the crico-thyroid membrane in front. The thyroid plates were thinned by pressure, and the whole lumen of the larynx completely occluded by a large hard mass springing primarily from the anterior surface of the posterior part of the cricoid. It was decided to entirely remove the cricoid cartilage and growth, the two arytenoids, and the front of the lower part of the thyroid. The mucous membrane and the true cords stretched across the tumour were also removed. Both recurrent laryngeal nerves were cut. The epiglottis and part of the thyroid cartilages were left. The growth removed weighed ʒxi½, and measured about 1¾ inches from above down, its oblique diameter from before back being 1¾ inches. The patient made a rapid recovery, the transverse wound and part of the vertical one healing by first intention. On the ninth day, on removing the feeding tube, he had no difficulty in eating a chop. An effective silver larynx was made by Mayer and Meltzer. The man was now in good health, having gained many pounds in weight, and could speak well in a monotonous and husky, but distinct, voice, phonation seeming to be performed by two antero-posterior folds of mucosa behind the epiglottis, which separated and vibrated when a current of air was forced between them from below. *Wm. Robertson.*

Stevenson, Thos. (London), and **Carling, Wm.** (London). — *A Case of Homicidal Strangulation in an Adult with Extensive Fracture of the Larynx.* "Lancet," Feb. 25, 1893.

A MAN, aged forty-two, was strangulated by violence in the following way:—The murderer, standing in front of him, placed his left hand over the victim's mouth, and, with his right hand inserted between the collar and neck, grasped or pressed with force on the wind-pipe. No cry for help could thus be raised, and the victim was probably too inebriated to offer any material resistance. The *post-mortem* examination hardly showed any external marks of violence, but there was much extravasation of blood amongst the tissues and muscles of the neck. The hyoid bone was fractured on the right side just external to the lesser cornu. The thyroid cartilage was broken in three places. One fracture ran downwards and to the right from the notch, and both the superior cornua were broken off, the fragment on the left side being the larger, whereas the displacement was greater on the left side. The cricoid cartilage was completely snapped five-eighths of an inch to the right of the median line.

Dundas Grant.

THYROID GLAND AND NECK.

Westmacott (Manchester).—*Cysts of Thyro-Glossal Duct.* "Brit. Med. Journ.," Apr. 29, 1893.

THESE were excised from two children—a boy and a girl eight years and two and a quarter years old respectively. The author pointed out that parts of this fœtal structure might persist as accessory thyroid bodies, or,

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at a later period of life, might form cystic growths. Sections of the cyst wall showed alveolar with columnar epithelium lining them in places. The wound [site not stated—REP.] in each case healed by primary union.
Wm. Robertson.

Davies, Arthur T.—*The Treatment of Myxœdema.* "Lancet," Feb. 11, 1893.

DR. DAVIES recommends the administration of thyroid gland in the form of the powdered dried extract on account of its portability and convenience, the avoidance of putrefaction or of disease in the gland, the minimization of nausea, such as is apt to follow the consumption of raw or cooked glands. He advises the patient to rest for an hour after taking the powder. *Dundas Grant.*

Napier, Alex. (Glasgow). — *The Thyroid Treatment of Myxœdema — The Selection of Thyroid Gland for Administration.* "Lancet," Feb. 4, 1893.

DR. NAPIER calls attention to the fact that the thyroid gland is often the seat of disease, especially of a cystic character. He takes the precaution of examining beforehand the thyroids consumed by his patients. They are then minced in small pieces and administered in a little warm soup or beef-tea. He rejects the large dark blood-engorged thyroids sometimes met with. *Dundas Grant.*

EAR.

Roberts, Nathan (New York).—*Pyoktanin in Ear Disease.* "Med. Rec.," Jan. 28, 1893.

THE most to be said for the drug is that it is worthy of trial when the standard remedies fail, and it is of much less value than they are. He used it in a solution as weak as one in ten thousand. *Dundas Grant.*

Dalby, Sir W. (London).—*Strange Incidents in Practice.* "Lancet," Feb. 4, 1893.

TWO cases are narrated of *sudden loss of hearing* produced by emotional shock. This loss of perception while the conduction remains good is on account of its bilateral characters due to some change situated at least as deep as the medulla. The suspension of the hearing faculty is analogous to that of the sense of smell, of which an instance due to emotion is also quoted. Sir W. Dalby has known the hearing to be partially suspended—and in a high degree—by such causes as a loaded state of the intestines, sleeplessness, gouty irritability of the brain, the presence of lumbrici, etc., returning on the removal of these various conditions. He ascribes the deafness to a congestion of the cerebral vessels, and draws an analogy with the irrecoverable loss of hearing occasionally occurring in typhus and mumps.

In a case in which no self-mutilation was at all probable three pieces of *a sewing needle* were found embedded in the inflamed tissues of the meatus, the patient being utterly unable to explain their presence.

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