irritation it produced. One month after the performance of the tracheotomy the author thus describes the appearances :—

"Fixation of the left and very slight movement of the right arytenoid ; inter-arytenoid space tumid and œdematous, ventricular bands obliterated by the infiltration and swelling from ulceration of the left vocal cord ; the anterior two-thirds of the left vocal cord completely destroyed ; the chink of the glottis in full inspiration probably reduced to one-fifth or less of its normal size, through which can be seen on the left side of the larynx numerous irregular nodular masses of diseased tissue, bright red in colour. No hæmorrhage until this date. The patient has paroxysmal attacks of coughing ; considerable expectoration consisting of white frothy mucus, sometimes streaked with blood, and occasionally containing shreds of necrotic tissue. Some fœtor of the breath ; complains of tenderness over the larynx ; sharp shooting pains in left ear. She is pale, cachectic in appearance, and losing flesh, although her appetite is good and she sleeps well. There is no enlargement of the cervical glands."

The patient was now admitted into hospital and a thyrotomy was performed. A portion of the growth examined at this time proved it to be malignant. Recurrence soon took place, and a laryngectomy was performed. The patient, however, died from exhaustion four months after the laryngectomy.

The author remarks upon the possibility of benign intralaryngeal growths undergoing at times malignant degeneration, and quotes Gerhardt, who says: "F. Semon has proved that cancerous degeneration of originally benign tumours happens seldom and without anyone's fault." *W. Milligan.*

THYROID, &c.

Davis, Gwilym (Philadelphia).—*Removal of a Sarcomatous Thyroid Gland without an Anæsthetic.* "Med. and Surg. Reporter," May 22, 1897.

OWING to the amount of compression the tumour exercised on the trachea, the breathing became so embarrassed that the anæsthetic had to be discontinued ; the tumour was removed successfully. *StGeorge Reid.*

Nammack, Charles E.—*A Case of Treatment of Exophthalmic Goître by Thymus Gland Tablets.* "New York Med. Journ.," July 3, 1897.

THE author finds the treatment so far satisfactory in this case. He enters into the subject of the etiology of the affection, accepting the theory of its being due to "perversion" of the functions of the thyroid gland, and refers to some satisfactory cases, in which the thymus gland extract had been used. *Sandford.*

Oppenheimer.—*On Inflammatory Processes and Deep Suppurations in the Neck.* "Archiv für Kinderheilk.," Band XXII., Heft 3 to 6.

THIS is the first part of a paper on the above subject, and commences with a short description of the fasciæ, with their interspaces, and of the lymphatic vessels and glands of the neck. Proceeding, then, to the diseases, he first discusses *Retro-pharyngeal Abscess* (forty-eight cases). Henoch does not think that the etiology and pathogenesis of this condition has ever been satisfactorily explained, and cannot agree with Bokai and Schlitz that it is due to a suppurating lymphadenitis of the deep superior cervical glands. Neumann has produced much evidence in favour of this view, and goes even the length of maintaining that retropharyngeal abscess (or lymphadenitis retropharyngealis) is only one part of a general inflammation of the

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lymphatic glands of the neck caused by conditions of the mouth, nose, pharynx, or ear. The author's investigations support Neumann's position. In forty-four cases of retropharyngeal abscess he found eight times glandular abscess on the same side; nineteen times glandular swellings on the same side; ten times bilateral glandular swelling. Seven times no gland swelling recorded. In six cases the retropharyngeal abscess and the suppuration of the cervical glands came on together; in two the cervical abscess appeared only during the after-treatment. The reverse had also been observed. In the great majority of cases the retropharyngeal abscess is lateral: eighteen left, thirteen right, five median, two diffuse, and five not specially noted. Cases are quoted illustrating the development of the abscess out of an adenitis. It is also noted in passing that retropharyngeal lymphadenitis may cause the same symptoms as adenoids.

Although his investigations lead him to believe that in the vast majority of cases retropharyngeal abscess develops out of retropharyngeal lymphadenitis, the author does not deny the possibility of the suppuration being caused in some few cases by direct entry of bacteria through the mucous membrane of the pharynx.

Age is of great importance in the etiology, as is shown in the following table:—

Years	1	1—2	2—4	8	10	12
Number of cases	24	11	6	1	1	1

In many cases no primary cause for the adenitis can be found; in others there is a history of catarrhal affections of nose and throat, and of otitis media. In connection with the former, it is noted that thirty out of the forty-four idiopathic abscesses occurred between October and February. Tuberculosis has often been blamed, but tubercle bacilli have never yet been found either in the pus or in the abscess membranes. The author relates three cases almost certainly due to tubercle. Lastly, the acute infectious fevers are universally recognized as causes of retropharyngeal abscess.

