HAJIK (Wien).—**Diagnosis of Tubercular and Carcinomatous Perichondritis of the Larynx.** *Internat. Klin. Rundschau*, 1888. *No.* 9.

A CASE of infiltration of the epiglottis and the larynx, combined with, pulmonary affection and suppuration of the glands of the neck. The post-mortem examination showed that there was a carcinoma, but the history of the case very minutely related proves that it was impossible to say with certainty whether there was tuberculosis or cancer present. The reading of the original article will be of great interest. **Michael.**

NECK, &c.

TAYLOR, J. M. (Phil.).—**On the Early Recognition of Exophthalmic Goître.** *Polyclinic*, *April*, 1888.

THE author observes that the first symptoms are due to loss of nervous equilibrium. He speaks of a sallow, dark appearance of the skin, and greasy aspect as present in most of the cases he has seen. He has rarely seen muscular tremor, but has noticed tremulousness of the voice. The author refers to the cardiac symptoms, stating that the heart is rarely hypertrophied, but more commonly dilated; systolic bruits are often heard. The author regards the eye prominence as a late manifestation. He finds Von Graefe's sign commonly occurring before exophthalmos. The author relates notes of eight cases. One of these was sudden in onset. and there was bronzing of the skin. In three of these cases there was albuminuria, and in two, œdema of the lower extremities. The author's paper is well worth perusal. **Norris Wolfenden.**

LLOYD, J. H. (Phil.).—**Report of a Case of Rapidly Fatal Exophthalmic Goître.** *Polyclinic*, *April*, 1888.

THE author was summoned to a case (described as "cholera morbus"), a single woman aged 39, suffering for some hours with diarrhœa and obstinate vomiting. The whole abdominal aorta was throbbing intensely, and the heart's action was rapid. There was exophthalmos and an enlarged and soft thyroid gland. The patient's symptoms had first commenced six months before, with irritability of the stomach and prostration. The pulse increased in rapidity from 100 to 210 per minute, prostration was great, cyanosis of the hands and feet was observed and collapse was imminent. Several fainting spells occurred. The patient died at the end of the third day of her illness. This patient had had urticaria. A very imperfect autopsy was permitted. The left ventricle of the heart was a little dilated and hypertrophied. The case is interesting from its very acute character and rapidly fatal termination, for though the disease had been creeping on insidiously for some months, it had not attracted the attention of the patient or her friends till the fatal crisis occurred.

Norris Wolfenden.

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WOLFENDEN, R. NORRIS (London).—**A New Point in the Diagnosis of Graves' Disease.** *Practitioner*, 1887.

THIS is a description of the method of estimating the resistance of the human body to the passage of an electric current, and in this paper the author shows how gravely the normal skin resistance is diminished in exophthalmic goître. Notes of twenty cases upon which the experiments were made are given by the author, and it is shown that in incipient forms of the disorder, the skin resistance is diminished to one-third of its normal standard, and in well developed cases it reaches as low as 300 ohms. In order to show that the observation is of value as a means of diagnosing early cases of Graves' disease, the author has made a number of observations (herein recorded) upon the electrical resistance in other nervous disorders, and it is shown that while in epilepsy, and to a lesser degree in hemiplegia, there is diminution of resistance, it is not so great or so constant in these and other nervous diseases as in Graves' disease. The author shows also that skin resistance is not diminished in ordinary goître, and this method therefore becomes of the greatest value in determining the nature of doubtful cases; the treatment of the two classes of cases differing so widely. As improvement begins under treatment the skin resistance mounts more to the normal standard. To understand the author's experiments the paper should be read in the original.

Norris Wolfenden.

ROTH (**Lengries**).—**Carcinoma of the Thyroid.** *Munchener Med. Wochenschr, No.* 10, 1888.

A PATIENT, 55 years old, with carcinoma of the thyroid gland had, during this disease, delirium and attacks of vertigo. The author believes that these symptoms are caused by destruction of the tissue of the gland, and are analogous to cachexia strumipriva. **Michael.**

SHELSWELL, OSCAR B. (Mitcham).—**Myxœdema.** *Lancet, December* 31, 1887.

A LETTER to the Editors, in which the author directs attention to the greater prevalence of the disease amongst females as compared with males, and to the fact that the hæmorrhagic tendency appears to be a feature of the malady. **Hunter Mackenzie.**

WATT, A. (Lawrence, Mass.).—**Case of Myxœdema.** *Med. Rec., January* 28, 1887.

PATIENT was a woman, aged thirty-six, with neurotic history; an uncle and brother both having been in insane asylums. She had suffered much from ill-treatment at the hands of her husband. The thyroid gland was normal, there was no albuminuria, the temperature was 97° Fahrenheit in the left axilla. She could scarcely walk without falling, and she had the usual signs of myxœdema. The disease had commenced six years before.

Norris Wolfenden.

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FRASER, THOMAS R. (Edinburgh).—**The Dyspnœa of Bronchitis: its Causation and the Influence of Nitrites upon it.** *International Journal of the Medical Sciences, February*, 1888.

THIS forms the concluding portion of a paper dealing exhaustively with the subject. The author believes "that in bronchitis the rhonchi and sibili are frequently produced by (spasmodic) contractions of the bronchial muscles; that dyspnœa is produced by the impeded movement of air caused by the constrictions resulting from these contractions; and that both are removed by nitrites, because nitrites reduce the spasmodic contractions of the bronchial muscles." The paper is well worthy of careful perusal.

Hunter Mackenzie.

GROSS, SAMUEL W. (Philadelphia).—**A Clinical Study of Carcinoma of the Breast, and its Treatment.** *International Journal of the Medical Sciences, March*, 1888.

The only point which concerns us here is that of metastasis. Out of 423 post-mortem inspections gathered from various sources, it was seen that the digestive, respiratory, osseous, and nervous systems are the seats of predilection, and that the lungs suffer rather more frequently than the liver. Of these 423 metastatic cases, secondary tumours were found in the

Bronchial glands	in 15	or	3·5	per cent.
Mediastinal glands	in 4	or	0·9	,,
Lung and pleura	in 38	or	8·9	,,
Pleura	in 178	or	42·0	,,
Lung	in 175	or	41·0	,,
Thyroid gland	in 8	or	1·8	,,
Œsophagus	in 1	or	0·2	,,

No mention is made of any metastatic deposits in the larynx, trachea, or nose.

Hunter Mackenzie.

REPORTS OF SOCIETIES.

Medico-Chirurgical Society of Edinburgh.

July 6th and 20th, 1887.

1.—DR. JAMES RITCHIE narrated the history of three cases of gastro-intestinal disturbance arising from the tainting of the atmosphere of rooms by dead mice. In each case sore throat was present, along with sickness, diarrhœa, and constitutional debility.

2.—W. ALLAN JAMEISON.—*Scarlet Fever.*—In opening a debate on this subject Dr. Jameison made some observations of interest to the laryngologist. He described naso-pharyngeal purulent catarrh as being a troublesome complication, which keeps up the temperature and prolongs recovery. Secondary sore throa

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