HOFFMANN (Greifswald). **Foreign Body in the Œsophagus, with formation of a Diverticulum in this Organ.** *Deutsch Med. Woch., No.* 19, 1889.

A MAN, thirty-one years of age, in an attempt at suicide, swallowed a piece of broken china. Attempts at extraction failed, and sub-hyoid pharyngotomy was performed. The foreign body was found to be firmly fixed, and could not be extracted through the mouth. Sudden death occurred on the next day. At the autopsy, a hole was found in the wall of the uppermost region of the œsophagus, lined with mucous membrane. The author regards it as an acute diverticulum of the œsophagus.

Michael.

KLEMPERER (Berlin).—**A Case of Cancer of the Œsophagus, with Pressure upon the Heart. Cardiac Gangrene and Death from Cerebral Embolism.** *Deutsch Med. Woch., No.* 19, 1889.

THE notes of the history of such a case with the post-mortem appearances. The patient was fifty-one years of age, and had stricture of the œsophagus, which was treated with Leyden's permanent cannulas. Sudden death terminated the case, and it was found that the neoplasm had invaded the left cardiac atrium, and metastatic infarcts were found in the brain and abdominal glands.

Michael

LARYNX, TRACHEA, &c.

HOWARD, BENJAMIN (U.S.A.).—**A New and Only Way of Raising the Epiglottis.** *British Medical Journal, November* 17, 1888.

A PAPER read before the Medical Society of London, October 22, 1888.

After some historical and preliminary remarks, the author states that, in a series of experimental observations on the cadaver, he has found in the ordinary supine position three anatomical causes of obstruction lying across the upper airway. These are:—

(1) *The velum palati and uvula.*—The velum nearly approaches or rests upon the posterior wall of the pharynx, whilst the uvula is curled upon itself, almost completely closing the airway at that point.

(2) *The tongue.*—This is invariably found with its dorsum more or less resting upon the posterior wall of the pharynx, and causing sometimes complete obstruction of the breathway.

(3) *The epiglottis.*—This always falls backward over the glottis, its free edge resting upon the posterior wall of the pharynx.

After discussing and showing the inutility of traction of the tongue, the author states that, in the "New and Only Way of Raising the Epiglottis," the central part of the mechanism is the body of the os hyoides. "This is the central link of a three-linked chain. By the lower link, the "hyo-epiglottic ligament, the body of the freely-movable hyoid bone is "attached to the freely-movable epiglottis below; whilst the upper link, "consisting of three pairs of muscles, the genio-hyoidei mylo hyoidei,

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"and the anterior bellies of the digastrici, proceeding from the body of the "hyoid bone, are attached to the body of the inferior maxilla below. Thus, "the body of the inferior maxilla above is coupled to the epiglottis below.

"As the attachments of these muscles to the inferior maxilla are near "and on either side of the median line, where is the greatest range of "motion, it follows that, if the head be extended but a certain distance, "the chain in question becomes straightened and tense. Beyond this "point, however slight the additional tension may be, the epiglottis is "raised in unison. Continue the extension sufficiently, and the epiglottis "becomes instantly, completely, inevitably erect." This invariably takes place, under all circumstances and conditions.

The author next affirms, as a result of his observations and experiments, that the cervical vertebræ may be extended upon themselves to about thirty degrees, and that the occipito-vertebral articulation allows of an extension of sixty degrees—that is, the head and neck, by the exercise of moderate force, are capable of an aggregate extension of ninety degrees. The result of this extension will be to correspondingly enlarge the naso-pharynx, and cause the course of the nares to be almost in line with the pharynx. A very forcible pulling forwards of the anterior wall of the pharynx, including to some extent the base of the tongue, will also take place. Gravitation, which previously precipitated the dorsum of the tongue into the pharynx, now precipitates it forward into the mouth, and the velum palati is stretched tightly forwards and downwards behind part of the dorsum of the tongue. In this way the entire pharynx is greatly enlarged throughout, and thus a comparatively free passage is formed from the glottis to the nares.

