death followed. The post-mortem examination showed perichondritis of the cricoid cartilage, and necrosis of this cartilage, perforation of th œsophagus, ossification of the larynx and trachea. The ossified portions of the larynx and trachea showed under the microscope true osseous tissue. **Michael.**

THELEN (Elberfeld).—**Foreign Bodies in the Air-Passages.** *Deutsche Med. Wochenschr.*, 1889, *No.* 28.

A CHILD, four years old, had swallowed a coffee bean. The foreign body was loose in the trachea, and caused attacks of suffocation. Tracheotomy was performed, and the bean extracted by forceps. Cure resulted.

In a second case the author performed tracheotomy in a child who had inspired portions of an egg shell. Death followed from bronchitis.
Michael.

MAY, BENNETT (Birmingham).—**Duck Bone in Larynx.** *British Medical Journal, January* 5, 1889.

REMOVAL by laryngotomy, without impairment of voice resulting.
Hunter Mackenzie.

NECK, &c.

NEAL, J. B. (London).—**Enlarged Thyroid Associated with Epilepsy.** *British Medical Journal, January* 12, 1889.

EXHIBITION of case before the Metropolitan Counties Branch of the British Medical Association, December 19, 1888. **Hunter Mackenzie.**

GRIFFITH, WARDROP (Leeds).—**Case of Myxœdema.** *British Medical Journal, January* 12, 1889. (Case exhibited to the Leeds, &c., Medico-Chirurgical Society, December 7, 1888.)

THE patient was twenty-five years of age, and the affection had supervened on her confinement. **Hunter Mackenzie.**

FLYNN.—Myxœdema. *British Medical Journal, January* 26, 1889.

A MAN, aged fifty-five, the subject of this disease, was exhibited before the Northumberland and Durham Medical Society on January 10, 1889. It was affirmed that iron, with phosphoric acid and quinine, and in other instances arsenic, answered well in this disease. **Hunter Mackenzie.**

KOCHER. — Report on Two hundred and fifty Extirpations of the Strumous Gland. *Corresp. Bl. für Schweizer Aerzte*, 1889, *Nos.* 1 *and* 2.

THE author, who had formerly a mortality of fourteen per cent., now only has 2·4 per cent., and after operation for malignant forms 0·8 per cent. He gives the following rules for operation :—(1) Extirpation is indicated in malignant goitres, in inflamed goitres, and in diffuse hypertrophy of the strumous gland. The contra-indication is the failure of the existence

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of healthy strumous tissue on the other side. (2) Enucleation is to be performed for cystic goitres, for isolated strumous tumours, and for the presence of strumous tumours in mobile goitres. (3) Evacuation is indicated in isolated small tumours of soft consistence existing in normal strumous tissue. Resection of the goitre is the normal operation. Ligature of the thyroid arteries is to be performed in struma vasculosa, and especially in Basedow's (Graves') disease. **Michael.**

KÖHN (Grulich).—**Foreign Bodies in the Neck.** *Prager Med. Wochenschr.*, 1889, No. 26.

THE patient, eighty-one years old, fell upon his pipe, and then remarked that a portion of the pipe was missing. He had a good deal of bleeding from the mouth, and pains in the neck. Next day the author found the left tonsil covered with membranes like diphtheria. Externally the neck was swollen. By an incision in the cucullaris the piece of the pipe was found. Cure resulted in a few days. **Michael.**

GREEN (Cork).—**Angina Ludovici, or Diffuse Cellulitis of the Neck and Throat.** *British Medical Journal, January* 12, 1889. (Notes of six cases read at the Cork Medical and Surgical Association, December 12, 1888).

THE author strongly advocated deep incision from the hyoid bone to the floor of the mouth in the mesial line. Some cases in which suffocation had almost occurred, were at once relieved by this treatment.

Hunter Mackenzie.

WYETH, J. A.—Lymphomata of the Neck. *Intern. Journ. of Surgery, March*, 1889.

