Appendix to case 47.—Laryngo-fissure in a child five years old, who had a piece of bone impacted in the trachea. Removal of the foreign body. Cure.

Appendix to cases 48, 49, *and* 50.—Cases of chorditis inferior hypertrophica. Tracheotomy, laryngotomy. Removal of the canula.

Appendix to case 51.—A patient, forty years old, tracheotomized on account of perichondritis resulting from typhoid. The canula could not be removed. Laryngo-fissure and removal of a hypertrophic portion of the mucous membrane was followed by cure. *Michael.*

THYROID GLAND, NECK, &c.

Dupuis, Thomas R.—*Goitre.* "Transactions, Canadian Medical Association," Sept. 21, 1892.

IN this communication the subject of goitre is pretty fully discussed. The relative values of the different methods of treatment are considered at some length. The author pronounces against extirpation. Electrolysis as a means of cure is not mentioned. Nothing new. *George W. Major.*

Troje.—*Morbus Basedowii* (*Graves' Disease*). Schlesische Gesellschaft für Vaterländische Cultur in Breslau, Meeting, June 2, 1893.

THE author showed a case of this disease cured by the extirpation of the goitre. *Michael.*

Dickson, Charles R. (Toronto).—*Electrolysis in Goitre.* "Canadian Practitioner," Aug. 16, 1892.

IN an article on "Electrolysis in Practice" Dr. Dickson, electro-therapeutist to the Toronto General Hospital, gives some directions as to the use of electricity in goitres. In goitre the oblong electrode is positive, and is placed behind the shoulders. At the site of puncture a hypodermic injection of a mixture of five per cent. cocaine and six per cent. antipyrin in distilled water is made. The growth is then steadied by the left hand, and the patient directed to swallow several times to aid in mapping out the boundaries. A steel needle negative, insulated to within a couple of inches, or less, of its tip, is introduced through the isthmus into the lobe which is most enlarged, and the current turned slowly on. He starts with ten milliamperes for ten minutes, and at later sittings may go up to fifty or more. Subsequent punctures may, as a rule, be made through the first opening, the needle being thrust into different parts of the lobe. Once a week is considered sufficiently often for each sitting. The wound may be dressed with iodoform and boracic acid.

Cystic goitres are the most amenable to treatment. An aspirating needle, insulated to within an inch of its tip, is used to evacuate the contents of the cyst, which is then injected to distension with a solution of chloride of sodium; connect the needle with the negative wire, and use

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a current of about thirty milliampères for fifteen or twenty minutes ; turn off the current, empty the sac, and apply a dressing as before. Two or three *séances* will sometimes effect a cure. *George W. Major.*

Greenfield (Edinburgh).—*Some Diseases of the Thyroid Gland.* "Brit. Med. Journ.," Dec. 9, 1893.

IN this highly original article evidence is brought forward, of a character sufficiently convincing, which must alter radically our ideas of exophthalmic goitre. Hitherto thought an evidence of some grave disturbance of the nervous system, we are asked rather to look upon the symptoms as produced by disordered or increased thyroid function, while structurally the disease is presented as not due to excessive vascular change, but rather as due to hyperplasia of the gland structure—a proliferation of the gland tissue unlike that seen in other goitres, and resembling a proliferation for the performance of increased function. To support the reasoning it is remarked that partial or entire removal of the gland cures the symptoms, and that any changes noticed in the nervous system are such as might be expected in toxic diseases. The contrast in many of the leading conditions between Graves' disease and myxœdema is also noted, as well as the resemblance in some respects of the phenomena of Graves' disease with those produced by artificial introduction of thyroid secretion. The author aptly compares the condition of the gland in Graves' disease to that of the mammary gland during lactation. The more striking changes in the thyroid are two: (1) alteration of the epithelium from a cubical to a columnar type, associated with great proliferation of the same; and (2) the production of an enormous number of newly-formed tubular spaces, lined by a single layer of cubical epithelium. Associated with these changes there is no increase in vascularity. The above is but a meagre reference to a highly original paper, which requires to be read *in extenso* in order that its full significance may be realized. It is curious to observe that surgeons who have had much to do with excising thyroids have been gradually drawn to the opinion that the symptom complex—Graves' disease—is the result of some irritant poison generated in the thyroid. *Wm. Robertson.*

Mosler.—*Myxœdema.* Greifswalder Medicinischer Verein, Meeting, June 3, 1893.

THE author showed a case of this disease following influenza. *Michael.*

Wiehmann (Brunswick). — *Treatment of Myxœdema.* "Deutsche Med. Woch.," 1893, No. 43.

THE author reports that his two patients with myxœdema (see the report in this Journal) are now cured by the use of fresh thyroid glands and tabloids of compressed thyroid gland extract (Burroughs, Wellcome and Co.). *Michael.*

Vermehren (Copenhagen).—*The Effect of Treatment with Thyroid Glands on Healthy Individuals and Patients with Myxœdema.* "Deutsche Med. Woch.," 1893, No. 43.

THE author concludes: In young healthy individuals only in two or three cases was diuresis influenced. In senile individuals a reaction was always

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observed, consisting in increased discharge of nitrogenous substances. In persons affected with myxœdema, both in young and old individuals, an increase of nitrogenous secretion was observed. *Michael.*

Poulsen (Copenhagen).—*Abscesses of the Neck.* "Deutsche Zeit. für Chirurgie," Band 37, Heft 1 and 2.

