6. The "timbre" of the voice depends upon the lowering of the larynx, and epiglottic, pharyngeal, buccal, and nasal modifications. JOAL.

PARKER, R. W.—Endo-Tracheitis and Endo-Bronchitis. *Transactions Path. Soc. Lond., Vol.* xxxvii., 1886.

THE account of the case was interesting, both from the nature of the lesion and its extent. The change was essentially endo-tracheal, and, probably, also primarily endo-bronchial. In the trachea the pathological process was confined to the interior of the tube, but in the lung there were extensive peri-bronchial changes. The author regarded these as secondary, and set up by retention of the secretions. The calibre of the trachea was reduced to one-third of its normal size, while the left bronchus was almost completely occluded. It was remarkable how little dyspnœa there was until within a few days of death. The patient was a boy of fifteen years.

GREVILLE MACDONALD.

NECK, &c.

HORSLEY, V.—The Pathology of the Thyroid Gland. *The Brown Lectures (delivered at the London University), Lancet, December* 18, 1886.

THE lecturer suggested that, probably, the thyroid gland is "hæmapoietic as the result of some metamorphosing influence it may have on the fluid constituents of the blood." Recognising the accuracy of Wooldridge's recent observations, that the mere action of cold upon corpuscle-free blood-plasma could produce a precipitate of biconcave discs, it might be further suggested that the thyroid gland may possess a cytopoietic function in an indirect fashion, blood discs being precipitated from the fluid blood-plasma, by some method as yet unknown. Such a process might be part of the hæmapoietic function of the gland.

Next, discussing the histology of the gland, Mr. Horsley referred to the lump of embryonic tissue which exists in a large quantity, in some animals, separately and distinctly encapsuled. The lecturer did not accept Virchow's view that this could be the homologue of a single acinus, research having tended to negative the view that this embryonic tissue could ever develop into acini. Of the nature of the large parenchymatous cells described by Weber, we are also in

https://doi.org/10.1017/S1755145500159068 Published online by Cambridge University Press

the dark. These nodules are not only imperfect developments of the thyroid gland, since they increased in size, number, and staining power, when the thyroid gland underwent development in consequence of the removal of one lobe. Mr. Horsley next discussed the "compensatory hypertrophy" of the kidney, and showed that if the actual body-weight did not increase, and if there was actual loss of weight, then the "compensatory hypertrophy" of the remaining kidney did not occur. In hypertrophy of the thyroid, the acini were remarkably changed, the lining epithelium multiplied in number, and increased in size, so that a plication of the wall results. There is no increase in the number of Weber's cells, and no metamorphosis of the "embryonic" tissue into acini. The colloid material of the acini does not increase in amount, but becomes softer, more viscous, and less solid. Increased activity, therefore, caused a diminution in the consistence of the organ, in contrast to the solidification that occurs of the acinal contents, when the organ is less active.

In the second lecture, Mr. Horsley discussed the relation of the gland to the encephalon, the innervation of the gland, and its comparative pathology. The lecturer believed that, in spite of the views entertained as to the connection with the cerebrum, the relation was more apparent than real, and brought forward experiment to show that removal of one lobe of the thyroid exerted no influence over the nutrition of the motor cerebral centres of the same side. He would only tentatively adopt the German view, that the gland had any special metabolic function over those waste products which are especially inimical to the nervous system, and particularly the brain. The lecturer stated that there was no evidence, experimental or clinical, to show that the thyroid gland is represented in the cerebral hemispheres. Mr. Horsley believed that the gland was chiefly supplied by sympathetic nerves, and that the sympathetic was the secretory or glandular nerve. With regard to the relation of the recurrent laryngeal nerve to the gland, he had made two experiments, excising in two dogs a portion of the recurrent nerve, but after several months there was no histological difference in the gland. Schiff's experiments were incomplete as regards the sympathetic, as he did not keep his animals alive for a sufficient time.

Mr. Horsley, speaking of the comparative pathology of the gland, said that he had obtained sufficient experimental evidence of the fact that the gland possessed a very different activity in different animals, both anatomically and pathologically. The greater the activity of the gland in any particular animal or class of animals, the more urgent and rapid were the symptoms that followed its removal,

https://doi.org/10.1017/S1755145500159068 Published online by Cambridge University Press

and conversely. The suggestion was made that where the glands and acini are small, the functional activity is least. These lectures, and the experiments on which they are founded, are a most valuable contribution to a very difficult chapter of pathology, and are full of suggestion.

ORMBY. — **Exophthalmic Goître, Angina Pectoris, Hysteria.** (**Goître Exophthalmique, Angine de Poitrine, Hysterie.**) *Lyon Medical, January* 9, 1887.

OBSERVATIONS on a patient presenting these three symptoms, which he thinks sufficiently rare, since the classical works of Huchard, Marie, &c., do not mention such a combination. JOAL.

HEYDENREICH.—The Interglandular Enucleation of Goître. (**L'Énucléation Interglandaire du Goître.**) *Semaine Médicale, January* 12, 1887.

THE author, in describing this method (advanced by Socin, *Cent. f. Chir.*, November 6, 1886), says that this operation does not lead to cachexia strumipriva, because it consists only in the removal of the degenerated parts, thus permitting the healthy portion of the gland to continue its functions. Heydenreich draws attention to a new point. After ablation of the thyroid body, there is sometimes remarked a flattening of the trachea, with a tendency to occlusion during respiratory movements, thus producing asphyxia. It is probable that this condition arises from the fact that the trachea is flattened by the pressure of the goître, like a sabre scabbard, and loses by the extirpation of the gland the props which maintain it open. Enucleation, which respects the healthy portion of the gland, leaves in position these natural supports, and cannot therefore be exposed to these accidents. JOAL.