Consideration is next given to "The Way to Make Complete Extension of the Head and Neck."

"Having, by bringing the patients to the edge of the table or bed, or "by elevation of the chest, provided that the head may swing quite free, "*with one hand under the chin, and the other on the vertex, steadily, but "firmly, carry the head backwards and downwards. The neck will share "the motion, which must be continued until the utmost possible extension "of both head and neck is obtained.*"

The degree of extension necessary to correct commencing stertor or irregularity of breath is a matter for the operator to determine. But to affect the epiglottis, an extension of from thirty to thirty-five degrees is necessary—that is to say, one would require to "make the line of skin "from the chin to the sternum as straight as it can be made, and the "complete elevation of the epiglottis is assured." This extension ought to be always rather more than less.

The author makes the casual observations that for tracheotomy this position of extension makes the skin tenser, and the parts beneath accessible and firm. In operations in the naso-pharynx, *e.g.*, the removal of adenoid growths, it greatly enlarges the operative area, and prevents blood, &c., from entering the windpipe. Previous to the administration of anæsthetics, the upper air passages, as well as the heart, should be carefully examined. The habit of snoring may be largely avoided by simply using a sufficiently low pillow.

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The paper, which is illustrated by diagrams, is well worthy of careful perusal and study.

(This paper was followed, at the next meeting of the Society, by a discussion which elicited little new.) Hunter Mackenzie.

FOULIS, JAMES (Edinburgh).—**A New and Only Way of Raising the Epiglottis.** *British Medical Journal, December* 8, 1888.

IN reference to the communication of Dr. Howard with the above title (*vide supra*), Dr. Foulis publishes an extract from the ***Edinburgh Medical Journal*** of July, 1880, in which he conclusively proves that, in cases of anæsthetic asphyxia, the idea of raising the epiglottis, by the medium of its connections with the hyoid bone, had been put into practical operation by him. For this purpose, and also with the view of freeing the dorsum of the tongue from the retro-pharyngeal wall, and rendering tense the ary-epiglottic folds, he has devised a simple instrument called the glossotilt. Dr. Foulis makes no mention of the velum palati, and, on the other hand, Dr. Howard says nothing about the ary-epiglottic folds, as causes of obstruction to breathing.

Dr. Foulis aptly remarks that, in Dr. Howard's method, "If the nares "are not clear, air cannot freely enter and pass out of the lungs; hence "the great objection to it."

[We consider this last remark of great importance, on account of the prevalence in our climate of the many forms of nasal obstruction. There can be no doubt whatever that, in 1880, Dr. Foulis had a clear and correct idea as to the mechanical causes of obstructed respiration in chloroform asphyxia, and anticipated Dr. Howard's results in various important respects. The essential differences between Dr. Howard and him appear rather to consist in the methods which they recommend to obviate this. Dr. Foulis advises the use of a special instrument, and frees the mouth for breathing purposes, whilst Dr. Howard dispenses with any instruments, and by extreme extension of the neck, maintains the breathway through the nose. But as many people in average health are quite unable to breathe through their nares, it is obvious one ought not to rely solely on Howard's method, but ought to be prepared, especially in cases of nasal obstruction, to put in force the alternative method of Foulis.—*H. McK.*] Hunter Mackenzie.

SMYTH, A. C. (Belfast).—**The New Way of Raising the Epiglottis.** *British Medical Journal, December* 15, 1888.

A NOTE of the successful treatment by Howard's method, and artificial respiration of a child, aged four months, who was "choked by a jujube." Hunter Mackenzie.

STOOKES, ALEXANDER (Liverpool). — **Hypertrophy of Epiglottis.** *British Medical Journal, November* 17, 1888.

A CHILD, aged one year, had suffered for six months from spasmodic obstruction of the larynx, which ultimately caused death. At the necropsy there was found an abnormally large epiglottis, this being from one-third to one-half again as long as it should be, and thick in proportion. The

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trachea was rather narrower than usual: there was no other lesion or abnormality. **Hunter Mackenzie.**

DUKE, ALEXANDER (Dublin).—**The Position of the Epiglottis in Inversion.** *British Medical Journal, December* 8, 1888.

