

Day, F. L.—*Twenty-six Cases of Intubation of the Larynx.* “Boston Med. and Surg. Journ.,” April 12, 1894.

EIGHTEEN of the patients died, and eight recovered. *R. Lake.*

Schlesinger.—*On Laryngeal Symptoms in Tabes Dorsalis.* Vienna Med. Club, May 2, 1894.

IN tabes three forms of laryngeal complications are observed: (1) Paralyses, (2) laryngeal crises, (3) ataxic motions of the vocal cords. Sometimes also ictus laryngis (vertigo laryngis) is noticed. Sometimes the laryngeal symptoms occur in the beginning of the disease; more often they arise later. The most common is the bilateral paralysis of the postici. The author examined such a case *post-mortem*, and found the medulla oblongata, the nuclei of vagus, and accessorius normal, but there was in both recurrents a marked degree of degenerative neuritis, and progressive degenerative atrophy of the crico-arytenoidei postici. The laryngei superiores nervi were intact. For the laryngeal crises a certain anatomical cause could not be found. *Michael.*

THYROID GLAND.

Hurthle (Breslau).—*On the Methods of Secretion by the Thyroid Gland.* “Deutsche Med. Woch.,” 1894, No. 12.

OF all the hypotheses concerning the secretion of the thyroid gland, that one is most universally preferred that holds the gland to have a specifically important rôle in the chemistry of the body, either by destroying excreted products, or by production of a specific secretion necessary for life. The hypothesis is proved by the symptoms arising after removing the gland, and by the possibility of curing these symptoms by the administration of thyroid gland. The specific secretion cannot yet be produced chemically. The morphology of the gland also seems to prove this hypothesis. The author's experiments show that there are two forms of secretion: firstly, secretion of the follicular epithelium, *i.e.*, colloid formation; and, secondly, that formed by destruction of the cells. The secretion has no proved connection with the nervous system; for faradic irritation of the nervi laryngei and the sympathetici, the nutritive nerves of the gland, the secretion is not influenced. If in animals a large portion of the thyroid gland is removed the remainder of the gland shows signs of increased activity, the colloid in the epithelium being increased. Colloid production is also increased by ligature of the ductus choledochus. The contents of the follicles is absorbed in two ways, either by rupture of the follicles, or through the intercellular spaces. *Michael.*

Rehn (Frankfurt-a-M.).—*On Morbus Basedowii (Graves' Disease).* “Deutsche Med. Woch.,” 1894, No. 12.

THE author believes that the symptoms of Basedow's disease are caused by auto-intoxæmia from excessive absorption of the secretion of the thyroid gland. In no case of the disease has total absence of the goitre been observed. Not only patients with tracheal stenosis, but all who have a

progressing form of the disease, should be operated on. As long as there is no danger the goitre may be treated by ice compresses or by the constant stream, but usually both these methods have no effect. The results obtained in myxœdema by feeding with thyroid extract show the great power of this substance, and if too much of the gland is used the same symptoms are produced as by Basedow's disease. In very advanced cases operation will have no effect, and, moreover, is dangerous, especially from paralysis of the heart. Therefore the cases should be operated on early. The author concludes with the history of a case showing a high degree of cachexia much improved by extirpation of a large part of the gland. The permanence of the result could be demonstrated eight years after operation. *Michael.*

Crook, J. K.—*A Clinical Lecture on Exophthalmic Goitre.* "New York Med. Journ.," April 7, 1894.

THE author upholds the theory that the affection is a neurosis—that there is no satisfactory explanation for the rapidity of the heart's action. He also draws special attention to the symptoms of anæmia and hemidrosis in the case shown to the class. *R. Lake.*

Booth, J. A.—*Exophthalmic Goitre; Thyroidectomy.* "New York Med. Journ.," March 24, 1894.

