

by formation of valvulæ in the mucous membranes (Koch), by weakening of the cartilages (Michael), and by formation of cicatrices (Weber, etc.).

Neoplasms of the trachea are rather rarely observed. A curious case is recorded by Lange. An intussusception of the trachea was produced through traumatism. The patient could only respire when the head was retroflexed. The condition was so painful that the patient ended it by suicide. The diagnosis of the disease was made by the *post-mortem* examination. The usual cause of chronic stenosis is syphilitic cicatrization. Also in typhus and tuberculosis cicatrices are sometimes observed.

Concerning diagnosis, the most important symptom is the characteristic noise. To a certain degree the stenosis is compensated for by slow and deep respiration, so that in some cases the patients do not know that they are dyspnoic. The author then treats extensively of the influence of stenoses on the heart, and relates the opinions of other authors on the subject. In nearly all cases is the pulse diminished and stronger. Mechanically, and from the effect of the bad oxidation of the blood, the pressure in the venous system is increased. At this time the heart is so damaged that, even if the stenosis is removed by tracheotomy, an improvement of the patient is not often possible. The special diagnosis is to be made by the laryngoscope. The stenosed place can often be viewed directly. Sometimes by the paralysis of the left vocal band, or of both, an aneurism or a tumour compressing the recurrent nerve can be diagnosed. The prognosis varies according to the originating cause and its curability. Deep-seated stenoses cannot often be cured. High situated stenoses can be cured by tracheotomy. To cure the causative condition we use, in cases of cicatrices, dilatation; in cases of neoplasms, extirpation; in compressing stenoses, operations upon struma or neoplasms; in aneurisms, the more or less effectual methods which have been recommended.

Michael.

THYROID, NECK, &c.

Young, A. H. (Manchester).—*Adenoma in a Thyroid Gland in a Leopard.* "Brit. Med. Jour.," Nov. 23, 1889. Pathological Soc. of Manchester, Nov. 13, 1889.

EXHIBITION of sections of the thyroid gland from a young adult leopard, which contained numerous small nodules of tumour growth. With the exception of these nodules, the gland was normal.—*Hunter Mackenzie.*

Chavasse (Birmingham).—*Tumour of the Thyroid Gland.* "Brit. Med. Jour.," Nov. 23, 1889.

EXHIBITION of specimen, weighing nine ounces. It was removed from a woman, aged forty, in whom it had existed since very early life, a marked increase following each pregnancy. *Hunter Mackenzie.*

Davis.—*Three Cases of Bronchocoele.* Hunt. Soc. "Lancet," May 10, 1880.

THE cases of two sisters and a niece, all born at one village in Devonshire ; also a fourth patient, unrelated, but who lived in the same village, and had lived for three months in the same house. The tumour in the first case contained some fibrous growth ; the others seemed purely glandular.

Mr. HOVELL said that the internal administration of iodine, beginning with five minims of the tincture, with hydrochloric acid and glycerine, thrice daily, answered well in simple glandular cases. When the gland was fibrous, injection of tincture of iodine was the best treatment, and in a large experience he had met with no serious results, excluding, of course, cases of cystic goitre.

Dr. HINGSTON FOX remarked on the connection between disorders of the thyroid gland and menstruation, referring to a case of inflammatory enlargement shown before this Society, and to cases of women whose thyroids enlarge at the catamenial epochs. *R. Norris Wolfenden.*

Folker.—*Enlarged Thyroid.* "Brit. Med. Jour.," Dec. 21, 1889. Staffordshire Branch, B.M.A., Nov. 28, 1889.

EXHIBITION of a girl, aged eighteen, suffering from an enlarged thyroid of five or six years' standing, and which was lately causing great dyspnoea. The isthmus after having been tied in two places was divided, with immediate relief to the breathing. *Hunter Mackenzie.*

Symonds, Charters (London).—*Thyroid Cysts.* "Brit. Med. Jour.," Dec. 21, 1889. Clin. Soc. of London, Dec. 13, 1889.

EXHIBITION of two patients from whom thyroid cysts had been removed. One had a sympathetic paralysis of the eye. *Hunter Mackenzie.*

Wolfier (Graz).—*Surgical Anatomy and Pathology of Goitres and Accessory Goitres.* "Langenbeck's Archiv.," Bund 50, Heft 1.