THE author thinks its probable that the favourable results occasionally met with by inverting the patient during chloroform syncope (as recommended by Nelaton) were due to the raising of the epiglottis, and not, as was always believed, to the additional influx of blood to the brain.
Hunter Mackenzie.

AUDUBERT.—Different Aspects of the Normal Epiglottis seen with the Laryngoscope. *Annales de la Polyclinique de Bordeaux, January,* 1889.

THE author has made observations in Dr. Moure's clinic upon the different shapes and forms of the epiglottis, and embodies his results in a series of twenty-eight plates. **Joal.**

ZIEGLER (Munich).—**Primary Erysipelas of the Larynx.** *Deutsch Arch. für Klin. Med., Band* 24, *Heft* 4.

A PATIENT, twenty-eight years of age, became feverish, and had difficulty of deglutition. The laryngoscope showed a swelling, the size of a bean, of the glosso-epiglottic ligament. The œdema increased to such an extent that tracheotomy had to be performed the next day. Great œdema of the whole epiglottis was now observed with the laryngoscope. After some recurrences the disease was finally cured in a month. **Michael.**

LUC.—Indications for the Treatment of Laryngeal Tuberculosis. *Revue Générale Thérapeutique et Clinique, April,* 1889.

AN excellent review of the methods now employed of treating laryngeal phthisis. **Joal.**

GOUGUENHEIM and TISSIER.—A Case of Primary Pseudo-polypoid Laryngeal Tuberculosis—Papillomatous Structure of the Tumours—Bacteriological Examination of the Sputa.—Confirmatory Inoculation of a guinea-pig with Fragments of the Intra-laryngeal Tumour. Tuberculisation of the animal. *Annales des Mal. du Larynx, etc., April,* 1889.

THE interesting points of the observation are recorded in the above title.
Joal.

CARTAZ.—On Tubercular Tumours of the Larynx. *Archives de Laryngologie, April,* 1889.

IN the larynx tuberculosis may appear under the form of tumour as the first manifestation of the disease. This tumour need not be accompanied with any other obvious lesion of the vocal apparatus, and may be present as the first local tubercular affection. This is a condition passed by in silence by most authors, Isambert, Ariza, John Mackenzie, Schnitzler and Hering, have, however, observed cases of this kind. Gouguenheim and

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Tissier in their recent work consecrate a chapter especially to this form of tuberculosis, which they designate "pseudo-polypoid phthisis."

Cartaz relates three cases of primary tumours of the larynx, and he remarks that these growths are usually single, but may be multiple, that they are situated in the inter-arytenoid space and on the true vocal cords, their aspect is very variable, and from their histological constitution they are undoubted tubercular productions. **Joal.**

GRÜNWALD (Munich).—**Tubercular Abscess of the Cricoid Cartilage.** *Munch. Med. Wochensch., No.* 21, 1889.

A PATIENT, thirty-nine years of age, with commencing tuberculosis of the lungs, suffered from increasing dyspnœa of laryngeal origin, which rendered tracheotomy necessary. With the laryngoscope a reddish, sub-glottic tumour was seen, and the extraction of this tumour was followed by excretion of a large quantity of viscid pus, which could be increased by external pressure. Some days later, pus began to flow through the cannula, but the dyspnœa, which had not been completely relieved by the operation of tracheotomy, now ceased to trouble the patient. A month after the patient died from phthisis, and at the autopsy a perichondritic abscess was found with necrosis of the anterior portion of the cricoid cartilage. **Michael.**

TISSIER.—Tertiary Syphilis of the Larynx. *Annales des Mal. du Larynx, etc., February and March,* 1889.

AN excellent study, in which the author gives a review of our present knowledge of the subject, without, however, adding anything new. **Joal.**

ONODY.—A New Experimental Method for the Laryngeal Muscles and Nerves. *Berlin Klin. Wochenschr., No.* 18, 1889.