WENILECHNE, R. (Wien).—**Ligature of the Superior Thyroid Artery for a Struma.** (**Unterbindung der Arteriae Thyroidae Sup. wegen eines Kropfes.**) *Session of the k. k. Gesellschaft der Aerzte in Wien, November* 5, 1886.

THE patient was thirty-three, and had a large struma. The great dyspnœa prevented extirpation. The artery was therefore ligatured as proposed by Wölfler. The struma became subsequently much smaller, and the dyspnœa was cured. MICHAEL.

COLLINS.—The Relation of Insanity to Exophthalmic Goître *Lancet, January* 8, 1887.

A CASE is narrated of this complaint, in which the patient developed melancholia with delusions, and persistent refusal of food necessitated

https://doi.org/10.1017/S1755145500159068 Published online by Cambridge University Press

feeding with the stomach-pump for one month. This subsequently subsided, leaving the palpitation, exophthalmos, and goître *in statu quo*. No family record of insanity or epilepsy, &c., could be obtained.

KELLY, A. L. (Glasgow).—**Two Cases of Lymphadenosis.** *Glasgow Medical Journal, December*, 1886.

A COMMUNICATION to the Glasgow Southern Medical Society, March 11, 1886. In one of the cases (a male, aged twenty-three years) several large glandular swellings were present in the right side of the neck, reaching in a chain-like form from the angle of the jaw to the clavicle; similar swellings were present in the left arm-pit, and also in both groins. The enlargements were all hard, and none of them had suppurated. The patient had been lost sight of, and the course of the case was therefore unknown.

In the discussion which followed, Dr. Park remarked upon the good results which he had seen follow the injection of such tumours with ten-minim doses of the tincture of iodine.

HUNTER MACKENZIE.

CARMICHAEL, JAMES (Edinburgh).—**The Bronchial Catarrh of Children.** *Edinburgh Medical Journal, October and November* 1886.

THE author recognizes this disease as often beginning with a coryza, and as spreading by continuity of surface to the tracheal and bronchial mucous membrane. He believes that nasal, laryngeal, tracheal, or bronchial stenosis will produce pulmonary collapse; hence its occurrence in croupous or diphtheritic laryngitis, and in laryngismus stridulus. In young children, in fact, stenosis of the nares often plays an important part in the production of collapse of the lung.

The communication, as a whole, is of more interest to the general physician than to the specialist. HUNTER MACKENZIE.

PHILIP, R. W. (Edinburgh).—**An Improved Method for the Detection of the Tubercle Bacillus in Sputum.** *Edinburgh Medical Journal, November*, 1886.

THE principle of this method is essentially one of concentration, this being obtained by a double process of incubation and precipitation or deposition. By collecting the sputum of from twelve to twenty-four hours, and exposing it in a beaker or flask to the influence of a gentle, moist heat for twenty-four hours or longer, it will be found that the heavier cell elements have separated, and

https://doi.org/10.1017/S1755145500159068 Published online by Cambridge University Press

become deposited at the bottom of the vessel. A drop of this deposit may be removed by a pipette; it no longer has a cohesive character, and, consequently, may be spread with much greater ease and exactness on the cover glass. Staining and mounting are done according to any of the approved methods. Under the microscope, bacilli are found in relatively increased number, owing, according to the author, to (1) the precipitation and resulting concentration, and (2) to an absolute increase in numbers of the bacilli, this latter being due to the process of incubation in a favourable soil (sputum).

HUNTER MACKENZIE.

COATS, JOSEPH (Glasgow).—**The Vesicular Murmur in Respiration.** *Glasgow Medical Journal, November*, 1886.

A COMMUNICATION to the Glasgow Pathological and Clinical Society, May 11, 1886, on Dr. Newman's case of excision of the larynx, with special reference to the origin and propagation of the laryngeal and pulmonary auscultatory phenomena. The conclusions arrived at were—First, the sounds produced at the glottis or larynx are freely conducted by the dense tissues comprising the trachea and bronchi; secondly, the vesicular murmur takes origin in the extreme distal part of the respiratory apparatus. HUNTER MACKENZIE.

REPORTS OF SOCIETIES.

Pathological Society of London.

At a meeting held on October 19,

MR. F. TREVES read notes and showed microscopic specimens of three cases of *Malignant Cysts of the Neck*. The clinical course of all three cases was the same. The growths were regarded as cystic because they contained very little solid matter. In two the cystic contents were of mucinoid nature; the contents of the third was pure lymph. Two of the cysts were carcinomatous; the third epitheliomatous. A living specimen, probably epitheliomatous, was also exhibited. The first case was a cellarman, aged fifty-three. The tumour was situated in the left side of the neck; the skin over it was red and brawny. It commenced as a small solid mass, apparently beneath the sterno-mastoid muscle, and was regarded as a "chronic abscess" until an exploratory puncture gave exit to a clear glairy fluid which was pronounced by a chemist to be mucin. The cyst proved to be deeply attached. It discharged continuously, was treated with an injection of iodine, the discharge from it became muco-purulent, bleeding set in from the superior thyroid artery, and death ensued. The necropsy showed an imperfect cyst, whose walls were half an inch thick at most, and whose internal surface was thrown into ridges and bridges like the columnæ carneæ of the ventricles of the heart. It was merely suggested that the mucoid degeneration of the cancer cells in this case might be associated in some way with the atrophy of the thyroid gland

https://doi.org/10.1017/S1755145500159068 Published online by Cambridge University Press