

removed and measured three inches by two in width. The patient rallied rapidly after the operation, but died on December 21st from recurrence in the lungs.

St George Reid.

THYROID, NECK, &C.

Baumann (Freiburg-i-Br.).—*On Thyro-iodine.* "Münchener Med. Woch.," 1896, No. 14.

THYRO-IODINE found by the author in thyroid glands can be obtained by treating the gland with sulphuric acid or by artificial peptonization. It is insoluble in water and ether, but soluble in alcohol and alkalis. It contains ten per cent. of iodine. An analogous specimen, iodogorgo-acid, has been found in Gorgonia, Carolina. Thyro-iodine is combined in the gland with albumen and globuline. Roos has used thyro-iodine in parenchymatous goitres, and has obtained the same results from the use of fresh thyroid gland, but more rapidly. The quantity of iodine found in a gland varies from three to seven and a half milligrammes. Experiments prove that iodine is necessary for the existence of the animal body, and it is possible also for the existence of plants; its presence is indispensable to sea plants, in which it is found in great quantities. The author also has found iodine in calf thymus. It seems that in enlarged thyroids, and especially in colloid goitres, the quantity of iodine is much less than normal.

Michael.

Fischer (Wien).—*The Relation between the Thyroid Gland and the Female Sexual Organs.* "Wiener Med. Woch.," 1896, Nos. 6, 7, and 8.

IN the time of the Roman Empire it was believed that relation existed between thyroid gland and female sexual organs, especially that the circumference of the neck increased after defloration. Goitre is often observed in females at the age of puberty. The thyroid gland increases and goitres most develop at this time. Also during menstruation a swelling of the gland is often observed. The same swelling has been observed by the author in pregnancy. Basedow's disease and myxœdema are influenced unfavourably by gravidity. By labour the gland sometimes increases, and if there is a goitre the swelling may be sufficient to necessitate artificial evacuation of the uterus. In puerperum the gland decreases, but during lactation it increases. By the climacteric, and by genital diseases, goitre and other thyroid diseases are diminished.

Michael.

Formanek and **Haskovec**.—*Contribution on the Function of the Thyroid Gland.* "Klinische Zeit. und Stenitfragen," 1895, Heft 3 and 4.

THE authors conclude: In cachexia strumipriva the number of the red corpuscles decrease, the leucocytes increase, and microcytes appear; the hæmoglobuline is diminished, and the iron in the organs is increased. The thyroid gland is an hæmopoetic organ.

Michael.

Gottlieb (Heidelberg).—*On the Effect of Thyroid Gland Preparations on Dogs after Removal of the Thyroid.* "Deutsche Med. Woch.," 1896, No. 15.

FEEDING with the gland substance or with thyroïden cures the pathologic symptoms after thyroïdectomy. The animals fed with thyro-iodine died from eclampsia in spite of the treatment. The experiment shows that thyro-iodine

alone, which has such a great influence in many pathologic conditions, does not contain all the efficient substances of the gland. *Michael.*

Hennig (Konigsberg).—*On Thyro-iodine.* “Münchener Med. Woch.,” 1896, No. 17.

THE author has used the medicament in obesity with good results. In cases of goitre and Basedow’s disease the effect was not so constant. In some cases disagreeable effects are observed, as palpitation, headache, and other nervous symptoms; also, sometimes albuminuria and glycosuria. *Michael.*

Richter (Berlin).—*The Destruction of Albumen during the Use of Thyroid Tablets.* “Centralbl. für innere Med.,” 1896, No. 3.

THE author made experiments in a healthy person, and found that it is possible to produce a decrease of the body weight in a few days without increased destruction of albumen. *Michael.*

E A R S.

Alderton, H. A. (Brooklyn, New York).—*The Upper Tone Limit in the Normal and Diseased Ear, as determined by the Galton Whistle.* “Arch. of Otol.,” Jan., 1896.

IT will be seen by the accompanying chart, which embodies Dr. Alderton’s observations, that, either from the peculiarity of the actual instrument employed or from the nature of the cases, the deviations from the normal average Galton are much less than we frequently find.

Disease.	No. of Cases.	Average Age.	Average Galton.	Normal Galton at same Age.
Cerumen	11	31	1·58	1·51—·58
O.M.C. Sub.	6	24	1·55	1·37
O.M.C.A.	3	31	1·97	1·5
Tubal Catarrh.....	8	37	1·58	1·6
Tubal Obstr.	31	12	1·6	1·35
O.M.C.C.	56	30½	1·83	1·45
O.M.P.C.	18	25	2·02	1·37
O.M.P.R.	5	19	1·78	1·35
O.M. Resid.	22	19	1·97	1·35
Labyrinthine Anæmia	4	20	1·5	1·36
Neurasthenia	13	28	1·6	1·37
Hysteria	1	15	·8	1·35
Nerve	70	43	2·7	2·1
O.M.C.C. et Int.	198	41	2·98	1·95
O.M. Res. et Int.	28	40	3·09	1·8
O.M.P.C. et Int.	7	43	2·64	2·1
Tubal Obstr. et Int.	7	27	2·45	1·36½
O.M.C. Sub. et Int.	6	56	3·95	2·85

On comparing the average of the tone limit in the middle-ear diseases with that in the normal ear, there is a lowering of ·18 to ·55. Dr. Alderton finds that, in functional affections of the labyrinth, the upper tone limit is very slightly impaired, and may even be elevated in hyper-sensitive conditions; that in labyrinthine or nerve diseases the average upper-tone limit is ·6 below the normal; further, that