THE author describes a method of preparation of the nerves and muscles of the larynx in dogs, by which it is possible to irritate and to cut each nerve or muscle alone. **Michael.**

CASADESUS.—Remarks on a Case of Hæmorrhagic Laryngitis. *Revista de Laringologia, Otologia, y Rinologia, Barcelona, March,* 1889.

AFTER being aphonic for two days, a girl, aged twenty years, began to cough and expectorate a little black coagulated blood. During five or six days these symptoms continued, at the end of which Casadesus found the soft palate and pharynx anæmic, the epiglottis healthy, many coagula adherent to the ventricular bands and vocal cords, which were expelled by coughing, after which the mucous membrane was reddened by blood, which two days after was seen to issue from the surface of the right vocal cord at small points. Hæmorrhage disappeared under local applications of astringent substances and ergotine locally applied. Casadesus concludes with a few remarks founded on the cases already published by Garel. **Ramon de la Sota.**

ZALESKI.—The Inopportuneness of Aluminium Cannulas in Tracheotomy. *Intern. Klin. Rundsch., No.* 18, 1889.

THE author, who sometime ago condemned silver cannulas, now warns

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against the use of aluminium, as when acted upon by the secretions a toxic combination is produced. He proposes the use of silver cannulas coated with gold. (All these considerations as to the metal of the cannula are, so far as modern times go, purely theoretical, since no one has observed any case of argyria or other intoxication produced from the wearing of a cannula, or breaking of such a cannula for many years.—*Reporter*). Michael.

THOMSON, M. (Lincolnshire).—**A Case of Tracheotomy for Foreign Body.** *British Medical Journal, May* 24, 1888.

IN this case the foreign body (a pea) was expelled through the tracheotomy wound. Hunter Mackenzie.

CARRON DE LA CARRIÈRE. How should Tracheotomy be Performed? *Revue Générale de Thérapeutique et de Clinique, April* 18 *and* 25, 1889,

A GOOD *résumé* of the different methods recommended for the performance of this operation. Joal.

LAFLEUR, H. A.—Aneurism of the Ascending Arch of the Aorta. *Transactions of the Montreal Medico-Chirurgical Society, January* 11, 1889.

DR. LAFLEUR presented the specimens and said that the aneurismal dilatation involved the aorta from the semilunar valves to the middle of the transverse arch. There was no distinct sac, the whole of the vessel between these two points being uniformly dilated. From the main dilatation of the aorta, there was a small secondary aneurismal dilatation situated immediately in front of the trachea, just above its bifurcation. This sac measured an inch and a half by one inch, and could be seen upon the tracheal surface as a convex ovoid projection, which in the natural state must have caused nearly complete occlusion of the orifice of the left bronchus. Over this prominence the mucous membrane was inflamed, and through it could be felt the eroded cartilage rings of the trachea, the tracheal wall being almost perforated. The immediate cause of death was double broncho-pneumonia involving the lower lobes of both lungs. George W. Major.

McPHEDRAN, A.—Aneurism of the Thoracic Aorta. *A Clinical Lecture at Toronto General Hospital, December* 17, 1888.

A GOOD exposition of the present state of our knowledge.
George W. Major.

FOWLER, J. K. (London).—**Cases of Aortic Stenosis with Tracheal Murmurs.** *British Medical Journal, December* 22, 1888.

TWO men were exhibited before the Medical Society of London, December 17, 1888, with aortic stenosis, in whom a peculiar puffing murmur, high in tone, was audible over the trachea. The suggestion of the exhibitor that this was due to the compression of the lung by the

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hypertrophied left ventricle during contraction was doubted by various members. Hunter Mackenzie.

ONODY.—Case of Universal Argyria and Laryngeal Cancer. *Monatssch. für Ohrenheilk., No.* 4, 1889.

