

“symptomatic” laryngeal herpes. Laryngeal herpes is precisely the same in etiology, symptoms, and pathology as the same disorder of the skin. The author has recently seen two cases: the one idiopathic, the other symptomatic—since it preceded a pneumonia. The author suggests that in such cases the infection is caused by the pneumococcus. Many years ago he had seen a case of acute median suppurative otitis which preceded by two or three days a pleuro-pneumonia. In both these cases the local symptoms (laryngeal and aural) subsided entirely on the appearance of the pneumonia. The author gives detailed notes of these two cases.  
*Norris Wolfenden.*

**Spiessler** (St. Petersburg).—*Parachlorophenol in Laryngeal Phthisis.* “Lancet,” Dec. 14, 1895.

ADVOCATING the use of parachlorophenol in laryngeal phthisis. Mixed with glycerine in equal proportion, it was found to have marked microbicidal action, and its soothing effect to be more prolonged than cocaine. *St. George Reid.*

## THYROID AND NECK.

**Bartholow, R.**—*Cases Illustrative of the Character and Treatment of Exophthalmic Goitre.* “Med. News,” Sept. 16, 1895.

1. PATIENT, a lady of about twenty years. Her symptoms were: exophthalmos, goitre palpitation, and rapid pulse—170. She was cured three years ago by galvano-faradization of the cervical sympathetic and of the pneumo-gastric, and the internal use of duboisin, picrotoxins, and tonics.

2. Patient, a lady aged forty-two, suffered from vertigo, occipital pains, flushings of head and neck, with increased intracranian tension, etc. This case yielded to Barii chlor. liq.

3. A goitre of several years' standing, accompanied by weakness and wasting, rapid pulse, occasional attacks of palpitation, was greatly reduced in size and its symptoms relieved by thyroid extract. *R. Lake.*

**Brown, W. H.** (Leeds).—*Notes on two Cases of Enucleation of Thyroid Cyst.* “Lancet,” Sept. 21, 1895.

Two cases of thyroid cyst occurring in young unmarried women. The cyst was first opened and emptied of its liquid contents by means of a free incision over the tumour, and the cyst wall was then stripped off by means of the finger and a blunt director. Both cases did remarkably well without any important rise in temperature. The author also mentions a case of enucleation of an adenoma of the thyroid gland in a girl of fifteen, where the tumour was without any difficulty detached from its surroundings, the patient making a satisfactory recovery. In operating on these cases he is in favour of a free incision over the tumour, in order to obtain a better view of the wound cavity. *St. George Reid.*

**Gayet, G.**—*Cancer of the Thyroid, with Extension to the Trachea; Tracheotomy; Death.* “Archiv. Provinciales des Chir.,” IV., No. 11, 1895.

THE patient, a man forty-five years old, had recently had (three months ago) the first symptoms of this disease, viz., hypertrophy of the thyroid, hoarseness, and, by degrees but pretty rapidly, complete aphonia, extreme difficulty of breathing, with suffocation and abundant hæmoptysis. Then arose an urgent necessity for tracheotomy. Death occurred two hours after the operation.

At the *post-mortem* examination a colloid cancerous tumour of the left part of the thyroid was found. The neoplasm invaded the lateral parts of the windpipe, cesophagus, carotid and lymphatic glands, and the trachea was perforated with polypoid implantations into the tube.

A. Cartaz.

**Holmes, Gordon** (London).—*Sporadic Goitre: its Varieties, and the Results of Modern Treatment.* "Lancet," Nov. 9, 1895.

THE author refers to the history of goitre since the first century; he then deals with its semiology, pathogenesis, pathological anatomy, diagnosis, prognosis, and treatment. With reference to the latter, he believes that injection of the tumour gives the most satisfactory results. In one thousand cases operated on by Kocher the death rate was only twelve per cent.

St. George Reid.

**Marie, P.**—*Thyroid Feeding in an Ordinary Bronchocele Goitre.* "Bull. Soc. Méd. des Hôp.," Nov. 8, 1895.

THE author relates the case of a young girl, nineteen years old, having for five years had a bronchocele as large as an orange. Excellent general health. No circulatory or respiratory troubles. Medication by thyroid lozenges, two a day, during twelve days. Some slight symptoms of thyroidism occurred, not resembling those observed in myxœdematous patients. In twelve days the tumour had diminished from eighty millimètres to forty-five millimètres in width, and from fifty-five millimètres to forty in height.

