

**Potiquet.**—*The Bursa of Luschka.* “Rev. Mens. de Laryngologie,” Dec. 15, 1889.

AN interesting research, wherein the author records the results of his anatomical researches of sixteen heads. There exists in the vault of the pharynx a depression, but not a bursa. This depression is to be regarded as the posterior extremity, or as an annexe of the median cleft. To call this depression “the bursa of Luschka,” would be an anatomical error. Potiquet thinks it better to return to the name given to it by Robin, viz., “the foramen cœcum.”  
*Joal.*

**Chamier.**—*Adenoid Vegetations of the Naso-Pharynx.* “Acad. de Méd.,” Mar. 11, 1890.

A RECORD of 232 cases observed by the author, but containing no new observation.  
*Joal.*

**Skelding.**—*Naso-Pharyngeal Growths.* “Brit. Med. Jour.,” Oct. 12, 1889. South Midland Branch, B M.A., Oct. 3, 1889.

THE author considered that these cases are much more common than is generally supposed, and specially alludes to the influence of these growths on the mental and physical development of the children who are the subjects of them.  
*Hunter Mackenzie.*

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## LARYNX AND TRACHEA, &c.

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**Hermann and Meyer.** — *The Physiology of the Muscles of the Glottis.* “Archiv. für Anat. und Physiologie,” Nos. 5 and 6, 1889.

RESEARCHES upon the effect of the muscles attached to the arytenoid cartilages upon the position of the vocal cords, and the size and position of the glottis. The thyro-arytenoid and crico-arytenoid muscles close the glottis, and in maximal effect may draw the processus vocales across the middle line to the other side, so that a complete closure is produced. The glottis respiratoria is formed by the vocal processus, and represents a diverticulum of the trachea, which is closed by the m. ary-arytænoideus and the mm. thyro-arytænoidei. For secure closure of the glottis the general effect of all seven muscles is necessary.  
*Michael.*

**Kauthack.**—*Contribution to the Histology of the Vocal Cords, with Special Report upon the Existence of Glands and Papillæ.* “Virchow’s Archiv.,” p. 531, 1889.

IN opposition to B. Fraenkel, the author proves that in the true vocal cords glands are never found, but only upon the sesamoid cartilages, in the angle of the vocal cords, and the thyroid cartilage. In normal larynges papillæ are never found in the region of squamous epithelium, but occur largely in chronic catarrhs. The author does not agree with

Ludwig, who believes that the elastic fibres of the vocal bands are the tendinous part of the m. thyro-arytaenoideus. *Michael.*

**Briesacher.**—*Experiments upon the Superior Laryngeal Nerve.* "Centrallblatt für Medicin Wissenschaft," No. 43, 1889.

THE author excised from two horses a long piece of the superior laryngeal nerve, and two months afterwards made a *post-mortem* examination. No signs of degeneration of any of the laryngeal muscles were observed, and he cannot, therefore, agree with Möller, who asserts that this nerve contains trophic fibres for the laryngeal muscles, and that atrophy of the muscles follows upon failure of innervation. *Michael.*

**H. Krause** (Berlin).—*On the Central Motor Innervation of the Larynx.* "Berl. Klin. Woch.," No. 7, 1890. *Michael.*

**Semon** (London) and **Horsley** (London). Answer to this paper. *Ibidem.*

**H. Krause** (Berlin).—*On the Central Motor Innervation of the Larynx.* Reply. Polemical Articles. "Berl. Klin. Woch.," No. 5. *Michael.*

**Ball, James B.** (London).—*On Hysterical Motor Affections of the Vocal Cords.* "Lancet," Feb. 23, 1889.—(Contains no original observations.)  
*Hunter Mackenzie.*

**Catrin.**—*A Case of Simulated Mutism.* "Lyon Médicale," Sep. 15, 1889.

THE patient was a young man, twenty-one years of age, who stated that his dumbness had lasted ten years. For seven months, in spite of strict surveillance, the patient had not pronounced a word, neither while awake nor asleep. Catrin advised the use of electricity, judiciously employed outside the larynx. The patient was informed that the currents would be indefinitely increased in intensity. The treatment in this case was perfectly successful. *Joal.*

