

**Rethi** (Wien).—*Remarks on Surgical Treatment of Laryngeal Tuberculosis.* "Wiener Klin. Woch.," 1895, No. 42.

ONLY in cases of a limited laryngeal tuberculosis, and with good general health, should operative treatment be performed. If there is extensive diseased or febrile affection of the lungs, it is better not to operate. *Michael.*

**Scheier** (Berlin).—*Laryngeal Neurosis.* "Wiener Med. Presse," 1895, Nos. 23 and 24.

THE author describes a case similar to the complex of symptoms described some years before by Michael as "dyspnoea spastica." Also in this case the nervous dyspnoea was incurable, but it was not so severe that tracheotomy had to be performed. *Michael.*

**Schultzer** (Berlin).—*On Tremor of the Internal Laryngeal Muscles.* "Charité Annalen," 1894.

TREMOR is sometimes observed in patients who are excited by the laryngoscope. Pathologic tremor is observed in hysteria, paralysis agitans, chorea, multiple sclerosis, and abscesses of the cerebellum; also true laryngeal and pharyngeal spasm are sometimes observed. In one case of spasm of the accessory nerve Gerhardt saw spasm of the vocal band of the same side. Reflex tremor is observed in cases of aneurism of the aorta and hypertrophic rhinitis; sometimes it is observed in cases of chronic mercurialism and chronic alcoholism. *Michael.*

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## THYROID, NECK, &C.

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**Allard** (Brussels).—*Myxœdema Treatment.* "Wiener Allg. Med. Zeitung," 1895, No. 52.

THE author has cured a girl, fifteen years old, of myxœdema with an alcohol-glycerine extract of thyroid gland. *Michael.*

**Buschan.**—*On the Administration of Thyroid Gland.* "Deutsche Med. Woch.," 1895, No. 44.

To learn the effects of the use of thyroid gland, the author took a great deal of this substance without acquiring symptoms of thyroidism. He believes that these symptoms did not arise because he drinks very little alcohol and eats very little meat. By experiments in animals it is stated that thyroidism very easily arises in carnivora—very rarely in herbivora. Therefore he recommends a milk diet during the use of thyroid gland. *Michael.*

**Domenreiz** (Naples).—*Physiology of the Thyroid Gland.* "Wiener Med. Woch.," 1895, No. 39.

THE author concludes: Total extirpation of the thyroid gland produces grave trophic and nervous disturbances, with a fatal end. In exceptional cases such consequences do not occur—probably by compensative function of an accessory thyroid gland. The complex symptoms must be viewed as auto-intoxication. The thyroid gland neutralizes toxins circulating in the blood. Between the functions of the spleen and the thyroid gland no relation exists. Successful transplantation of thyroid gland presents these consequences. *Michael.*

**Schein.**—*Tetany and Lactation.* “Wiener Med. Woch.,” 1895, No. 12.

THE author observed that sometimes tetany and myxœdema arise during lactation ; he, therefore, believes that the product of the thyroid gland is secreted by milk, and that it will be of great advantage to use large doses of milk in cases of myxœdema and tetany. *Michael.*

**Stokes, Sir William.**—*Case of a Large Cystic Bronchocele necessitating Complete Removal of the Thyroid Gland.* “Lancet,” Jan. 4, 1896.

A WOMAN aged thirty-three had had a large tumour in the neck as long as she could remember. Latterly it had greatly increased. On two occasions it had been tapped. Tumour extended from the chin to the sternum in the middle line, laterally to points well behind the posterior margins of the sterno-mastoids, downwards behind the sternum. The chin rested in a sulcus on the upper margin of the tumour. There had been some difficulty in swallowing. Removed under chloroform ; the trachea was left bare, and a large cavity behind the upper margin of the sternum, in which the transverse arch of the aorta could easily be seen. Recovery. As the removal of the thyroid gland was apparently a complete one, thyroid extract in small quantities daily was ordered. Nine months afterwards her condition was quite satisfactory. *StClair Thomson.*

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E A R S .

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**Clemens, Brentano.**—*Treatment of Suppuration of the Atticus Tympanicus.* Manhattan Eye and Ear Hospital Report, Jan., 1895.

IN cases of attic disease in which careful probing gives no evidence of the presence of necrosis, the author advocates antiseptic syringing with Hartmann’s attic syringe, and relates four successful cases. In order to avoid vertigo, and to thoroughly wash out the attic, the point of the canula should be directed laterally and not towards the tegmen. *Ernest Waggett.*

**Connal, James Galbraith.**—*Necrosis of the Labyrinth, with Report of a Case* “Glasgow Med. Journ.,” Sept., 1895.

IN this interesting paper the author reports fully a case under his own observation, in which one turn and a half of the cochlea, comprising the apex coil and a part of the central coil, was exfoliated. The patient was a man twenty-nine years old, a packing-box maker. Since an attack of measles, at the age of four, there had been discharge from the left ear. An acute inflammation in this ear occurred at the age of twenty-seven, when, from the symptoms, it is probable that the labyrinth was involved for the first time. Besides pain, etc., there were giddiness, sickness and vomiting, and temporary loss of consciousness. A fresh acute attack occurred about a fortnight before the patient came under observation, lasting till the sequestrum was removed. There was no facial paralysis. Testing the hearing power three months later, it appeared probable that the left ear did not hear. Quiet sounds—*e.g.*, watch—were not heard, and loud sounds were probably heard by the right ear. When last seen the urgent symptoms had entirely disappeared, and the discharge, amounting to only a slight moisture in the canal, was perfectly sweet. In connection with this case the author has collected and tabulated seventeen cases which have occurred since the publication of Bezold’s paper in 1886. *A. J. Hutchison.*