

description which leaves nothing to be supplied by the imagination would be too lengthy for these columns. A glance at the figure in the original will make the instrument and its working easily understood.

Waggett.

### LARYNX.

**Lodge, Samuel, Junr.**—*Bilateral Paralysis of the Laryngeal Abductors successfully treated by the Removal of the Isthmus of a Bronchocele.* "Lancet," February 4, 1899.

The patient was a schoolboy, aged fourteen, with a seven years' history of difficulty of breathing. He was found to have double abductor paralysis, which by exclusion was referred to enlargement of the thyroid gland. Iodide of potassium and thyroid extract were both given without affecting the size of the goitre. The isthmus of the thyroid gland was therefore removed. There was no immediate improvement, and even six months afterwards the boy was reported to be in the same condition. Shortly afterwards, however, it was noticed that the stridor during sleep had ceased. The boy was then able to run as well as his schoolmates, and ten months after the operation the larynx was found to be quite normal; the goitre had disappeared, and, in spite of his being a year older, the patient's neck only measured 13 inches, instead of the 14 inches it measured before the operation.

The only case recorded in British medical literature which the author has been able to discover on almost all fours with this one is related shortly in the late Sir Morell Mackenzie's classical work.\* The patient, "aged fifteen years—a tall lad—when perfectly quiet could breathe fairly well, but on the slightest exertion he experienced great dyspnoea, and during sleep made a loud noise in his breathing. On examining the neck, a moderate-sized but very hard bilateral goitre was perceived, and on using the laryngoscope, the abductors of the vocal cords were found to be paralyzed on both sides. The adductors did not seem to be at all affected, and the voice was perfectly normal. By varied treatment extending over several months, the bronchocele was cured and the action of the vocal cords became natural." In this case the isthmus of the thyroid does not appear to have been large. Sir Duncan Gibb was first led to suggest the feasibility of removal of the isthmus by observing "several cases of enlargement of the thyroid gland affecting one or both of the lateral lobes and implicating the isthmus."† In 1870 a post-mortem examination on a young man enabled him to prove that in some cases, "if not relieved by treatment, the lateral lobes, which in their enlargement sometimes spring from the isthmus itself, may extend on either side of the trachea itself and completely encircle it. The consequence of this is that the tube is compressed laterally and its form becomes oval, with a very narrow passage to breathe through, which sooner or later ends fatally." In 1874 Mr. Holthouse operated on two females for Sir Duncan Gibb with the happiest results. In each case the trachea was greatly compressed, and relief was speedily manifested. In 1883 Mr. Sydney Jones reported in the *Lancet* a case of "enlargement of thyroid gland in a male producing pressure on the trachea and serious attacks of dyspnoea;

\* "Diseases of the Throat and Nose," vol. i., 1880, p. 444.

† The *Lancet*, January 23, 1875, p. 120.

removal of isthmus; atrophy of lateral lobes; cure.\* In this case the patient was a labourer, aged eighteen years. The duration of symptoms was for seven or eight years. The patient was quite well in less than two months. Mr. Sydney Jones's brilliant series of cases have shown us that, in the words of Sir William MacCormac, it is "a method of treatment which is comparatively simple, easy of execution, and promises excellent results in suitable cases"; and, further, that where the same symptoms are produced by an innocent enlargement of the thyroid without a hypertrophied isthmus, removal of portions of the lateral lobes encroaching mesially on the trachea may be done quite as safely and with the same beneficial results as in those cases where the isthmus alone is excised.

In all the cases referred to, the author has been unable to find any reference to laryngoscopic examination. The pressure, judging from the speedily successful results, must have respected the recurrent laryngeals and the "scabbard-like" condition of the trachea readily accounted for the whole of the dyspnoea, whereas in this case six months had elapsed before the patient was obviously much better. Nor could we reasonably have expected more speedy results, seeing that laryngoscopically the dyspnoea could be readily explained by pressure on the recurrent laryngeals producing the abductor palsy.

*StClair Thomson.*

#### E A R.

**Nicoll, James.**—*Uncommon Cases of Operation on the Brain.* "Lancet," October 29, 1898.

One of these cases is interesting as showing the origin of a malignant tumour in the middle ear. The symptoms simulated temporo-sphenoidal abscess. An intracranial portion of the tumour was removed, with relief to the pressure symptoms. The patient died  $2\frac{1}{2}$  months afterwards.

*StClair Thomson.*

**Bousfield, E. C.**—*Diphtheria Antitoxin in Private Practice.* The "Lancet," December 10, 1898.

This is an earnest appeal to use antitoxin immediately in every clear or doubtful case of diphtheria, as the author feels assured that in no other way is it possible to seriously diminish the mortality. Even the delay of sending the cases into hospital, before administering the serum, leads to a decided increase in the mortality.

*StClair Thomson.*

**Henke, R. (Clausthal).**—*Excess-Malformation of the Auricle.* "Monatsschrift für Ohrenheilkunde," February, 1899.

In a case described there was an apparent doubling of the upper part. It was in reality a widening of the scaphoid fossa between the helix and the anthelix, and its division into two depressions by an abnormal ridge corresponding to the upper crus of the anthelix, but abnormally wide, and turning backwards to a notch in the helix higher than the Darwinian tubercle. There was also an excessively long lobule, and, curiously, one of the patient's thumbs was double.

*Dundas Grant.*

\* The *Lancet*, November 4, 1883. p. 900.