THE patient, who had for a long time used inhalations and brushings of a ten per cent. solution of nitrate of silver, for hoarseness, due to laryngeal cancer, acquired an argyrosis of the whole cutis, characterized by a steel grey colour. The *post mortem* examination showed that the argyrosis had also affected the intestines, the glands, and the pia mater. Michael.

BEECHAM (London).—**Laryngeal Growth.** *British Medical Journal, December* 15, 1888.

NOTES of a case read before the West London Medico-Chirurgical Society, December 7, 1888. Hunter Mackenzie.

FUNDARENA.—Cyst of the Arytenoid Region. *Revue Mens. de Laryngol., April*, 1889.

ARYTENOID cysts are rare, which leads the author to record this case, which was that of an individual having a tumour of the size of a nut situated in this region, and who was operated upon by Fauvel's forceps and successfully cured. Joal.

FUNDARENA.—Laryngeal Cyst. *El Siglo Médico, Madrid, April* 21, 1889.

A COUNTRYMAN, thirty years of age, suffered from dysphagia, dysphonia, and dyspnœa. A laryngoscopical examination showed a smooth, translucent, soft tumour, of the size and shape of a walnut, with a few small vessels ramifying on its surface, blocking up all the posterior half of the laryngeal cavity, and covering the cartilages of Wrisberg, the capitula Santorini, and the posterior two-thirds of the vocal cords. An incision was made into the cyst with Brunn's laryngeal knife, and then by compression with Fauvel's lateral forceps a clear fluid mixed with granular and fatty matter was extruded. It was then possible to determine that it was attached to the mucous membrane over the right arytenoid cartilage. The cystic membrane was removed, and the place of attachment cauterised with chromic acid. Ramon de la Sota.

SIMON.—Spasm of the Glottis, of Mechanical Origin, in a Girl Nine Months Old. *Crónica Médico-Quirúrgica de la Habana*, 1889.

A CASE of spasm of the glottis, supposed to be of paludial origin, and treated with sulphate of quinine, proved to be produced by an annona (custard apple) seed. Three months after it had penetrated into the right bronchus, as proved on auscultation, it was expelled by a fit of coughing. Ramon de la Sota.

JUFFINGER.—Contribution to the Casuistics of Foreign Bodies in the Air Passages. *Monatssch. für Ohrenheilk.*, 1889, *No.* 4.

A PIECE of a dried fruit was inspired into the bronchus, but was coughed out fourteen days later. The patient died from tuberculosis. Michael.

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GIL Y ORTEGA. Foreign Body in the Trachea. *Anales de Medicina y Cirugia de los Niños*, 1880.

A GIRL, aged five years, was holding a pine nut in her mouth, and, in trying to break it with the teeth, it escaped with force, and was introduced by the inspiratory current into the larynx. A dangerous fit of suffocation followed, which soon passed off, but hurried and noisy respiration, disturbance of the voice, flushing of the face, and the symptoms determined by auscultation showed evidence of the pine nut being still in the respiratory passages. Expulsion of the foreign body could neither be obtained by emetics, nor by holding the head down and simultaneously percussing the chest. The family did not agree to the performance of tracheotomy, and the fits of coughing and suffocation returned, to which very soon symptoms of phlogosis of the right bronchus and lung were added, which disappeared at the end of a week, the cough and dyspnœa, however, remaining. Five months afterwards the patient one morning had a very violent fit of coughing, and became livid, but with the force of the cough she expelled the pine nut, and from that moment all trouble disappeared without leaving any vestige.

Ramon de la Sota.

BALL (London).—**Hysterical Affections of Vocal Cords.** *British Medical Journal, December* 15, 1888.

A PAPER read before the West London Medico-Chirurgical Society, December 7, 1888, which contains nothing new. **Hunter Mackenzie.**

SCHEINMANN.—**Treatment of Hysterical Aphonia by Suggestion,** *Deutsch Med. Woch., No.* 21, 1889.

THE physician should produce a tune, which the patient is made to imitate during the phonatory position of the glottis. **Michael.**

MILSOM.—Nervous Aphonia. Cure by Suggestion. *Annales des Mal. du Larynx, etc., April,* 1889.

