after the tubes are introduced, or may be stopped by the use of an iced spray. The tube is removed from the wide nostril after twenty-four hours, and not replaced, but the tube in the narrow nostril should be worn for about five weeks, being taken out and cleansed daily. This the patient can very soon do for himself. The use of iced sprays at first, then of ordinary weak alkaline douches, is recommended in the after-treatment. Granulations spring up, but are easily kept in check by ordinary means, whilst the thickening due to the overlapping of the four segments gradually disappears without any treatment. According to Thorner, the operation ought to be successful in every case. It is not more dangerous than any other cutting operation on the septum; as a rule, there is no post-operative rise of temperature, and the tubes, though giving rise to a certain amount of discomfort, should never cause pain. A preliminary operation is sometimes needed on polypi, or on enlarged middle or middle and inferior turbinals in the wide nostril. The operation may also be employed in certain cases where the external nose is deflected. *A. J. Hutchison.*

LARYNX.

Apert.—*Cancer of Œsophagus spreading to the Trachea.* ("Société Anatomique," June 8, 1900) "La Presse Méd.," June 13, 1900.

A man, forty-three years of age, was admitted to the Hôtel Dieu for a tumour of the neck, which was adherent to the right side of the larynx, and for stridor. The opposite vocal cord was paralyzed. One night he had a sudden attack of suffocation. Tracheotomy gave no relief, till a tube was passed far down the trachea. This had to be left almost constantly *in situ*. The patient lived four months, then died of cachexia.

Post-mortem.—The tumour of the neck was an enlarged gland, secondary to a cancer of the œsophagus. The dyspnœa had not been caused by this gland pressing on the trachea, but by the trachea itself being invaded by the cancer. The tube passed through the midst of cancerous outgrowths in the lumen of the trachea. There was a second cancerous centre lower down the œsophagus, and a third in the chest near the left lobe of the liver. *A. J. Hutchison.*

Murray.—*The Treatment of Simple Goître in Young Adults.* "Edinburgh Med. Journ.," August, 1900.

The author has had very satisfactory results from treating simple parenchymatous goîtres in young adults with thyroid extract. His theory is that in these cases the enlargement of the thyroid takes place in response to a demand made by the system for increased thyroid secretion. The enlargement, therefore, is at first physiological, but in some cases, having once started, it goes on beyond physiological limits. If now the demand for increased thyroid secretion is supplied from outside, the hypertrophied gland is able to pass into a resting condition and undergoes a partial atrophy. Thyroid extract should never be given if any symptoms of Graves' disease are present. By this treatment simple parenchymatous goîtres may be reduced to two-thirds, one-half, or even one-third, of their former size, but rarely disappear altogether. The dyspnœa is relieved, and enlarged superficial veins are reduced in size. On this account it is wise, before operating on any goître, to treat the patient for two or three weeks with thyroid extract. The diminution in size of the goître and of the veins renders

the operation much simpler, whether the goître is simple or contains cysts or adenomata.

The author reports three cases, and quotes a short summary of the literature from F. P. Kinnicutt. *A. J. Hutchison.*

Poncet.—*The Geographical Distribution of Goître in France.* ("Académie de Méd.," June 12, 1900) "La Presse Méd.," June 13, 1900.

Since the introduction of certain new military laws, the reports on recruiting for the army are the most valuable documents for the study of the distribution of goître in France. These reports deal with the proportion of young men classed in the auxiliary service of the army on account of goître. From this the proportion per 1,000 of the population is calculated. The departments are arranged in six groups, commencing with those having from 10 per 1,000 upwards, and ending with those practically exempt from goître. The departments where goître is most prevalent are found to be grouped together in more or less large islands in the regions of the Alps, the Pyrenees, the Central Plateau, the Jura and the Vosges. Only two departments form an isolated patch in the midst of a goître-free region. Goître has increased in some departments and diminished in others, but the districts affected have remained substantially the same for the last 100 years. The total area in which goître is endemic appears to have rather diminished during the last fifty years. Undoubtedly goître has decreased in France as a whole.

As to the total number of people affected with goître in France, Baillarger estimates this at 500,000, Mayer at from 375,000 to 400,000. Poncet considers these numbers too low. Lastly, as to the numerical relations between goître and cretinism, the author considers that not even a guess can be made. *A. J. Hutchison.*

Valude.—*Electric Treatment of Exophthalmic Goître.* "Journal of Eye, Ear and Throat Diseases," May and June, 1900.

The treatment of exophthalmic goître and of chronic glaucoma has always been extremely difficult and unsatisfactory. Jaboulay's operation—resection of the cervical sympathetic—seems on the whole the most successful treatment proposed; but, unfortunately, it is by no means simple, and may be followed by serious consequences, and even by death. The object of the operation is to destroy excitability of the sympathetic. This object can be obtained (Allard) by applying a galvanic current of high intensity through the whole length of the cervical sympathetic. The positive pole, 8 to 10 centimetres long, is applied parallel to the anterior margin of the sterno-mastoid muscle from the angle of the jaw to the episternal notch; the negative pole, which must be large, is placed on the nape of the neck, and a current of 15 to 20 milliampères, with electro-motive force of 20 volts, passed for from fifteen to twenty minutes. The strength of current must of course be gradually increased, and equally gradually decreased, to avoid shock. By this means good results may be obtained as regards the exophthalmos, the tachycardia, and the nervous symptoms. Faradization of the orbicularis palpebrarum and of the precordial region may be employed at the same time. *A. J. Hutchison.*