A. Cartaz.

**Morris, H. C. L.** (Bognor).—*The Effect of Thyroid Extract in Myxœdema, complicated by Angina Pectoris.* "Lancet," Sept. 28, 1895.

A CASE of a man, aged forty-eight, who had suffered from myxœdema and angina for some years. The thyroid extract had to be discontinued on account of it apparently increasing the severity of the attacks of angina.

St. George Reid.

**Munson, E. L.**—*Goitre among the Indians in the United States of America.* "New York Med. Journ.," Oct. 26, 1895.

THIS is an article of great interest on account of its wide scope, no less than 147,873 Indians being included in those reported on; 77,173 were inhabitants of goitrous tracts, in whom 1823 cases of bronchocele were found, or 2.36 per cent. This may be considered a minimum percentage, and the following conclusions are arrived at from the facts quoted:—

1. There is a strong racial disposition to goitre among Indians.
2. That it is a distinctly localized disease.
3. That it does not appear to be caused by high altitudes, climate, or water containing excess of calcium salts.
4. It is favoured by insanitary conditions, constitutional depression, and improper and excessively nitrogenous diet.
5. Hereditary influence is strongly marked.
6. Sex and puberty have a marked influence.
7. Cretinism and Graves' disease are rare; the former the rarer.
8. The tumours are smaller than amongst the whites, and treatment is unsatisfactory.

R. Lake.

**Sutton, Bland** (London).—*On a case of Median Cervical Fistula.* "Lancet," Nov. 9, 1895.

THE case was that of a man, a patient in the Middlesex Hospital. The fistula opened in the lower third of the neck in the median line; there was no pain or inconvenience

beyond the persistent flow of mucus. On dissecting it out it was found to pass vertically upwards beneath the deep fascia of the neck to the basi-hyal, the upper end of the duct becoming incorporated with the thyro-hyoid membrane.

*St. George Reid.*

## EARS.

**Alderton, H. A.**—*Cicatrix of the Membrana Tympani vibrating synchronously with Respiration and Pulse.* "Annals of Oph. and Otol.," Oct., 1895.

THE patient, aged sixty-four, had a cicatrix in the inferior anterior quadrant of the right membrane, which vibrated with respiration after inflation of the tympanum, until the air was exhausted, and after that synchronously with the pulse. The author attributes it to a dehiscence between the carotid canal and the tympanum.

*R. Lake.*

**Armitage, Edward** (Hawaii).—*Removal of a large Insect from the Human Ear.* "Lancet," Oct. 12, 1895.

A CASE in which a cockchafer, upwards of an inch long and five-twelfths of an inch broad, was removed from the external meatus. Slight pain and tinnitus, which it had caused, disappeared three hours after its removal. *St. George Reid.*

**Bronner, Adolph** (Bradford).—*On the Various Methods of Operating on the Mastoid Process and the Indications for the same.* "Lancet," Nov. 9, 1895.

THE author first deals with the dangers of unskilled surgery in this region, and then enumerates the symptoms indicating that an operation is necessary. He refers to the various authorities on the subject, their modes of operating, and the varieties of operation; and concludes by pointing out—firstly, that we should not operate unless acquainted with the anatomy and pathology of the part, and unless we have operated frequently on the dead body; secondly, that cases of persistent chronic otitis media should be carefully examined, and, if necessary, operated on; thirdly, that the use of the gouge or gimlet in operating is dangerous and incomplete; and, lastly, that we should not stitch up the wound, but leave a large opening.

*St. George Reid.*

**Bean, C. E.** (Plymouth).—*Otorrhœa, and Some of its Complications.* "Lancet," Nov. 9, 1895.

IN a paper read before the Plymouth Medical Society the author draws attention to the care which should be exercised in minor aural operations as regards anti-sepsis, etc., and refers to the use of cocaine as a hæmstatic. *St. George Reid.*

**Buller, F.**—*Removal of the Membrana Tympani and Ossicles.* "Montreal Med. Journ.," Oct., 1895.

A REPORT of five cases for an operation in chronic suppurative disease. In three, cured, cessation of discharge took place and hearing was improved, and in others the discharge was lessened and hearing improved in one.

*R. Lake.*

**Burnell, C. H.**—*Case of Intra-Mastoiditis, with Burrowing of Pus into Pharynx.* "Philad. Polycl.," Nov. 23, 1895.

THE patient, a man of sixty-two years, had suffered with post-nasal catarrh for four months, when he infected his left tympanum, causing rupture of the drum on