A CASE of lymphomata of the neck was presented by the author at the Clinic, February 15, 1889. They were situated in front of, beneath, and behind the sterno-cleido mastoid muscle, surrounding the sheath of the jugular and carotid. Two parallel incisions were made on the two sides of the muscle, and then connected by a transverse incision, which divided about a third of the muscle. The operator said that, if necessary, he would entirely divide it, as it would unite after sewing, and be as good as ever. Seven tumours were removed, varying in size from a hazel nut to an egg. In the smaller ones the capsule was snipped, and lateral pressure caused them to pop out without trouble. The larger ones had to be dissected out, leaving the external layer of the capsule in the wound. So long as this is done, and the surgeon works close to the tumour with blunt-pointed scissors, or does "dry dissection" with any blunt instrument, as the handle of a scalpel, there is no danger. In two or three of the largest, all the tumour was removed, except a small pedicle, which was ligatured before cutting, thus avoiding hæmorrhage. The external jugular was tied and divided, but that was the only large vessel cut. The sterno-cleido-mastoid branch of the spinal accessory was cut, Dr. Wyeth saying it made not the slightest difference, and caused no trouble. He told of a case a few years ago, in which he found the sympathetic nerve spread out in a large "umbrella plexus" over a tumour, and he had no alternative but to cut it, which he did with mis-

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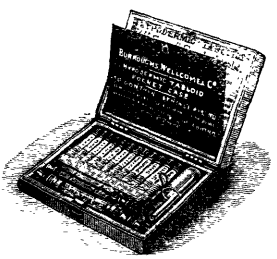
giving. The result was a dilated pupil and a flushed ear for a few days, and that was all. The operator, though practising thorough antisepsis, did not irrigate a great deal, saying that he considered much of the pneumonia and bronchitis attributed to ether to be due to misapplied and superabundant water.

R. Norris Wolfenden.

NEW PREPARATIONS.

Hypodermic Pocket Case (Burroughes, Wellcome & Co.).

THIS case contains a hypodermic syringe, with two needles, a mortar and pestle, and space for a dozen tubes of compressed soluble tabloids for hypodermic use. Each tabloid contains a quarter of a grain of sulphate of sodium as a vehicle for the alkaloid. Some fifty preparations of these alkaloids in tabloid form can be obtained from the manufacturers. The case before us contains morphine, pilocarpine, strychnine, ergotinin, hyoscyanin, digitalin, cocaine, atropin, apomorphine, and we cannot imagine anything more portable or compact than these cases. We think that every medical practitioner should possess one. It is impossible to imagine any more useful and complete *multum in parvo*, or any pocket companion which would be more serviceable to the practitioner than one of these Hypodermic Pocket Cases of Burroughes, Wellcome & Co.'s. The mention of the name of this firm is sufficient to guarantee the purity of the drugs used, and their accuracy of dose.



The Nebuliser.

THE patent rights of this ingenious instrument, invented by Dr. Lighthill, of Boston, have been purchased by Mr. A. E. Holt, of 74, Fleet Street. Of the various atomisers in use, we believe this to be undoubtedly the best for the purposes for which it is intended—namely, for cold nebulisation. The essential oils, mixed with cosmoline or fluid vaseline, can be used by this atomiser, and the apparatus forms the finest and most perfect cloud of vapour we have yet seen obtained by any similar instrument. While willingly saying this much of the instrument, and according to it all the great credit which is due to it, we cannot look with favour upon the printed list of directions supplied with the apparatus. This paper contains formulæ for twelve mixtures, "gathered from the practice of eminent specialists in diseases of the respiratory organs" for the treatment of "rhinorrhœa," "phthisis," "obstinate cough," "hay asthma," "chronic bronchitis," "asthma," "dry catarrh," "laryngeal cough," and "antiseptic inhalation," and an extract from "Cohen on

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