**Flesch.**—*Treatment of Glottic Spasm.* "Deutsch. Med. Woch.," No. 1, 1890.  
NOTHING new. *Michael.*

**Du Cazal.**—*A Case of Reflex Cry.* Société de Biologie, Feb. 15, 1890.

THE case of a patient who, following on a traumatism, was affected with slight arthritis of the knee, with atrophy of the crural triceps. When an attempt was made to produce the patellar reflex on the atrophied side, there was oftenest provoked a reflex cry absolutely involuntary, and of quite a special character, which negated any idea of its being a stimulated phenomenon. *Joal.*

**Suckling.**—*Congenital Infantile Laryngeal Stridor.* Midland Med. Soc., "Brit. Med. Jour." Mar. 22, 1890.

THE author showed an infant, one week old, suffering from persistent laryngeal stridor, which had existed from birth. The mother stated that it was worse when the child was asleep and when it was made to cry. There was no sign of syphilis. Dr. Suckling had met with several such cases at the Children's Hospital. He attributed the stridor to some con-

genital abnormality in the larynx, possibly a recurved epiglottis, as in the case described by Dr. Lees. Such cases were unaffected by treatment, and the stridor disappeared as the child grew older.

*R. Norris Wolfenden.*

**Steinthal.**—*Paralysis of the Vocal Cords and Goitre.* "Württemberg Med. Correspbl.," No. 1, 1890.

THE author refers to two cases published by Seitz and Rehn, and adds his own cases. He was called to perform tracheotomy upon an asphyctic patient, who was, however, conscious. The patient had a large, soft struma. When the skin was cut the respiration ceased, and great venous bleeding occurred. After a time the patient became better. Next day an operation was performed upon the goitre, tracheotomy not being completed, and fourteen days later cure resulted. The attack must be looked upon as glottic spasm.

*Michael.*

**Mulhall, J. C.** (St. Louis).—*Case of Falsetto Voice.* "Internat. Jour. of the Med. Sciences," Aug., 1889.

IN this case the falsetto voice remained after the stage of puberty. With it there was associated an undue approximation to each other of the vocal cords.

*Hunter Mackenzie.*

**Baker, Slade Innes** (Abingdon). *The Effects of Castration on the Voice.* "Brit. Med. Jour.," Sept. 7, 1889.

A PATIENT had both testicles removed for tubercular disease three months previously, no change has taken place in the voice.

*Hunter Mackenzie.*

**Whittle, E. G.** (Brighton).—*A Case of Laryngeal Growths—Tracheotomy, Thyrotomy, and Removal of Growths—Recovery.* "Lancet," March 2, 1889.

A CASE of multiple growths in a three-year-old girl. *Hunter Mackenzie.*

**Mackenzie, G. Hunter** (Edinburgh).—*Case of Spontaneous Disappearance of Laryngeal Growths after Tracheotomy.* "Lancet," Apr. 6, 1889.

A BOY, aged five years, had tracheotomy performed in April, 1883, on account of warty growths of the vocal cords after measles. The cannula was retained for one year, when, as it was found that the growths had spontaneously disappeared, it was permanently removed. Since then the appearance of the larynx and the vocal and respiratory functions have been quite normal.

*Hunter Mackenzie.*

**Robertson, William** (Newcastle-on-Tyne).—*Cancer of the Larynx.* "Brit. Med. Jour.," Oct. 26, 1889. Northumberland and Durham Med. Soc., Oct. 4, 1889.

EXHIBITION of a patient in whom tracheotomy had been performed three years after the detection of the disease. *Hunter Mackenzie.*

**Semon** (London).—*The Question of the Transformation of Benign Laryngeal Growths into Malignant, especially in Consequence of Intra-Laryngeal Operations—Results of a Collective Investigation undertaken by the Interna-*

*tional Centralblatt für Laryngologie, Rhinologie und verwandte Wissenschaften.*  
"Internat. Centralbl.," 1888, 1889.

