penetrated the crico-thyroid membrane, pass to the inferior lateral chain of glands mentioned before. The laryngeal mucosa thus possesses a rich lymphatic supply, occupying the superficial layer of the mucosa, developed equally in the vestibular, ventricular, and subglottic regions, and being very thin at the free edges of the vocal cords, especially on the under surface. The large trunks follow the course of the laryngeal arteries. A certain number of sub-hyoid abscesses are probably suppurative adenitis of these laryngeal glands.

NECK, &c.

FUHR.—Extirpation of the Thyroid Gland. *Archiv für experimentelle Pathol. u. Pharm.*, No 21.

COMMUNICATION of several experiments made upon dogs which prove that after extirpation of the whole gland death followed in every dog; and further that death is caused by the removal of the thyroid, since other operations, such as cutting the nerves or arteries, do not give rise to the same symptoms. Total extirpation of the thyroid is therefore unphysiological, and is not a justifiable operation on the human subject. MICHAEL.

REVERDIN, L.—Contribution to the Study of Myxœdema Consecutive to Total or Partial Extirpation of the Thyroid. *Rev. Méd. de la Suisse Romande, May and June*, 1887.

IN 1882, the author drew attention to a cretinoid condition consecutive to removal of the thyroid, and then stated that he had ceased to remove the whole gland, in the face of these untoward results, contenting himself with enucleating part or removing one lobe only. In the following year, the author, along with Auguste Reverdin, in a study of twenty-two cases operated on by them, called attention to the resemblance of this condition with the "pachydermic cachexia" of Charcot and Gull, and "myxœdema" of Ord, and they proposed the term "operative myxœdema." Kocher's work (to whom the author had communicated his observations in 1882) appeared in 1883, and this author found only two cases out of a total of eighteen total extirpations had escaped this condition, and both these suffered a recurrence of their goître. Kocher proposed the term "cachexia strumipriva." These results have been plentifully confirmed by other surgeons in various countries. The author gives a complete literary *résumé* of the question. Kocher reported, in 1885, thirty-four cases operated on, of which twenty-four had developed cachexia strumipriva, and later he stated his opinion that in young subjects not having yet attained full development, total extirpation of the goître was *always*

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followed by a cachexia ending in idiocy. Reverdin has seen myxœdema in five cases out of eleven operated on, the worst case being in a patient of twenty years of age. Juillard saw two cases; one in a young man of seventeen, whose further development was arrested. Baumgärtner had seen five cases out of eleven operations, Pietrzikowski recorded three cases out of eleven operations, Buggi two cases in five operations; Occhini a case developing after destruction of a goitre by electrolysis. These cases, with others reported by Bruno, Konig, Mickulicz, &c., made a total number of more than forty. Wöffler, in 1884, stated that cachexia strumipriva had never been observed in the Vienna clinic, Bottini had not seen it after fifty-two operations, and Bardeleben has been equally fortunate in twelve cases. Trombetta, collecting all statistics possible, puts the percentage of cases after operations at 27 per cent. The author relates three cases in detail, which show that the malady may progress more or less rapidly, and that the symptoms may in certain cases undergo amendment even for many years. He relates two other cases of abortive, or undeveloped myxœdema, in both of which he discovered a slowly appearing ovular and regular small tumour in contact with the thyroid cartilage, and having all the characters of a small accessory thyroid. This gland appears to develope in the same manner as small accessory kidneys do in the dog or young fox after removal of the kidney.

The author also states that partial extirpation may sometimes be followed by myxœdema, and relates a case in which the disorder was in the undeveloped form. He also states that extirpation of one lobe may be followed by atrophy of the rest of the organ with signs of abortive myxœdema. The author is not disposed to condemn irrevocably total extirpation, seeing that sometimes it is necessary, and the operative accidents reveal themselves in an attenuated form. He also relates a communication made to him by Poncet, of Lyons, of a case in which undeveloped myxœdema has occurred in a young girl in whom the thyroid isthmus only was removed. The paper is a very valuable and interesting contribution to the subject.

DE SOYRE.—Goître dependent on Pregnancy and Accouchement. *Archives de Tocologie*, 1887.

WOMEN, independently of any hereditary cause, may present hypertrophy of the thyroid gland at the menstrual periods or during pregnancy. Oftenest after accouchement this hypertrophy remains stationary or diminishes; it may reappear and increase in a subsequent pregnancy. This hypertrophy does not often give rise to any serious consequences, but may compress the trachea, and the consequent symptoms may progressively increase until death occurs.

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The surgical intervention called for consists in the simple injection of pure tincture of iodine in those cases which develop slowly. When, however, asphyxia is imminent, it is necessary to practise partial ablation of the thyroid gland. JOAL.

SNOW, H. (London).—**Arsenic in Cystic Goître.** *Brit. Med. Journ., May* 28, 1887.

THE writer thinks that arsenic has a specific effect upon the thyroid gland, and relates a case of cystic bronchocele, which, after tapping, was still of considerable size, but which completely disappeared under the administration of 5-minim doses of liquor arsenici hydrochloricus three times daily.

VERNEUIL.—Adenoma of the Subhyoid Region. *Gaz. des Hôp., April* 7, 1887.

A LECTURE given at the "Hôpital de la Pitié," the subject being a man of forty, strong, but possessing a glandular swelling. These tumours are rare. Prof. Verneuil has never seen more than two in the same year. They are innocent both as to nature and operation, and they never recur. The surgeon can seldom be quite certain of his diagnosis. JOAL.

ZENNER (Cincinnati).—**Case of Auctioneer's Spasm.** *Berlin. Klin. Wochenschr.*, No. 17, 1887.

AN auctioneer acquired a spasm of the left side of the mouth, which always appeared when he began to cry loud, so that he could not any longer carry on his business. The attack also came on if he spoke quickly, and was combined with pain in the parts affected. He could overcome the spasm if he elevated the oral fold with a pencil during speaking. The treatment was unsuccessful. The author regards the disease as a functional neurosis. MICHAEL.

FUX.—Cocaine Anæsthesia in a Tongue Operation. *Wiener Med. Wochenschr.*, No. 17, 1887.

THE author extirpated a tumour of the tongue under injections of 10 ctgrm. of 5 per cent. solution of cocaine, and the operation was completely analgesic. MICHAEL.

ANDERSON, WILLIAM (Newfoundland).—**Cancer of the Lip.** *Glasgow Med. Jour., March*, 1887.

CONTAINS nothing new. HUNTER MACKENZIE.

FRAENKEL, BERNHARD.—Introductory Speech at the Opening of the Royal University Polyclinic for Diseases of the Throat and Nose. *Egypt. Deutsch. Med. Woch., No.* 23, 1887.

THE author gave a résumé of the history of laryngoscopy and laryngeal surgery, accentuating the connection between this specialty and the other branches of medical science. MICHAEL.

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