

7. In order to examine directly the laryngeal cavity and the movements of the cords, it would seem advisable to adopt the method of operation employed—*i.e.*, incision of the integuments as far as the deep aponeurosis in the middle line of the neck; detachment of the sterno-hyoid and thyro-hyoid muscles; transverse section of the thyro-hyoid membrane and incision of the lateral glosso-epiglottic ligaments; finally, hooking and pulling out the epiglottis by the opening made.

A good bibliography is added.

StClair Thomson.

Palliative Measures to be Employed in the Dysphagia of Laryngeal Tuberculosis
"Arch. Int. Laryng., Otol., Rhin.," Jan., 1896.

AN editorial note recommending the following:—

Chloro-hydrate of cocaine	25 centigrammes.
" " " morphine	10 "
Antipyrin	2 grammes.
Eau distill. de laurier cerise.....	} āā 50 ..
Boiled water	

"Three or four dessertspoonfuls to be used in the twenty-four hours in the form of a spray."

More efficacious is the following insufflation, the anæsthetic effects of which are established in forty-five minutes, and often persist for many hours, and even all day:—

Chloro-hydrate of morphine.....	2 centigrammes.
Milk sugar	} āā 4 ..
Gum arabic	

The larynx must first be cleared of mucus with an alkaline spray (Vichy water).
Ernest Waggett.

THYROID, NECK, &C.

Berry, J.—*Thyroid Cysts and Adenomata.* "Lancet," March 21, 1896; and "Transaction of the Pathological Society," Vol. XLVII.

THE main object of the communication was to show the manner in which certain common and important thyroid cysts were formed—namely, from solid adenomatous nodules, by the gradual breaking down of the centre of the nodule. Many of the cysts removed by the operation of enucleation could be shown, if properly prepared by hardening in alcohol, to be in reality adenomata. Specimens were shown to illustrate all stages of transition between the early solid adenomata without any cyst to the almost completely cystic tumour, in which mere traces of gland tissue, adhering to the inner surface of the cyst wall, were all that remained of the original solid adenoma. It was pointed out that cysts formed in this manner were particularly well suited for enucleation, since the cyst wall was usually thick and only loosely embedded in the surrounding thyroid gland tissue.
StClair Thomson.

Latter, Dr.—*Surgery of Glands in the Neck.* Folkestone Medical Society.
"Brit. Med. Journ.," March 14, 1896.

OF acute conditions requiring intervention, the adenitis of scarlet fever, coming on during early convalescence, was the most common. Enucleation might be performed or suppuration awaited. With regard to tubercular glands, their removal was indicated by (1) extensive implication of glands (with or without definite suppuration); (2) failure to subside after medical treatment; (3) progressive deterioration of general health.

The incisions should be made, as far as possible, to leave a scar under the shadow of the jaw, the ear, or the sterno-mastoid.

In all cases of enlarged glands or intractable fistula an attempt at cure should be made by fixing the neck in a cervical splint. *Ernest Waggett.*

McKie, Norman.—*Thymus Treatment of Exophthalmic Goitre.* "Brit. Med. Journ.," March 14, 1896.

A CASE of three years' standing in a schoolmistress of twenty-nine, with a pulse never under ninety to the minute, and with very marked exophthalmos. One to three five-grain tabloids of thymus were administered daily, with relief of the exophthalmos and return to good health. On cessation of treatment the symptoms returned in a few weeks; the tabloids were recommenced, and in spite of unfavourable circumstances the symptoms were in "a short time" again relieved. There was no noticeable change in the thyroid, which was at no time much enlarged. *Ernest Waggett.*

Shattock, S. G.—*Exogenous Adenomata of the Thyroid Gland.* "Lancet," March 21, 1896; and "Transactions of the Pathological Society," Vol. XLVII.

SPECIMEN shown, of which the very unusual character consisted in the fact that the mass was a conglomeration of a large number of distinct growths loosely held together by connective tissue. Structurally they presented in part the character of normal thyroid tissue; but in part the gland spaces were distended with multiform epithelial cells, and the colloid occurred as collections of discrete droplets lying amid the cell masses. The multiplicity was explained as arising from an exogenous formation of adenomata. *St Clair Thomson.*

Taylor, F.—*Malignant Stricture of the Œsophagus, with Perforation of the Aorta.* "Lancet," April 11, 1896.

It is rare to find a carcinomatous ulceration of the œsophagus perforating the walls of an artery of large size, and it is still more rare to find it perforating the aorta. Statistics show that it has happened only four times in 6886 cases, or a percentage of 0.058. The fatal termination does not seem in any case to have been brought about by the passing of bougies. In the case recorded the growth was situated at a distance of seven inches from the commencement of the œsophagus; it had ulcerated through the coats of the aorta; the bronchial glands showed secondary deposits. The case was rapid in progress. The termination was, as usual, quite unforeseen. Any treatment is out of the question. *St Clair Thomson.*

Vinke, H. H. (St. Charles, Mo.).—*Sporadic Cretinism, with Report of a Case treated with Thyroid Extract.* "Med. News," March 21, 1896.

THE author refers to the rôle played by the thyroid gland in normal metabolism, and deals with the etiology of cretinism and the history of its treatment. He gives the notes of a case of a child, aged seven, where the symptoms were very marked, improvement was rapid under the thyroid treatment. In the first three months there was a decrease in weight amounting to twenty-four pounds, but there was an increase in height of four inches in five months. The dose was half a grain of thyroid extract three times daily. *St George Reid.*

Williams, J. T.—*Thyroid Cyst in a Child Eleven Months Old; Operation; Recovery.* "Brit. Med. Journ.," April 18, 1896.

THE cyst was first noticed at the age of four months, from which time it increased rapidly, and attained the size of a small chestnut. Latterly difficulty in swallowing was experienced, and occasional attacks of urgent dyspnoea occurred, possibly due to pressure on the recurrent. The cyst was removed with good results. *Ernest Waggett.*