By Lennox Browne, in London, and other laryngologists, the opinion has often been published that benign neoplasms of the larynx may be transformed into malignant by intra-laryngeal operations. As easily can be understood it is of the greatest interest for all laryngo-surgical treatment that this fact should be confirmed or disproved, because if the danger of such transformation exists or is aggravated by operations, the indications for the removal of intra-laryngeal growths must be very much limited, and such operations can only be justified by danger of impending asphyxia, and not for the relief of hoarseness or other disturbances of the voice. It was, therefore, necessary to study the question upon a large collection of material, and the author conceived the idea of doing this by collecting the cases of as many laryngologists as could be got to answer to his questions. One hundred and seven laryngologists have participated in the collection of cases, and have reported on 10,747 benign neoplasms, 4190 cases of which were papilloma, but of these papillomata only 612 cases were certified by microscopical examination. In 8216 cases the neoplasms (3382 papillomata) were removed by intra-laryngeal operation. In 480 cases recurrences of papillomata were observed, but probably the cases where recurrence takes place are much more frequent, a good many patients being lost sight of after operation.

Two questions were proposed for answer by collective investigation ; (1) Is transformation of benign neoplasms into malignant a frequent occurrence? (2) Can this transformation be caused by any method of operation? To the first question the result of the collective investigation gives an emphatic negative. If all the supposed transformed cases are accepted without criticism, there would be out of 10,747 cases only 45 transformations reported, 12 cases without, and 33 cases following upon intra-laryngeal operations. This is a proportion of 1:238 to which the expression "often" therefore cannot be applied. But if only the absolutely proved cases are regarded, there is then of the operated cases left the proportion of 1:685, so that such transformation must be looked upon as an eminently rare event.

(2) Can the transformation be regarded as a consequence of intra-laryngeal operations? Here also the answer must be given in the negative. If all, even the doubtful, cases are regarded, we have the result that of the non-operated cases of benign neoplasms, 2531, there were 12 degenerations, that is, a proportion of 1:211. Of the operated cases, 8216, degeneration occurred in 33 cases, that is, a proportion of 1:249. These numbers prove that degeneration is more common in the non-operated cases, and that, therefore, any relation between transformation and intra-laryngeal operation does not exist. Without any danger, we therefore may continue to remove benign neoplasms by intra-laryngeal manipulations.

The greatest part of the paper contains a very extensive report, and an exact criticism of the individual cases of transformation, and it must be said that this is done with great skill. The cause of transformation in the cases related could not be ascertained by the collective investigation.

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Concerning the importance of microscopical examination of excised portions, it is doubtful if it is permissible to perform any operation if there is a suspicion of carcinoma, since some authors have observed that carcinomata became ulcerated or metastatic as soon as pieces of the growth were extirpated. Only if the patient is willing is it permissible to remove pieces for examination. Concerning the question of the method of operation for laryngeal cancer, intra-laryngeal extirpation, laryngofissure, followed by extirpation of the neoplasm, and half or total extirpation, can be considered. As B. Fraenkel has showed by his results, it is sometimes possible to cure cancers by intra-laryngeal operation, and it must be said that this method is free from danger, and even if without effect may later be followed by greater operations. It therefore should be tried if there is any probability of removing the whole neoplasm. But it must be admitted, as is proved by cases of laryngofissure and total extirpation, that the neoplasm is often much more extensive than the laryngoscopical examination would lead one to believe.

*Michael.*

**Porter, William.**—*Hæmorrhage from the Larynx.* "New York Med. Jour.," Sept. 21, 1889.

THE author of this paper does not believe that bleeding of laryngeal origin is so rare. As we are accustomed to consider it, and when it does occur, it does not necessarily follow that it depends on a grave and progressive pathological condition, and out of twenty-two reported cases he tells us that phthisis followed in only three instances. He quotes an interesting case, published by Hartman, in which it came on after singing, from rupture of a large capillary vessel upon the surface and about the middle of the left ventricular band; and another by Fraenkel, where it occurred in a pregnant woman, and the blood proceeded from the cords and posterior wall.

