

THYROID, NECK, &c.

Mann, J. Dixon.—*Adenoma of the Thyroid Gland in a Leopard.* "Brit. Med. Journal," November 23, 1889.

THE author showed sections at the Manchester Pathological Society, taken from the thyroid gland of a young adult leopard. The gland contained numerous small nodules of tumour formation, the largest nodule being three-eighths of an inch in diameter. Each nodule was round, white or creamy in colour, sharply circumscribed, and distinctly limited by a thin fibrous capsule. The nodules consisted of epithelial cells of cuboidal form arranged in cords separated by fibrous tissue, continuous with the capsule. In many places, a distinct lumen was present, and the vesicular nature of the normal gland was assumed. All the other body organs were normal.

R. Norris Wolfenden.

Jacobson.—*Enlargement of Thyroid.* "British Medical Journal," June 8, 1889.

THE author showed a mother, aged thirty-seven, and five children, all the subjects of enlarged thyroids. In the case of the mother, Mr. Jacobson had removed the isthmus, all the left and about a third of the right lobe, fixing the remainder of this away from the trachea under the sterno-mastoid with buried sutures. Entire relief to the dyspnoea had followed. The ages of the five children ran from one to eleven years. The enlargement was most marked in the only girl, the second child, aged ten. The family had lived at Beckenham only.

Dr. Stephen Mackenzie thought the series unique. He was also of opinion that it was not uncommon to find such cases in patients over thirty. Parenchymatous enlargement of the thyroid he had seen successfully treated by injections of acetic acid and other fluids, and in one case by successive blisters.

R. Norris Wolfenden.

Savile.—*Case of Myxœdema in a Man.* Medical Society, November 25, 1889,

THE author showed a man, aged forty-five, whose symptoms commenced eight years before with weakness, puffiness of the skin—first in the forehead and eyes, and then in the feet—together with unusual sensitiveness to cold. No family history of importance. He had been a great drinker in years past. When admitted into the infirmary on November 1, 1888, his condition was very characteristic. The thyroid could not be felt. His temperature was usually subnormal. No impairment of sensation, but the reflexes were dulled, and there was general loss of muscular power. Memory was also impaired, but there were no delusions. Special senses normal, except the hearing, which had been impaired since twelve years. No albumen in urine.

R. Norris Wolfenden.

Poncet.—*Large Circum-Thyroidæan Incisions in Cancer of the Thyroid Gland.* Congrès de Chirurgie, Paris, 1889.

IT is well known how painful are the sufferings caused by cancer of the

thyroid gland. In a recent work of Orsel in the "Province Médicale" this author who collected eighteen personal observations on cancer of this gland concluded from an examination of the facts that complete extirpation of these tumours is really impossible. Poncet, however, does not think that there is any need to completely abandon these patients. He proposes a new operation, consisting in large incisions, so as to permit the liberation of the neoplasm. This operation, to which he gives the name of "thyroïdean circumotomy," comprises the following points :—

1. A crucial incision over the tumour, in order to get ready access to it.
2. Separation and incision of the hyoid and thyroid muscles which surround it.
3. Liberation by raising the deeper portions of the tumour with the help of the index finger, in order as much as possible to free the deeper portions.
4. Suture and drainage.

Joal.

Bontaresco.—*Bilateral Retro-sternal Asphyxiative Cystic Goitre.* Congrès de Chirurgie, Paris, October, 1889.

A WOMAN, aged forty-six, had two enormous tumours in the neck, the one situated laterally in the supra-clavicular region, the other approaching the median line and pressing against the trachea and displacing it, and extending downwards beneath the sternum. The contents of these cystic tumours resembled a chocolate fluid. Owing to the pressure on the trachea great dyspnœa was caused. The author having emptied the tumours with an aspirator, enucleated the lateral tumour first, and removed the second tumour seven months afterwards by the same method. During the operation very considerable and alarming hæmorrhage occurred; the portion of the goitre which descended into the thorax could not be removed. A cure, however, was completed within two months.

Joal.

Gallardo.—*Abscess in the Left Lateral Region of the Neck, caused by a Foreign Body in the Œsophagus.* "El Bisturi," June, 1889.

A MAN accidentally swallowed a large codfish-bone. This was arrested at the level of the sternal fourchette, causing acute pain, which was increased on pressure and on efforts of deglutition. Subsequently severe inflammation occurred, ending in suppuration at the left side of the neck near the sternal fourchette. Deglutition was absolutely impossible. The author opened the tumour, allowing a large quantity of foetid pus to escape along with the fish-bone, which had perforated the œsophagus.

Ramon de la Sota.

Shepherd, F. J.—*Abnormal Subclavian Artery, etc.* Transactions of the Montreal Medico-Chirurgical Society, May 17, 1889.

DR. SHEPHERD exhibited a specimen, showing the right subclavian artery arising from the descending arch and passing upwards between the trachea and œsophagus to reach its normal position in the neck. The right recurrent laryngeal nerve did not hook around the right subclavian,

but found a loop in close relation with the right vertebral, which represented, no doubt, the shortened fourth arch. The sympathetic of the right side was somewhat pulled down by the right subclavian. The report in detail is worth perusal.

