicine as a "specific" remedy for goître. As Prof. A. F. Batalin (of St. Petersburg) has shown, the plant is nothing else than the *Cynoglossus macrostylum brige*, of the natural family *Borraginaceæ*. The remedy is used both internally and externally. Internally it is taken in the shape of an aqueous infusion prepared from the whole plant minced (including the root), an average daily dose of such "tea" being six tumblerfuls. Simultaneously a well-steamed leaf of the plant is applied hot to the tumour and fixed by a piece of some woollen stuff, the simple dressing being changed once daily. The treatment is continued until the patient has obtained a more or less pronounced improvement—that is, until all uncomfortable sensations have disappeared, and the tumour is more or less markedly diminished in bulk, after which the patient leaves his goître alone. The natives certify positively that "such a goître as has once decreased in size under the

https://doi.org/10.1017/S1755146300151236 Published online by Cambridge University Press

influence of the *külan-kuirgak* will never grow any more, remaining *in statu quo* for the rest of the subject's life." Similarly successfully the remedy is employed for the treatment of all possible tumours, abrasions, etc., in horses and cattle, the diseased parts being kept covered with a sort of plaster made of the plant.

[One cannot help thinking that the cynoglossus treatment of goître deserves a careful and impartial investigation by scientific practitioners.—*Reporter.*] *Valerius Idelson.*

Gibson, E. Valentine (Glasgow).—*A Rapidly Fatal Case of Angina Ludovici.* "Lancet," June 3, 1893.

A VERY typical case answering to Ludwig's description as given by Parker in the "Lancet" for October 25th, 1879. Violent dyspnœa called for tracheotomy, but this was followed by considerable emphysema. An incision from chin to hyoid evacuated much serous discharge, but no pus. Death ensued next day with cyanosis and coma. There were several pulmonary infarcts. Dr. Gibson advises early intubation and incisions in these very trying cases. *Dundas Grant.*

Sheboldaieff, V. V. (Tchernigoff, Russia).—*Parotitis Septicæmia due to Leeching.* "Meditzinskoië Obozrenïë," 1893, No. 17, p. 482.

A JEWISH driver, aged fifty-eight, was found to be suffering from left-sided acute parotitis, and was accordingly ordered to apply four leeches below the ear. Shortly after the leeching, which had been made at a dirty barber's shop, there appeared severe manifestations of general septic poisoning, accompanied by intense aggravation of local phenomena. A couple of days later the patient died. The necropsy revealed septic thrombosis of the external and internal jugular veins on the side of the parotitis. *Valerius Idelson.*

EAR.

Cuperus, N. J. (Leiden).—*The Limit of Hearing for Low and High Tones in Connection with Age.* Praefschrift, Leiden, 1893 (Dissertation, Leiden, 1893).

SOME years ago Zwaardemaker (Utrecht) fixed the limit at which high tones would still be heard, and he found as a rule that the faculty of hearing high tones declined proportionately with the increase of age. The examinations of Cuperus confirmed the result of these observations. In his dissertation he intended to fix also the limit for low tones. He therefore used the apparatus of Apunn, and could still hear a tone of eleven vibrations. Before him other examiners, as Sauveur (1700), Chladni, Biot, and lately Helmholtz, Wolff, and Apunn, found as the limit of hearing a tone of 10, 12, 16, 24, 45 and 48 vibrations. Cuperus doubts whether a tone of 10 vibrations could still be heard. He examined his result on 189 ears: 28 ears could still hear a tone of 9 vibrations, only 3 ears heard a tone of 19 vibrations. From 10 to 20 years he found the low limit average was a tone of 10·10 vibrations; from 20 to 30 years, 10·54; from 30 to 40 years, 10·85; from 40 to 50 years, 11; from

https://doi.org/10.1017/S1755146300151236 Published online by Cambridge University Press