

intubation was necessary. The foreign body came out in the tube, and recovery, after pneumonia had been successfully treated, ensued.

The author feeds his intubated cases by means of a soft catheter introduced through the nose into the stomach, and left there as long as is necessary.

B. J. Baron.

Page (London).—*Foreign Body in Right Bronchus — Tracheotomy.* “*Brit. Med. Jour.*,” July 20, 1889.

IN the case of a boy, aged nine years, a smooth piece of cornelian which had become impacted about the bifurcation of the right bronchus was successfully removed by coughing after tracheotomy and the use of a long probe.

The author points out the propriety of persisting day by day in the attempts to remove foreign bodies from the air-passages, and to the benefit which accrues from attaching the edges of the tracheal wound to the skin whilst searching for them.

Hunter Mackenzie.

THYROID GLAND AND NECK.

Fano.—*The Functions of the Thyroid Gland.* Congrès de Physiologie, Sep., 1889.

EXPERIMENTS were made upon dogs. When both lobes of the thyroid gland are ligatured the animals die with symptoms like those which follow extirpation. If one lobe be removed, the other being injured, the animals survive many months. A dog rendered anæmic by successive bleedings did not suffer from extirpation of the gland. Dogs with cachexia strumipriva, made anæmic, presented amelioration of their general condition. The cause of the cachexia must, therefore, be attributed to the condition of the blood, and a function must be attributed to the thyroid gland of purifying the blood.

Joal.

Lannelongue.—*Transplantation of the Thyroid Body from the Animal to Man.* Soc. de Biol., Mar. 8, 1890.

THE author, premising that the accident of myxœdema could be prevented by transplanting into the human subject the whole or part of the thyroid gland of some animal, performed the experiment upon a girl of fourteen affected with pachydermic cachexia, transplanting a portion of a sheep's thyroid into the mammary region, the cervical region in a myxœdematous subject being a bad field for operation. The operation was performed eight days before the report, cicatrization was complete, the health of the child was nowise altered, but what the result of the operation would be could not be foretold.

Joal.

Harrison, Damer (Liverpool).—*Case of Bronchocoele treated by Electrolysis.* "Brit. Med. Jour.," July 20, 1889. North Wales Branch, B.M.A., July 11, 1889.

THE result was stated to have been most successful: *Hunter Mackenzie.*

Hutchinson, Procter S. (London).—*Two Cases of Malignant Disease of the Thyroid Gland.* "Brit. Med. Jour.," July 20, 1889.

CASE 1: A man, aged fifty-three. A hard, tender, and immovable swelling, of about three months' duration, occupied the right lobe of the thyroid gland. It caused severe pain, dysphagia, and huskiness. The right vocal cord was fixed in the cadaveric position. The patient died from exhaustion in about six weeks from the time of being seen.

On necropsy, the whole gland was infiltrated with pus, and cut on section like a liver. Microscopically, it was found to be a small-celled cancer, with many of the characters of an alveolar sarcoma. The dysphagia and aphonia were caused by pressure, and not by the growths having involved either trachea or œsophagus. No enlarged glands were found.

The author believes that this case illustrates the difficulty, so often found in thyroid tumours, of determining whether the growth is sarcomatous or cancerous.

Case 2: A woman, aged fifty-six, the subject of a long-standing goitre, complained of swelling on the right side of the neck, causing dyspnoea and dysphagia. The symptoms becoming aggravated, an attempt was made to remove the lateral swelling, but it was found to be too firmly attached to the neighbouring structures to permit of this being done. A piece of the tumour was removed, and examined microscopically: it was found to be cancerous, most probably scirrhus. The patient died five months subsequently.

The author makes reference to another case recently under his observation in which malignancy had developed on an old goitre, and concludes with a summary of cases from the Transactions of the Pathological Society of London. *Hunter Mackenzie.*

Ballet.—*Ideas of Persecution in Exophthalmic Goitre.* Soc. des Hôp., Feb. 28, 1890.

THE case of a patient affected with Graves' disease and markedly hysterical, and who also suffered from a particular form of mania with persecution, mistrust being the predominating feature. Visual, auditory, and olfactory hallucinations were also present. Was this a case of true mania with ideas of persecution, associated fortuitously with goitre and hysteria, or did the mania directly proceed from either of these two affections? The author thought Graves' disease alone cannot account for ideas of persecution with their horrible possible consequences, homicide and suicide, but that it is due to the complication of hysteria. This originates hallucinations, the goitre serves to realise the idea of persecution. There could not be any question of true mania on account of the evolution of accidents, and the predominance of visual hallucinations. *Joal.*

Milligan.—*Division of the Isthmus in Goitre.* "Brit. Med. Jour.," Oct. 12, 1889. South Midland Branch, B.M.A., 1889.—(Two cases were related, but not reported.)
Hunter Mackenzie.

Bidwell.—*Tubercle of Thyroid.* "Brit. Med. Jour.," Mar. 22, 1890.
THE author showed at the Hunterian Society a thyroid gland with tubercular deposit. The gland was not enlarged, but there was a caseating tubercle the size of a large pin's head in the centre of the right lobe. The specimen was taken from a child, aged five and a half years, who died from acute general tuberculosis.
R. Norris Wolfenden.

Jurgens.—*Myxœdema.* "St. Petersburg Med. Woch.," No. 51, 1889.
A PATIENT, forty-one years of age, rather stupid, for some months had had the characteristic expression of myxœdema in her face, and could not walk as well as formerly. The face is œdematous, the thyroid gland being normal. She expectorates a good deal of mucus. The skin of the whole body is œdematous. The author excised a small piece. The surface of the wound covered with a fluid mass, but little blood. No pain was felt during the excision, and the wound healed in a few days. One-and-a-half litres of urine were passed *per diem*. The treatment consisted of meat diet and tincture of acetate of iron.
Michael.

Smith, G. B.—(1) *Sarcoma of Neck*, (2) *Thyroid Cyst.* "Brit. Med. Jour.," Oct. 26, 1889. Metropolitan Counties Branch: South London District, B.M.A., Oct. 16, 1889.—(Exhibition of cases.)
Hunter Mackenzie.

Paley (Brighton).—*Lymphadenoma.* "Brit. Med. Jour.," Oct. 26, 1889. Brighton and Sussex Med.-Chir. Soc., Sep. 5th, 1889.
EXHIBITION of a boy with enlarged cervical glands and adenoid growths in the pharynx. There were no changes in the blood, and it was a question whether the case was one of lymphadenoma, or whether the enlarged glands were dependent upon the condition of the pharynx.
Hunter Mackenzie.

Gould, A. Pearce (London).—*Treatment of Strumous Glands.* "Brit. Med. Jour.," Oct. 26, 1889. South-Eastern Branch: East Surrey District, B.M.A., Oct. 10, 1889.

THE author advocates the early use of a small incision, and scraping out of the diseased gland through it by a blunt spoon.
Hunter Mackenzie.