A WELL-MARKED case in which the right lobe was excised. The pulse rate fell from 150 to between 96 and 110 four months after the operation, and many nervous symptoms disappeared, as did palpitation; the exophthalmos was also improved. The remainder of the gland had diminished in size. The symptoms of exophthalmos had only existed six months, and that of goitre two years. *R. Lake.*

Newton, R. S.—*Exophthalmic Goitre; Thyroidectomy.* "New York Med. Journ.," March 24, 1894.

THE whole gland was excised, only a supernumerary gland being left. The pulse rate fell from 180 to 100, and the exophthalmos had disappeared in five months. The patient was only twelve years of age. *R. Lake.*

Shepherd, Francis J.—*Enucleation of Tumours of the Thyroid Gland.* "Montreal Med. Journ.," February, 1894.

IN one case, operated on in July, 1893, the capsule was cut through after ligating the thyroid arteries. The tumour was readily shelled out, and the hæmorrhage was trifling. In a second case, operated on in September, 1893, the growth was larger, and extended below the clavicle. Attached to it were a number of small vessels spreading out like the branches of a tree, but none of them required tying. He considered enucleation as the operation of the future. The growths in both cases were cystic. *George W. Major.*

Schnitzler, Albert.—*Demonstration of Specimen from a Woman who died a short time after Operation for Goitre.* Gesellschaft der Aerzte in Wien, Meeting, May 11, 1894.

THE patient, aged thirty-one, suffered with goitre and all the symptoms of Basedow's (Graves' disease). She was operated on by Prof. Schnitzler,

and died half an hour after the operation. There was a persistent thymus, hypertrophy of all the lymphoid glands and lymphoid follicles of the tonsils, tongue, and intestines. A large thymus is often found in cases of morbus Basedowii, and may have been the cause of death, and is often combined with a hydropic state of the blood. *Michael.*

Chappell, W. F.—*A Case of Tuberculosis of the Thyroid Gland.* "Manhattan Eye and Ear Hospital Reports," Jan., 1894.

THE thyroid had been affected two years, having been swollen, hard and tender for three months, since which time there has been a discharging sinus over the isthmus. The patient now also suffers with laryngeal and apical tuberculosis. *R. Lake.*

Faber, Knud (Copenhagen).—*Papilliferous Cysts of the Thyroid Gland.* "Hospitals-Tidende," 1893, No. 42.

A MAN, aged fifty, had during six years a stationary swelling of the thyroid gland, the tumour, however, now and then increasing somewhat, and then again returning to its usual size. Suddenly the tumour caused metastasis in the lungs, the heart, the peritoneum, the liver and the intestines, causing death, and the examination of the goitre showed that it was of cystic structure, the cysts containing numerous papilliferous masses without any trace of carcinomatous growths. *Holger Mygind.*

Leichtenstein (Köln).—*The History of the Question of Myxædema.* "Deutsche Med. Woch.," 1894, No. 11.

THE author remarks that he forgot to mention in his paper that Semon proved in 1883 the relation between cretinism, cachexia strumipriva, and myxædema and the loss of the thyroid gland. *Michael.*

E A R S.

Shaffaer, C.—*Ruptures of the Membrana Tympani.* "New York Med. Journ.," May 12, 1894.

NOTHING new.

R. Lake.

Caldwell, George W.—*Transillumination of the Mastoid Cells as a Means of Diagnosis of Mastoiditis Interna Suppurativa.* "Canada Lancet," July, 1893.

THE apparatus required is a battery capable of developing ten volts, but not to burn out a lamp of two or three candle power. The lamp is covered by thin rubber tubing, fenestrated at one side, and made to fit snugly at the meatus by a washer of larger tubing. In a dark room the lamp is placed in the external auditory canal, with the fenestra directed backwards. When the current is turned on, a healthy mastoid is illuminated with a ruddy glow, extending from the apex to the lateral sinus, and upward to the limit of the cells. Where the canal is small, obstructed or painful, the transillumination may be carried out in a different manner. Place a speculum in the canal, as for an examination of the membrana