After reporting particulars of four cases in his own practice, he then summarizes:—

1. Laryngeal bleeding may occur from simple local conditions.
2. Unless associated with other and more positive symptoms, it is not indicative of pulmonary lesion.
3. It is possible that pulmonary disease may be excited through the passing of blood from the larynx into the lump.
4. Care ought to be taken to distinguish between pulmonary and laryngeal hæmorrhages.

*B. J. Baron.*

**Massei.**—*A Case of Lupus of the Larynx.* "Riforma Medica," No. 28, 1890.

THE author related the case of a girl of nine years of age in whom tracheotomy was required on account of symptoms of severe stenosis of the larynx. With the laryngoscope there was observed to be ulceration of the epiglottis, the free edge of which had a serrated appearance, and infiltration of the superior thyro-arytenoid ligaments and small prominences upon the inter-arytenoid space. It would have been difficult to diagnose this condition from syphilis or tuberculosis, if there had not existed other symptoms of lupus of the skin (lips, anus, and legs). While Massei

insists that, as Prof. Breda, of Padua, has already pointed out, that a primary form of lupus may possibly exist in the larynx, he also accords a certain value to the serrated appearance of the epiglottic edge, which structure is constantly impaired in lupus. The author also agrees with Breda in thinking that primary cases are not very rare, and that lupus is a disease which may be mistaken easily. In some cases, as in this one recorded, tracheotomy may become necessary. *Massei.*

**Ficano.** — *An Irregular Case of Laryngeal Syphilis.* "Rev. Mens. de Laryngol.," Feb. 15, 1890.

A MAN, twenty-six years of age, suddenly experienced feebleness of the voice, and presented laryngoscopically a swollen and hyperæmic mucous membrane; the ventricular bands covered the vocal cords, but on phonation the edges of the cords appeared to present a normal aspect. From the numerous small ulcerations, situated particularly on the arytenoids, and the velvety condition of the inter-arytenoid region, the diagnosis was very difficult, but was arrived at by the cure under mercurial and iodide treatment. *Joal.*

**Rice, C.**—*Some Unusual Manifestations of Tuberculosis of the Larynx.* "New York Med. Jour.," Sept. 7, 1889.

WE have already referred to a paper by Dr. C. C. RICE on this subject, which was read, before discussed, by the American Laryngological Association.

Dr. W. H. DAILY has cured tuberculosis of the larynx, with alkaline sprays and inhalations and the use of pine iodiform. He believes in the existence of local laryngeal tuberculous ulceration with the characteristic bacillus present, and this disease he has succeeded in curing.

Dr. J. C. MULHALL said, that the bacillus is sometimes found in the mouth and throat of healthy people. He does not doubt that there is such a thing as catarrhal ulceration of the larynx, and considers it very difficult to prove that tubercle of the throat is ever local and primary. He has seen tubercular ulcers heal under the lactic acid treatment, but it was not therefore cured, and appeared on the other side.

The catarrhal ulcer has clean cut and not the creeping edges of the tubercular one, it is single and unaccompanied by other familiar signs of laryngeal tuberculosis.

Dr. F. J. KNIGHT has no doubt but that tubercular ulceration of the larynx will heal under mild treatment, such as alkaline sprays and iodiform, but if the pulmonary mischief is going on actively, and the patient is in poor health, not much good will arise from the cure.

Whilst believing that local laryngeal tuberculosis does occur, usually, such cases in time prove to have been marked cases of pulmonary lesion. The earliest signs of tuberculosis of the lung, are localized râles, and, in order to obtain these, the patient should cough from a rest and not breathe immediately before or immediately after he coughs.

Dr. CASSELBERRY supported Dr. Mulhall as to catarrhal ulceration.

Dr. J. N. MACKENZIE has known cases of primary local laryngeal tuberculosis, the diagnosis being confirmed by post-mortem examination.