THE case of a lady, aged twenty-two, who was aphonic. With the laryngoscope there was found to be congestion and thickening of the epithelium. During phonation the respiratory glottis remained open. Local application and electricity producing no result, the patient was cured by suggestion. **Joal.**

PEYRISSAC.—**Nervous Aphonia** (*a frigore*) **in a Child.** *Annales de la Polyclinique de Bordeaux, January,* 1889.

THIS was a case of paralysis of the adductors occurring after a chill, parallel to an acute laryngitis of slight intensity. Facts of this kind are rare as regards children. **Joal.**

BRESGEN.—**Hoarseness, its Causes, Importance, and Cure. With an Appendix on the Importance of suppressed Nasal Respiration.** *Heuser, Berlin, und Neuwied,* 1889, 37 pages.

A DESCRIPTION written in a popular manner of the different forms of

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hoarseness, with the description of the laryngoscopic appearances, and the methods of treatment. Michael.

PILTAN, ANATOLE. — Method of Recording the Movements of Vocalisation. (Proceedings of the Physiological Society, 1889. No. III. May 11).

THE author had made experiments on various singers by means of an elastic bag or special tambour held in contact with the walls of the chest and of the abdomen, and with the front of the larynx by means of a belt, or by a bag adapted to the corset. The bags communicated the slightest movement of the chest or abdomen to a tambour writing on the blackened surface of a revolving cylinder, where they were recorded in the form of curves.

It was observed that voice depends on effort, and that the effort of a good singer consists in upheaving the chest and avoiding contraction of the muscles of the abdominal walls, and that the diaphragm (being lowered according to the pitch or the intensity of the sound) thus becomes the regulator of the expiratory movement.

The longest duration in this produced effort insures the best voice.

The degree of regularity with which these movements are performed determines the evenness of the voice; and the effort of good singers consists less in uttering sounds more or less intense, as in crying, for instance, than in holding them steadily for the longest possible duration. On the contrary, most of the singers having a bad voice called into action the muscles of their abdominal walls.

Efforts are of three kinds:

(1) The general or thoraco-abdominal effort. This first variety includes those movements in which muscles have to interfere for pushing, lifting, pulling, carrying, &c., or again those producing a series of bad tones.

(2) The abdominal or expulsive effort.

(3) The thoracic effort or singer's effort.

The curves registered in simple breathing, speaking low and high, in coughing, groaning, crying, in a violent effort, in blowing in musical instruments, in singing with a bad voice, were demonstrated: and the latter when compared with those of singers having a really *good voice* showed marked differences.

Besides, the author has observed with the aid of a spirometer and a chronograph, that a bad voice could not sustain a sound loudly more than 5 or 6 seconds, whilst a very good voice could sustain it for 30 or 35 seconds. R. Norris Wolfenden.

BENNETT, S. H. (Dublin). — **Rupture of the Trachea, with Fracture of the Sternum and Rib.** *Dublin Journal of Medical Science, August*, 1888.

DEMONSTRATION of preparations. Hunter Mackenzie.

MURRAY, M. (London). — **Fracture of Cricoid and Thyroid Cartilages.** *British Medical Journal, November* 10, 1888.

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A CARD specimen submitted to the Pathological Society of London, November 6th, 1888. **Hunter Mackenzie.**

PYE-SMITH (Sheffield).—**Perichondritis of Larynx.** *British Medical Journal, December 22,* 1888.

SPECIMEN shown to the Medico-Chirurgical Society of Sheffield, December 6, 1888. The nature of the disease causing the perichondritis, is not stated. **Hunter Mackenzie.**

BECKER (*Wurzburg*).—**Statistics of Laryngo-fissure.** *Munch. Med. Woch., Nos.* 16, 17, *and* 18, 1889.

THE author records some observations not yet published.

1 A patient, fifty-two years of age, had been hoarse for a year and a half. Papillomata were discovered under the vocal cords. Tracheotomy and laryngo-fissure were performed, the neoplasms extirpated with scissors and the galvano-cautery, and the patient was cured.—(Hoffa).

