

[The earnestness of the writer of this rather homiletic paper must command respect, but we fear he would have the specialist substitute the "something about everything" for the "everything about something." We agree with him that it is impossible for the specialist really to know everything about his specialty unless he knows something about every other specialty. The complete aurist ought, for example, to be a skilled neurologist—in relation to deafness, vertigo, etc. There is no end to the elaboration of the subject, and the limit depends only on the practitioner's capacity.—ED.]

Dundas Grant.

Haske, Th.—*A New Method of Exposing the Naso-Pharyngeal Cavity with its Pneumatic Appendices, without disfiguring the Cadaver.* "Virchow's Archiv," Vol. CXXV., No. 2, 1891; and "Arch. of Otolaryngology," 1892, No. 3.

AFTER the removal of the calvaria and brain, the soft parts are dissected down in front and behind, and a sagittal saw-cut is made a little to one side of the middle line, extending through the nasal bones in front, the occipital foramen behind, and most of the intermediate base of the skull. The two halves can be separated with little difficulty. The septum nasi can be removed, to expose the nasal cavity of the side to which it has been left attached. If necessary, further saw-cuts can be made across the sagittal one.

Dundas Grant.

THYROID GLAND AND NECK.

Warren.—*The Operative Treatment of Goitre.* "Boston Med. and Surg. Journ.," May 5, 1892.

A PRACTICAL paper worth reading, but containing nothing specially novel.

B. J. Baron.

Köhler.—*Atrophy of Goitre following Partial Strumectomy.* "Berl. Klin. Woch.," 1892, No. 24.

In a patient, fifteen years old, with goitre of which each half was the size of a man's fist, the author extirpated the right half. A short time afterwards the left half disappeared spontaneously.

Michael.

Edwards (San Diego).—*Acute Enlargement of the Thyroid Gland; Angio-Neurotic Edema.* "Internat. Med. Mag.," April, 1892.

THE case is that of a girl who suffered from Bright's disease in September, 1888, from which she completely recovered. In October of the same year she noticed a large swelling in the front of the throat, which was connected with the thyroid. By the middle of November it had greatly increased, and on December 5th it had extended all over the front of the neck to the shoulder blades. She died suffocated on December 11th, from compression of all the neck structures, larynx, trachea, carotids, jugulars, etc. Her voice was hoarse, feeble, and finally absent. The swelling was painful only to palpation. The expectoration was bloody and muco-purulent, and she experienced much fever and sleeplessness. All the serous cavities were considered to be free from serum.

Mr. Edwards regards this as a case of vasomotor neurosis in association with Bright's disease, whereby leaking through the vessels is caused. [There ought to have been a *post-mortem* examination.—REP.]

Barclay J. Baron.

Horsley (London).—*The Function of the Thyroid Gland*. "Brit. Med. Journ.," Jan. 30, 1892.

IN a long, interesting paper, critical and historical, the author begins by pointing out the error of supposing the gland to be only a mechanical appendage to the brain circulator, because of its rich blood supply, and refutes the statements of early authors that the symptoms arising after removal of the gland are due to irritation of neighbouring parts, more especially lesions of nerves, such as the laryngeal nerves and vago-sympathetic trunk. These, the author showed, remained uninjured in his thyroidectomies with characteristic symptoms. The different theories of function are passed in review, especial notice being drawn to the (direct and indirect) hæmopoietic function of the gland. The chemical metabolism of the albuminoid constituents of the blood is altered, while changes in the corpuscular elements are gravely marked (alteration in numbers). The changes in the blood are increased venosity, suboxidation, and presence of abnormal elements (mucin). Notice is also made of the influence of the gland over those of the female sexual organs, supported by the greater frequency of myxœdema in that sex. Hypothesis No. 10 states that the gland modifies or destroys substances which, circulating in the blood, are harmful to the general economy, and that it secretes some substance useful to the general metabolism of the body. To support this contention the author devotes the rest of the paper. The nature of thyroid tissue is considered, the principal feature of which is the acinous epithelium, which secretes the colloidal material from the blood, which again finds its way into the blood, *via* the lymphatics. The functional activity of the gland is proved to be greatest during late intra-uterine life, and during youth rapid cachexia, after thyroidectomy, being greatest between ten and thirty years, when active growth ceases. The distribution of the thyroid tissue in the body, and its relation to the pituitary body, receives notice. The fact of hypertrophy of the remains of gland tissue left, and of the increased growth of accessory glands after thyroidectomy is dwelt upon (as also is transplantation of gland tissue), and shown to be capable of restoring the metabolic equilibrium after thyroidectomy, as well as proving the gland generally to be the agent, while at work, that prevents the cachexia.

Wm. Robertson.

Horsley (London).—*Function of the Thyroid Gland (Effects of Thyroidectomy)*. "Brit. Med. Journ.," Feb. 6, 1892.

THE author's research shows that flesh feeders suffer most, omnivora less so, and vegetable feeders least. The classification of symptoms is—stage 1, neurotic; stage 2, myxœdematous; stage 3, cretinic. The neurotic symptoms are subdivided—(1) over-action, *e.g.*, tetany; (2) want of action, *e.g.*, motor paralysis. *Neurotic Symptoms*—Morbid anatomy shows lower centres mainly affected (not peripheral), tucheration of the function of the cortex, *e.g.*, stupidity, hebetude, etc. Under

"Symptoms of General Derangement of Nutrition," reference is made to the fact that mucinoid degeneration is due to the loss of the thyroid function. If the cretinic state supervenes, then there is no increase of mucin, but fibroid change and emaciation. "The Disorder of the Heat Changes."—At the onset of spasms and twitchings a rise of temperature is noted. Subsequently a remarkable fall is observed, and a low outside temperature, as is well known, aggravates the condition.

Wm. Robertson.

Croft.—*Glandular Swelling in Neck—Conversion into Pulsating Tumour, etc.*
"Brit. Med. Journ.," Jan. 30, 1892.

A SWELLING after sore throat, situated over upper part of the great blood-vessels of the neck, subsequently becoming pulsatile and expansile. The vessels were secured, and on incising the tumour it was shown to be in connection with an arterial trunk, for which carotids and jugular were tied. No pus was found, and attention was drawn to the disappearance of the inflammatory process. The discussion that followed throws no light on the nature or etiology of the process. The abstractor met with an acute and possibly similar enlargement over the same region after a galvano-cautery operation on the lingual tonsil. Two surgeons pronounced it aneurismal. It was pulsatile and expansile, and of the size of a small egg, and had developed in a few hours after operation. Little or nothing was done, and the tumour had disappeared in fourteen days' time.

Wm. Robertson.

Krowczynski (Lemberg).—*Myxædema.* "Medycyna," 1892, No. 9.

THE author reports two cases of this disorder occurring in young peasants. In both the commencement was not clear. On examination of the first (in the third year of the disease) the characteristic thickening of the skin was especially observed on the face; there was also thickening of the tympanic membranes, with diminution of the hearing, and, after a certain period of observation, thickening of the mucous membrane surrounding the teeth. The second case was analogous. Both females complained of headache, and a certain dejection and apathy were observed in both. In both cases the thyroid gland was diminished. The first female was taken with small-pox in the hospital, after which there was observed in general a diminution of the thickening of the skin, and the patient, moreover, changed for the better in regard to disposition and intelligence.

John Sedziak.

E A R .

Bechtezeff.—*The Striæ Medullares of the Medulla Oblongata.* Annotation in "Lancet," July 23, 1892.

THESE striæ are developed much later than the roots of the auditory nerve, and therefore Bechtezeff holds that they cannot be connected with it.

Dundas Grant