Hæmorrhages from retropharyngeal abscesses are rare. The author reports one case. *Arthur J. Hutchison.*

Reclus.—*Bilateral Resection of the Cervical Sympathetic in Exophthalmic Goître.* "Presse Méd.," June 23, 1897, p. 268.

At the Académie de Médecine, M. Reclus reported, on behalf of M. Faure and himself, a case of well-marked exophthalmic goître, in which the above-named operation was performed with marked success. The exact details of the proceeding are given. At the moment of section of the nerve no change was detected in the state of the pulse or exophthalmos, but in a few hours' time the former became regular though still very rapid (150), while the patient was able to close the eyelids and to sleep without nightmare. In the seventh day the thyroid enlargement had much diminished, and at the commencement of the third week all the characteristic symptoms had shown marked amelioration, and the general state of the patient, who had gained strength, had undergone a veritable transformation. *Waggett.*

Williams, Dawson.—*A Note on the Glandular Fever of Childhood.* "The Lancet," Jan. 16, 1897.

Under the term "glandular" fever (Drüsenfieber), E. Pfeiffer, in 1889, described a condition observed in childhood which he contended was an acute specific fever hitherto unrecognized. It seems probable that the infective agent, whatever it may be, obtains entrance by the pharynx or tonsils without producing a local lesion there, as is sometimes the case with the bacillus tuberculosis. The patient is usually under fourteen years of age. There is fever, anorexia, nausea, sometimes vomiting, coated tongue, constipation, and sometimes some ill-defined abdominal pain. The most prominent and characteristic symptoms, however, are

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stiffness of the neck, tenderness in the anterior triangle, and some pain on movement of the head and in deglutition. There may be some undue redness of the pharyngeal mucous membrane, but throughout the whole course of the illness nothing like definite pharyngitis or tonsillitis. On the second or third day a swelling is noticed in the neck, which is found to be due to three or four enlarged glands, which can be felt below the sterno-mastoid muscle and along its anterior border. The temperature may reach 104° Fahr. The glands, which are tender, remain swollen for from two to five days, and then begin to diminish. The glands first affected are, as a rule, those of the left side. Before the glands on the left side have begun to subside, those on the right side begin to enlarge, and in a day or two attain a size corresponding to that reached by those on the left when at the maximum. The disease leaves the child in an anæmic and depressed state, which may last after all trace of the lymphatic glands—which has usually ceased in ten days or a fortnight—has disappeared. The most distinctive point is that the swelling and tenderness of the glands occur without obvious lesion of the pharynx and tonsils. The adenitis subsides spontaneously. Suppuration never, or very rarely, occurs. The incubation period is stated to be from eight to ten days.

StClair Thomson.

EAR.

Bishop, Seth S.—*The Treatment of Chronic Suppurations of the Middle Ear.* "The Laryngoscope," Aug., 1897.

In the treatment of chronic suppurative middle ear disease no routine method should be adopted. Each case must be judged according to its individual merits; at times a wet method of treatment being adopted, at times a dry method, and at other times a combination of both forms.

The author lays great stress upon securing thorough cleanliness, and begins the treatment by using at least a *quart* of warm sublimate lotion (1—5000) for syringing the parts. After syringing, inflation with the vapour of a ten per cent. solution of camphor-menthol is used, followed by instillations of warm solutions of peroxide of hydrogen. He has not found that by using *warm* solutions of this drug any of its efficacy is thereby diminished. The peroxide solution is left in the ear so long as any effervescence takes place. The ear is then thoroughly dried with absorbent cotton and dusted with aristol or boric acid powder. At times the author uses insufflations of nasophen—a powder which he finds useful as a drying agent. In cases where the perforation is so small as to interfere with efficient drainage it should be freely enlarged, and should there be any difficulty in getting away all secretion the author's ear aspirator may be employed with advantage.

W. Milligan.

Holinger, J. (Chicago).—*Diseases of the Labyrinth.* "Ann. Otol., Rhin., and Laryng.," May, 1897.

The author details three cases of trauma of the labyrinth. 1. A man of twenty-six years had had, three years previously, a fall from a horse, causing concussion of the brain. He had hæmorrhage from his nose and ears; deafness and vertigo. He can now hear loud conversation. One day, whilst swimming in quite shallow water, he put his head under the surface, and lost, immediately, all sense of his position and did not know where his head was, and he only brought his head above water by chance. 2. A man had shot himself in the left ear with a small-bore pistol; he recovered, though quite deaf (the other ear was previously deaf), and with staggering gait and facial palsy. 3. The patient fell on his head, and

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