2. A patient, fifty-two years of age, had carcinoma keratoides of the glottis. Tracheotomy and laryngo-fissure were performed, and the patient cured.—(Morian).

3. A girl, eighteen months old, had been tracheotomised six months previously for diphtheria. It was subsequently found impossible to remove the cannula. Laryngotomy was performed, and swelling of the posterior tracheal wall discovered. This was cauterised with the galvano-cautery and the condition was cured.—(Sprengel).

4. A patient, eight months old, had papilloma of the larynx. Laryngotomy was performed, and the tumour removed with scissors and the galvano-cautery. Recurrence occurred, and diphtheria and death resulted.—(Sprengel).

5. A patient, nine years old, had papilloma. Tracheotomy and laryngo-fissure were performed and the condition cured.—(Sprengel).

6. A patient, four years of age, had papilloma of the larynx. Tracheotomy and laryngo-fissure were performed. Recurrence occurred. Tracheotomy was again performed. Diphtheria followed. Intubation was performed without success, and the patient was obliged to wear a permanent cannula.—(Sprengel).

7. A patient, fourteen years of age, had papilloma for which endo-laryngeal operation was impossible. Tracheotomy and laryngotomy were performed. Cure was obtained. —(Sprengel).

8. A patient, twenty-three years of age, had multiple papilloma. Tracheotomy and laryngotomy were performed, the neoplasms removed, and a cure resulted.—(Haussner).

Many operations have been performed by Hopmann, viz.: twenty thyrotomies in seventeen patients, and ten laryngo-fissures in eight patients on account of papillomata (Volkmann's "Klin. Vorträge," No. 315). In two cases he performed the operation for membranous adhesion of the vocal cords, once congenital, the other time resulting from traumatism. In eight cases the operation was indicated for tubercular and lupoid tumours. The author reviews the cases published up to the present time

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since 1878. For papilloma forty-five operations have been performed, twelve for fibroma, twenty-two for malignant tumours, for foreign bodies eleven, and twenty-six for various causes. Four have been performed for chorditis; of the total number of one hundred and twenty operations, seven patients have died from the results of the operation, the other cases were cured. The author concludes from them and other statistics that the operation is not dangerous to life, and not dangerous to phonation, so long as the disease itself has not destroyed the voice. **Michael.**

NECK, THYROID, &c.

ROBINSON, H. B. (London).—**Cystic Bronchocele.** *British Medical Journal, November* 3, 1888.

EXHIBITION of a case before the Metropolitan Counties Branch, South London District, British Medical Association, October 25, 1888.
Hunter Mackenzie.

STOKER, GEORGE (London).—**Case of Goitre.** *British Medical Journal, December* 1, 1888.

IN this case, which was exhibited before the Medical Society of London, November 25, 1888, the goitrous tumour completely disappeared after galvano-cauterisation of thickened middle turbinated bodies. A second case was mentioned, in which partial disappearance of a goitre had followed similar treatment. **Hnnter Mackenzie.**

ROBSON, MAYO (Leeds).—**Case of Goitre.** *British Medical Journal, December* 8, 1888.

EXHIBITION of case before the Leeds and West Riding Medico-Chirurgical Society, December 8, 1888.

The goitre pressed on the trachea, and for three years had caused dyspnœa. The constriction could be seen by the laryngoscope. Division of the isthmus by the galvanic *écraseur* ten months previously had reduced the circumference of the neck from 17½ to 14½ inches, and the breathing had become easy. **Hunter Mackenzie.**

DUNCAN, JOHN (Edinburgh).—**On the Value of Electrolysis in Angioma and Goitres.** *British Medical Journal, November* 3, 1888.

A PAPER read at the Annual Meeting of the British Medical Association, 1888.

The author says he has not yet had sufficient experiences to be able to state precisely the value of electrolysis in goitres. So far, however, the results have been very encouraging. **Hunter Mackenzie.**

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