He has healed one case of a tubercular and carcinomatous patient who had a small nodule in the trachea, composed of groups of tubercles. He has never seen catarrhal ulceration of the larynx. He has not been successful in curing tubercular ulcers by harsh measures and condemns them.

He describes an aphthous erosion which is probably produced by the corrosive action of the sputa in the later stages of this disease, which is easily curable, and he thinks that many of the so-called tubercular ulcers are really of this character.

Dr. WM. C. GLASGOW has no doubt but that real tubercular ulceration never heals. Iodoform and morphia insufflations are very useful in the treatment of loss of substance of the throat occurring in pulmonary tuberculosis. He thinks highly of the use of a spray of peroxide of hydrogen. The presence of the tubercle bacillus is valuable, its absence proves nothing.

Dr. RICE, in replying, said that catarrhal ulcers only come where there is much friction, *e.g.*, the tip of the epiglottis and the vocal bands. He treats laryngeal tuberculosis with iodoform, cleanliness and cocaine to relieve pain.

*B. J. Barou.*

**Beverley, Michael** (Norfolk).—*A Case of Thyrotomy for Foreign Body in Larynx.* "Brit. Med. Jour.," July 6, 1889. Norfolk Med.-Chir. Soc.

A RAILWAY porter, aged forty-two, placed a threepenny piece in his mouth, and, in jumping off the platform, drew it into his larynx. On laryngoscopic inspection the coin was seen lying across the vocal cords, impacted above their anterior extremity. Inversion and succussion, and the use of the forceps having failed to dislodge the coin, thyrotomy was performed. The alæ of the thyroid cartilage were held back by retractors, but the coin could neither be seen nor felt. It had evidently slipped into the gullet and been swallowed, for it was passed *per anum* on the ninth day after the operation.

As a contrast to this the author appends the notes of another case of a similar nature. A relieving officer placed a sixpence in his mouth, and, owing to the movements of a restive horse, "swallowed it." Ten months subsequently he coughed it up, having in the meantime experienced no inconvenience from its presence in the air-passages. The author discusses the question as to whether, in the absence of inconvenience or symptoms of obstruction, an operation should be performed for the removal of a foreign body from the air-passages, or whether it should be left to chance expulsion, and he declares for operation for the reason mentioned by Erichsen: "So long as the foreign body is allowed to remain, the patient "is in imminent danger, either from immediate and sudden suffocation, "or from inflammation at a more remote period."

The author considers thyrotomy an operation free from great risk or danger.

*Hunter Mackenzie.*

**Taylor, S. Johnson** (Norwich).—*Thyrotomy for Foreign Body in Larynx.* "Brit. Med. Jour.," July 13, 1889.

THE author publishes the result of a laryngoscopic inspection of Dr.

Beverley's case (*vide supra*) as follows : "Slight obliquity of the glottis  
" to the left, vocal cords on the same level, both cords abduct well, the left  
" rather better than the right ; there is decided defect of abduction, all  
" the abductor muscles being affected ; vocal cords somewhat thickened  
" and irregular, more especially the right at the junction of the posterior  
" and middle thirds ; some thickening below the vocal cords anteriorly,  
" especially towards the anterior commissure. The patient's voice is  
" hoarse, but not very so, and he says there is a great tendency for colds  
" to fly there."  
*Hunter Mackenzie.*

**Mackenzie, G. Hunter** (Edinburgh). — *Thyrotomy*. "Brit. Med. Jour.,"  
July 20, 1889.

IN reference to the remarks by Dr. Beverley (*vide supra*), the author  
gives his experience of this operation, and of the points requiring  
attention in its performance.  
*Hunter Mackenzie.*

**Mantorani.**—*On Tracheotomy*. "Bolletino delle Mal. dell' Orecchio," etc.,  
No. 1, 1889.

NOTES of a case in which tracheotomy was performed in a hurry, without  
light or proper instruments, upon a girl, two and a half years of age,  
suffering from croup. A metallic urethral syringe was introduced instead  
of the proper cannula. Death followed. The author suggests a special  
modification of the common urethral syringe contained usually in surgical  
cases in order that it may be employed in emergency cases as a tracheal  
cannula.  
*Massei.*