George W. Major.

Schiffers (Liege).—*Branchial Fistulas.* Congrès Inter. de Laryngol., Paris, September, 1889.

THE author related the case of a man, thirty years old, who had, since infancy, had a fistula, the orifice of which was situated on the right side of the neck, within the sterno-mastoid muscle. For fifteen years purulent liquid had flowed from the orifice. Removal of the cyst cured the condition.

Joal.

Eve and Bidwell.—*Sub-hyoid Dermoid Cyst.* "Lancet," November 23, 1889.

THE patient was a girl, aged twelve, brought to the Evelina Hospital for a fluctuating swelling in the anterior part of the neck, in the middle line, which had been noticed for five or six years, having latterly increased in size. The tumour was not adherent to the skin, and projected between the hyoid and thyroid cartilages in the mid-line. On opening the cyst it was found to pass backwards, and below the hyoid bone. It contained oily matter, and crystals of fatty acids, the lining membrane being smooth, and resembling mucous membrane. As much as possible was removed, the wound healing in a fortnight without recurrence. The cyst probably originated by cutting off a small fragment of the mucous membrane of the respiratory passages in the closure of the branchial arches along the median line.

R. Norris Wolfenden.

Moura-Bourouilhou (Paris). — *The Voice and the Registers.* Congrès de Laryngologie, Paris, 1889.

THE author having made a critical study of the numerous significations given by authors to the words "voice and registers," gives the following definitions :—

The voice is the sum total of the sounds, which, generated in the larynx, are transformed by the will, by means of the mouth, and the lips into words and musical notes.

The register is a series of sounds having a uniform character of emission and sonority.

Joal.

Chervin (Paris).—*Classification of Affections of the Speech.* Congrès de Laryngologie, Paris, September, 1889.

THE act of speech comprises :—

- (1) The elaboration of ideas and words.
- (2) The transmission of ideas to the articulating mechanism.
- (3) The putting into action of these organs.

To each of these acts a group of troubles corresponds, which may be thus classed :—

1. Affections of thought—

- (a) permanent, caused by mental diseases ;
- (b) temporary, caused by fright, anger, or emotion.

2. Disorders of transmission—
 - (a) with organic lesion, comprising all forms of aphonia ;
 - (b) without organic lesion comprising stammering and stuttering.
3. Disorders in the articulation of words—
 - (a) of organic origin, caused by cleft palate, hare lip ;
 - (b) of functional origin, such as stammering, and its innumerable varieties. *Joal.*

REVIEW.

Chronic Bronchitis and its Treatment : a Clinical Study.—By WILLIAM MURRELL, M.D., F.R.C.P. H. K. Lewis, London, 1889, pp. 176.

IT is not quite easy to assign a place for this book in medical literature. It certainly deals with an important subject, and contains much that is worth reading. But we cannot determine whether it is most written for the public at large, or the profession in particular. Both classes may derive benefit, however, from perusing it, the former amusement, the latter instruction. One would scarcely imagine that there was such an amount of fun to be derived from the treatment of bronchitis. The author is evidently something of a humourist, if we may judge from the notes of his patients' cases, as entered into his case book and quoted here. Thus, referring to the application of a spray of *Jaborandi* for winter cough, the author speaks of the disadvantages it possesses of staining the skin, and relates how "an old gentleman, who came with a long snow-white beard, went away with one of a bright green colour. He did not notice it, but his friends did!" Again, he remarks that "a mixture of two parts of syrup of tar and one part of syrup of Virginia prune is an ideal mixture. In its presence *maraschino*, *curaçoa*, and "even green chartreuse naturally take a back seat." The chronic bronchitic "yearns for it." Russian influenza will give place to an epidemic of bronchitis if this fact becomes known! A well-known singer even thought that terebene improved the character of his compositions, "but on this point I refrain from offering an opinion," modestly says the author. The stories of the Member of Parliament, who says "the smell of the sandalwood is strangely familiar to him—can't account for it," and of Captain W., commander of an Australian liner, who has a collection of prescriptions of his own, who always tries them on other people first, and intends to take a chloride of ammonium inhaler on his next voyage," with "a supply of pinol, pure terebene, and cubebs : will try it on the passengers," are good. The latter, however, adds a new terror to sea voyaging, and it is not surprising that Dr. Murrell adds to his notes "He is not heard of again." Presumably his experiments met with Nemesis. Members of the House of Commons will learn with regret that, "Thomas S., aged forty-two, cook to the House of Commons," attributes his winter cough "partly to having to cater for members of such various shades of political opinion," and that "he drinks beer, the wines of the House not being quite up to his mark." Chloride of ammonium and oil of cubebs, however, set him up in spite of these depressing circumstances. It is to be hoped that "Eliza W., aged thirty-two," has followed Dr. Murrell's advice, and has abandoned "the beer-drinking orgies in favour of