7. Lift the cricoid cartilage forward, and carefully separate it with the edge of the knife from the inferior cornua of the thyroid, laterally and superiorly, and then from the œsophagus posteriorly.
8. Insert a finger into the pharynx from below, and carry its tip over the epiglottis to draw that structure down.
9. Divide the thyro-hyoid membrane and the fibrous tissues still holding.
10. Lift out the exsected respiratory portion of the larynx.

The arteries requiring ligature will comprise small branches of the superior, middle, and inferior laryngeals. The advantages alleged for this procedure are:

1. Rapidity, ease, and comparative safety to the patient.
2. The small size of the wound.
3. The preservation of the attachments of the thyro-hyoid ligament, and the greater part of the membrane, and of the thyro-hyoid, sterno-thyroid, stylo-pharyngeus, and inferior constrictor muscles; leaving important functional structures retained in their normal relations of deglutition, and a firm natural support for the adjustment of artificial substitutes for the larynx. The operation is applicable in all cases where the thyroid cartilage is not involved.

**KÜSSNER** (Halle).—**On the Physiological Process of Ventriloquy.** *Deutsch. Med. Wochenschr.*, No. 31, 1887.

By intonation whilst the glottis is very tightly closed with blowing only by use of the thoracic walls without the help of the abdomen (which must remain immobile), the singular timbre of the ventriloquist can be produced; but there are also some other factors, viz., the elongation of the mouth by depression of the larynx helps to change the timbre of the voice, which now seems to come from the deeper regions, and the tone becomes more peculiar still by the applied head voice. By reason of the mouth remaining closed in speaking the voice is less distinct, and gives the impression that it comes from a distant place. MICHAEL.

## NECK, &c.

**GRUZNER** (Tubingen).—**Physiology of the Thyroid Gland.** *Deutsch. Med. Wochenschr.*, No. 32, 1887.

The author concludes that cachexia strumipriva is caused by a toxic substance which circulates in the blood, and which normally is

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destroyed by the action of the cells of the thyroid gland. The toxic substance is, as Horsley maintains, mucin. MICHAEL.

**DITWICH** (Prag).—**Large Intra-thoracic Tumour caused by Cystic Degeneration of a Goître.** *Präger Med. Wochenschr.*, No. 31, 1887.

A PATIENT, sixty years old, with a large intra-thoracic tumour, diagnosed as a fibroma, died, and the author made the autopsy. As the thorax was opened a tumour was seen of the circumference of a man's head. A small part of the tumour was of goîtrous tissue; but much the greater part was a cyst containing about three litres of a thick brown-yellow fluid. This is the largest intra-thoracic tumour which has ever been observed. MICHAEL.

**CALDWELL, CHARLES** (Chicago).—**Enlarged Thyroid, or Goître, a Cause of Transverse Presentations.** *Maryland Med. Journal, July* 23, 1887.

THE patient had been confined ten times, the first seven being normal deliveries; the last three, transverse presentations, had complicated the case. Seven years before, the left lobe of the thyroid gland began to enlarge during gestation, but caused neither pain nor dyspnœa. Four years later, during her eighth pregnancy, the right lobe began to enlarge, and increased in size very rapidly, producing both pain and dyspnœa, compelling her to take a semi-recumbent position at night instead of a horizontal one. During the last three months of gestation she sat bolstered up in bed at night. This position, which she was obliged to take whenever she sat down during the day as well as the night, produced continued pressure on the fundus of the uterus, changing its long axis from vertical to the oblique or transverse direction. Of course, the long axis of the fœtus must coincide with that of the uterus, and the continued pressure on the breech or head, according to the end of the fœtal ovoid at the fundus, would force it into an oblique or transverse position, and also throw the lower end of the fœtus out of the pelvis and above its brim. The same position of the mother is maintained during labour as during the last three months of pregnancy; hence the fœtus remains in the same oblique or transverse position, and the lower end of the fœtal ovoid cannot descend below the pelvic brim. J. N. MACKENZIE.

**FUHR.—Cachexia Strumipriva.** *Münchener Med. Wochenschr.*, 1887, No. 26, 27.

A REVIEW of the latest papers published on this subject.

MICHAEL.

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