ONLY of surgical interest. *Michael.*

Allbutt, T. Clifford (Cambridge).—*Discussion on the Treatment of Enlarged Cervical Glands.* "Brit. Med. Journ.," Nov. 25, 1893.

THIS discussion, introduced by Dr. T. Clifford Allbutt, was supported by Messrs. Pridgin, Teale, Knight Treves, Godlee, Howard Marsh, Ashley, Cummins, Thomas, Milburn, Noble Smith, D'Arcy Power, Black (Newcastle-on-Tyne), and Barlow.

Dr. Allbutt referred to the adenitis always in this case secondary, and as due to peripheral irritation, for the most part arising in the mucous membranes of the mouth, throat, nose, or ear, only occasionally in the skin. The enlargement of the submaxillary gland and cervical glands is bubonic, and finds a parallel in the enlargement of such glands in the mesentery, consequent upon irritation of the intestinal mucous membrane. The glandular hyperplasia may be seen in every degree from increased functional activity to excessive hyperplasia and necrosis. The susceptibility of the adenoid tissues varies with the seat of the primary infection—with its nature, with the age of the patient, and probably with individual disposition. The richer the part in adenoid tissue, the more readily the enlargement occurs. The nature of the irritant is to be considered. Tubercle acts rapidly and severely; syphilis slowly, still severely; the milder toxins rapidly, but not severely. These all act in the same way—first, in a heightened physiological activity, and then, if it persists, in loss of physiological balance, resulting in changes which we call pathological. The author inclines to the view that scrofulous neck is always due to the entrance of a pathogenic microbe, generally by way of the tonsil. [Here we are on debatable ground. The far greater facility of entrance offered by adenoid vegetations in the pharyngeal vault to pathogenic microbes than per the tonsils is confirmed by clinical observation. Very rarely indeed is a case of enlarged cervical glands to be found where, at the same time, adenoids are not present.—REP.] The author refers to the several grades of hyperplasia—that of the smaller masses is of no consequence, while that of the larger masses may, through improved vitality, be recovered from. When the hyperplasia passes beyond physiological limits, necrosis results, which, in the presence of debility, may terminate in serious constitutional injury and ugly local results. When indirect measures fail, direct measures by surgery are called for—not that by galvano-cautery applied to visible swellings, but by the more radical method indicated by Mr. Teale in 1881. The guiding principle referred to by Mr. Teale in the treatment of scrofulous neck is that whenever septic material is contained in the system we rest not until it is expelled, and its burrows are laid open and disinfected. In doing so the smallest amount of blemish must be aimed at. In dealing

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with pus near the surface and subcutaneous diseased glands, stitches and drainage tubes are dispensed with. All sinuses and suppurating cavities are to be cleansed by means of scraper and lint, and drainage maintained until deep parts are healed. The visible abscess is often a subcutaneous reservoir of pus, the source of which (a degenerate gland) is not subcutaneous, but sub-fascial or sub-muscular. Mere incision of an abscess in the neck, without further search for eradication of diseased gland structure, the cause of the abscess, is to be condemned. As soon as it has been determined that the enlargement of a gland is no longer temporary but permanent, these means for its removal ought to be undertaken at once, in preference to waiting for softening. In Teale's experience, in the majority of instances of scrofulous neck there was no indication of constitutional weakness or taint. The origin of the ailment was often clear and defined—bad drains in many instances, scarlet fever, mumps, etc.—health in the individual being restored after the elimination of the septic matter.

Mr. Teale concludes by remarking that it is possible to get to the root of the trouble by one or two operations, and that in most instances disease of the cervical glands is a local disease, and curable by local measures. Mr. Knight Treves holds that time for nature to arrest the progress of the disease should be given, after which the operation should be done, when tearing or lacerating the gland is to be avoided. No drainage tubes are used, the wound closed, and pressure externally applied. Ugly scars are due to diseased tissue left at the operation. Mr. Godlee would operate when it was clear that disease had not gone beyond the limits which the knife could reach. Howard Marsh condemned the removal of glands in their early stage of disease. He thought a free incision desirable. Inflammatory products ought to be removed. A careful dissection was better than scraping. Cummins noted a case of acute phthisis, following removal of glands. He recommended early incision. Milburn inclined to think that the disease was not purely local, nor always the result of local irritation. Barlow referred to the uselessness of drug treatment in this condition. The result arising from peripheral irritation, he thought it advisable to improve the peripheral mucous membrane by removing hypertrophied tonsils, ablating disease in the naso-pharynx, and instituting hygiene of mouth, gums, &c. By removing these the glands often subsided (a point long ago insisted on by the reporter).

Dr. Barlow objected to the use of the scraper, as by it tubercular absorption might take place. *Wm. Robertson.*

EARS.

Daae, Hans (Christiania).—*A Contribution to the Anthropology of the Ear in Criminals.* "Arch. of Otol.," Oct., 1893.

MEASUREMENTS were made on the ears of convicts in the prison at Christiania. Daae found the length, breadth, and base of the ear

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