Schimmelbusch (Berlin).—*Plastic Operations for Tracheal Defects.* XXII. Congress der deutschen Gesellschaft für Chirurgie, Meeting, 12th to 15th April, 1893.

(1) A PATIENT, nine years old, had diphtheria in her second year, and was tracheotomized. There has since been a stenosis of the larynx and defect of the trachea. By declination of the head the child could close the defect, which was four centimetres long, and could speak with a loud voice.

(2) In a second case the defect had an extent of five centimètres. By plastic operation the defect of the skin was closed, but there remained a stenosis on account of the wall being too soft, so that it was drawn inwards during inspiration, and closed the trachea. By transplantation of the periosteum of the sternum the anterior wall of the trachea was transformed into a hard tube, and the child could speak with a loud voice. There was no difficulty of respiration when the fistula was closed.

KUSTER (Marburg) had some years ago performed resection of the defective part, followed by reunion of the upper and lower parts of the trachea.

SPRENGEL (Dresden) believes that defects especially follow inferior tracheotomy.

KOERTE (Berlin) has always performed inferior tracheotomy with good results. Defects are produced by secondary infections most commonly followed by death. He does not know any means of preventing them.

BERGMANN (Berlin) had never seen such events. He always performed superior tracheotomy. He believes that necrosis is often caused by cutting the cricoid cartilage. *Michael.*

THYROID GLAND, &c.

Schnitzler, Julius (Wien).—*Etiology of Strumitis.* "Internat. Klin Rundschau," 1893, No. 16.

BACTERIOLOGICAL examination showed in the pus of strumitis the constant presence of encapsuled diplococci. *Michael.*

Ostermayer. — *Struma.* Konigliche Gesellschaft der Aertze in Budapest, Meeting, Feb. 10, 1893.

THE author exhibited a patient cured of his struma by enucleation.

Michael.

Guttman, P.—*Goitre Noise.* Verein für innere Medizin in Berlin, Meeting, Feb. 20, 1893.

IN Basedow's (Graves') disease, with the stethoscope, is heard over the goitre an arterial noise, isochronous with the pulse. The author exhibited two patients showing the noise. As it can be heard in all cases of the disease, it is of differential diagnostical value in relation to other cases of goitre. *Michael.*

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Eiselberg.—*Struma Metastases.* XXII. Congress der deutschen Gesellschaft für Chirurgie, 12th to 15th Apr., 1893.

THE author has observed adenomatous tumours in the bones, which must be regarded as metastases of goitre. *Michael.*

Cohen.—*On Some of the Tropho-Neuroses associated with Abnormality of the Thyroid Gland.* "The American Lancet," April, 1893.

TWO cases of acromegaly were reported in males aged twenty-five and fifty-one years respectively. In neither case was there any eye symptom, and both received benefit from picrotoxin, which is a vaso-motor regulator, and diminished the headache from which both patients suffered. Only *post-mortem* examination enables us to speak of *absence* of the thyroid gland, but a number of cases in which it could not be demonstrated, and in which symptoms of acromegaly, Raynaud's disease, and Weir Mitchell's erytho-melalgia were present were described. Other cases in which thyroid atrophy existed were hypertrophic osteo-arthropathy, scleroderma with muscular tremors and mental changes in an old woman, and Raynaud's disease in an old woman. In the last patient changes in one finger resembled acromegaly; in another, rheumatoid arthritis; and in another, those of sclerodactyle. In hypertrophic conditions of the gland it was held that the essential elements of the gland were diminished, and the hyperplasia of its non-essential anatomical elements in no way prevented the symptoms of atrophy from manifesting themselves. Intermittent enlargement of the thyroid was noted, and certain urinary troubles accompanying Graves' disease, such as occasional hæmaturia and hæmoglobinuria, lithuria, and oxaluria and albuminuria. These and other symptoms met with are nervous phenomena, and are to be classed with blushing, migraine, angio-neurotic œdema, urticaria, erythema nodosum, local syncope, etc.

The connection of rheumatism with Graves' disease, and the heredity of both, are too frequent to be mere coincidence. It was suggested that feeding with fresh thyroids ought, theoretically as well as practically, to be of use in these varying troubles associated with thyroid abnormality.

B. J. Baron.

Eiselberg (Wien).—*On Vegetative Disturbances following Extirpation of the Strumous Gland in Sheep.* XXII. Congress der deutschen Gesellschaft für Chirurgie, Meeting, 12th to 15th April, 1893.

OF three sheep, two were operated upon. The control sheep after six months had a weight of twenty-five kilogrammes; the operated sheep a weight of fourteen and ten kilogrammes. *Michael.*

Kronlein.—*Goitre.* Gesellschaft der Aerzte in Zurich, Meeting, Dec. 3, 1892. (*Vide* the report in this Journal.)

SCHULER remarked that a quarter of the goitre must be preserved in order to prevent cachexia strumipriva. Of seventy cases of total extirpation, seven to eight per cent. have been followed by cachexia. His indication for operation in most cases was dyspnœa. The author also mentions some details as to the method of operation.

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BRUNNER asked if in suppurative goitres the wall of the cyst should also be extirpated.

KRONLEIN believed it dangerous on account of the possible propagation of the infection.

SCHULTHESS remarked that congenital goitre is often combined with dyspnœa, which may also be caused by an enlarged thymus.

LUNING had observed a case of sudden death in a patient with goitre at the commencement of narcosis. It might have been chloroform-death.

MÜLLER believed that in ten per cent. of all goitres operation is indicated.

FORCK believed that even bad cases can be cured by internal application of iodine. *Michael.*

Sheild, Marmaduke (London).—*Congenital Cystic Hygroma of Neck treated by Dissection and Iodine.* "Lancet," Jan. 7, 1893.

THE tumour was an ovoid, strikingly translucent, soft, cystic swelling the size of a hen's egg situated in the posterior cervical triangle of a child of one year and seven months. It had existed at birth, but was then smaller. Tapping had been performed twice. There was a contained solid nodule, the size of a marble, apparently attached to the sterno-mastoid. The skin, after a longitudinal incision, was dissected off the cyst as far as both muscles. The cyst was then opened, and found—as expected—to extend through the fascia close to the carotid sheath. The superficial portions were removed, and the deeper ones syringed out with equal parts of iodine and water. After considerable constitutional disturbance the child recovered, with very little of the tumour remaining. Mr. Sheild points out the need for remembering the depth of the deeper parts of these growths, quoting Mr. Holmes' opinion that they originate in bulk beneath the fascia, the superficial parts being hernial protrusions. He recalls Mr. Bland Sutton's suggestion that they may be representative of the laryngeal pouches of some monkeys. *Dundas Grant.*

EAR.

Schneider.—*On the Influence of Disease of the Ear upon the Mental and Physical Development of the Child.* "Med. News," April 8, 1893.

THE author points out that the primary factor in mental development, besides hereditary and congenital gifts, is dependent upon the accuracy of the constitution of the special senses, and the impressions which the infant brain receives through these senses from its environment, provide the material out of which is formed perception and conception. The fundamental value of the special senses for the development of man is already conceded, and, therefore, the more accurate the development in the special senses the higher and more accurate will be the perception The author supports his theory by reference to statistics of Bezold, Von

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