**Dor and Lerrat.**—*Tracheotomy in the Course of Small-Pox*. "Annales des  
Mal. du Larynx," etc., Dec., 1889.

THE case of a patient who during the course of an attack of small-pox  
showed pulmonary symptoms, probably due to broncho-pneumonia.  
Tracheotomy was performed with success. The authors relate this case,  
because published records of tracheotomy in small-pox are excessively  
rare.  
*Joal.*

**Nicaise.**—*Tracheotomy complicated by Calcification of the Trachea*. "Annales  
des Mal. du Larynx," etc., Nov., 1889.

THE tracheal rings with age present nutritive troubles, and particularly  
calcareous degeneration, which it is necessary not to confound with  
ossification. This calcification may be hastened by the presence of  
laryngeal cancer, or chronic, and especially inflammatory, affections  
of the vocal organ and trachea. When the latter is calcified, and  
tracheotomy has to be performed, and the bistoury scrapes over the  
rings of the trachea, it is necessary then to make a puncture between  
two tracheal rings, when the trachea is opened with a pair of scissors.  
The author relates two cases in which he has operated with the  
precautions indicated.  
*Joal.*

**Schwartz.**—*Inter-Crico-Thyroidean Laryngotomy*. "Rev. Gén. Thérap. et  
Clinique," Mar. 12, 1890.



REFERRING to a patient upon whom the author had performed this operation, the author states the reasons which led him to prefer the method, namely, its ease of performance, its efficacy, and its slight gravity. *Joal.*

**Massei.**—*My First Intubation in Croup.* “Archivio Italiani di Pediatria,” Jan. 2, 1890.

AFTER describing the first case, the author relates three others, making four in all, of which three were successful. In two cases the author found that pus and false membrane issued from the tube; after which breathing was quite free. Two considerations may have a certain interest—(1) that it was probably good to keep the fine thread attached, which would render assistance more easy; (2) that, having pushed the tube well down, liquids and solids could be swallowed. The author was not previously well disposed towards intubation, but, after such successes, believes the method worth extensive trial; but intubation does not exclude tracheotomy, and both may be indicated in the treatment of such a severe disorder as croup. *Massei.*

**Brothers, A.**—*An Unusual Case of Laryngeal Intubation.* “The Med. Rec.,” July 27, 1889.

THIS case is that of an infant, seventeen months old, who was intubated for diphtheria, and wore the tube continuously for twenty-one days, and with interruptions for nearly fifty-eight days, the author claiming that it is the longest case on record. Also a laryngeal œdema, he believes, was cured by the constant pressure of the tube. *B. J. Baron.*

**Ficano.**—*Leech in the Sub-Glottic Region: Extraction per Vias Naturales.* “Rev. Mens. de Laryngol.” Feb. 1, 1890.

A PATIENT, thirty years of age, swallowed a leech while drinking from a spring. A painful sensation in the throat followed, with slight dyspnoea and hæmoptysis. Fourteen days afterwards a black body was seen by the laryngoscope in the sub-glottic region. The mucous membrane was injected and covered with black spots of blood. The leech was extracted alive without any difficulty by forceps. *Joal.*

**Batori.**—*Foreign Body in the Bronchus.* “Königliche Gesellschaft der Aerzte in Buda-Pesth,” Feb. 15, 1870.

THE author related the case of a girl, six years of age, who six months previously had inspired a melon seed. Tracheotomy was not permitted by the parents. The girl had spasmodic cough and pleuro-pneumonia. During the course of the disease the foreign body was expelled, and a cure resulted. *Michael.*

**Meltzer, S. J.**—*Intubation in Cases of Foreign Bodies in the Air Passages; with Remarks concerning Feeding after Intubation.* “The Med. Rec.,” Sept 21, 1889.

THIS paper deals with a case of a boy, aged three years, who got a piece of nutshell into his larynx which choked him, and for which

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.*

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## THYROID GLAND AND NECK.

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**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.*