GOITRES, clinically, must be subdivided into benign and malignant. The benign tumours are (1) foetal adenomas ; (2) gelatinous adenomas ; (3) hypertrophy of the strumous gland ; (4) vascular struma. The latter form has only a clinical, and not a pathological, anatomical signification. Hypertrophy may be partial or complete. The goitre may exist on both sides, and enclose the air-tube and the œsophagus in a tubular form. If the goitre is only situated on the sides of the neck it has much less surgical importance than if its situation is abnormal, such as between the trachea and œsophagus, or, more usually, as retro-stenal, retro-clavicular, and endo-thoracic goitre. He describes the casuistics of the clinic of Billroth, and cases in literature, and describes the different events produced by goitres, such as compression of the trachea, of the lungs, of the veins, and of the nerves, and closes with a description of the operation. *Michael.*

Fiske, Bryson.—*Preliminary Note on the Study of Exophthalmic Goitre.* "New York Med. Jour.," Dec. 14, 1889.

THE following are said to be pathognomonic accompanying symptoms:—

1. Diminished chest expansion, cough, shortness of breath, with

pharyngitis and rhinitis, peculiar catching of the breath at regular intervals when reading aloud.

2. Excessive thirst, sudden hunger, nausea, vomiting, diarrhoea coming on at irregular intervals.

3. Sweating, urticaria, eczema, petechiæ, local, or general pigmentation of the skin, *e.g.*, bronzing, alopecia, more or less general.

4. Leucorrhœa, menorrhagia.

5. Tremor of muscles, paresis, sudden loss of power in the limbs.

6. At first, depression of spirits, irritability, and apprehension; later, "desperate cheerfulness," mendacity, bad dreams, disturbed sleep, with sudden outcries.

A very good table of diagnostic points between exophthalmic goitre, and tuberculosis, and malaria:—

Treatment.—Elevated residence and avoidance of damp, and not near the sea. Regular exercise and bathing, with friction of the skin. Alcoholic and malt liquors to be avoided, together with sweets and fried food.

Drugs.—Iodides, nux vomica, carbozotate of ammonia, and strophanthus are all good in different cases. Iodides are contra-indicated when there is much respiratory difficulty. Arsenious acid night and morning, and bromides between meals. Quinine for indefinite periods has been advocated.

B. J. Baron.

Buckley (Manchester).—*Thyroidectomy.* "Brit. Med. Jour.," Nov. 30, 1889. Clin. Soc. of Manchester, Nov. 19, 1889.

EXHIBITION of a case of thyroidectomy for cystic bronchocele.

Hunter Mackenzie.

Harris, Thomas (Manchester).—*Acute Non-Tubercular Phthisis.* "Brit. Med. Jour.," Dec. 21, 1889. Manchester Med. Soc., Dec. 4, 1889.

THE case was unusual, in that the subject was a girl, aged eighteen, who had been subjected to the removal of the right lobe of an enlarged thyroid. The disease was non-tubercular broncho-pneumonia. *Hunter Mackenzie.*

Lloyd (Lambeth).—*Myxœdema.* "Brit. Med. Jour.," Dec. 14, 1889. Met. Counties Branch, S. London Dist. B.M.A., Dec. 4, 1889.

EXHIBITION of case, previously shown at the Clinical Society in 1881. No marked physical change has occurred, but now delusions of poisoning and occasional albuminuria are present. *Hunter Mackenzie.*

Manning, F. N.—*A Case of Sporadic Cretinism, with Remarks.* Trans. Inter-Col. Med. Congress of Australasia, 1889.

THE case is that of a girl, eighteen years of age, but the disease probably commenced before she was three years old. The case is very fully described, and the paper is illustrated with good photographs.

R. Norris Wolfenden.

Stirling.—*A Contribution to the Study of Sporadic Cretinism—Six Cases occurring in South Australia.* Trans. Inter-Col. Med. Congress of Australasia, 1889.

FIVE cases were children of the same family, born of parents apparently healthy. The symptoms commenced in all at about three years of age. The two families in which these cases occurred were large ones, being

eleven and ten respectively. There does not appear to have been any connection with syphilis. In all of the author's cases there was marked tumefaction, with tendency to hairiness over the region of the lower cervical and upper dorsal vertebræ. Probably these swellings were fatty like the supra-clavicular swellings. Excellent photographs illustrate the paper.

R. Norris Wolfenden.

Johnson.—*Two Cases of Persistent Thyroid Duct.* Path. Soc., "Lancet," May 10, 1890.

THE first case was that of a girl, aged fifteen years, who at the age of ten first noticed a small swelling in the front of the neck, which was opened and pus evacuated. It continued to discharge. When admitted, under the care of Mr. Beck, at University College Hospital, a rounded cord passed downwards from the hyoid bone to a sinus an inch and three-quarters above the sternum. The fibrous cord was dissected out; it lay beneath the deep fascia between the sterno-hyoid muscles, and at its upper end was firmly attached to the deep surface of the hyoid bone. Two months and a half later a small opening continued to discharge an occasional drop of mucus, and a fine probe could be passed upwards more than half an inch towards the base of the tongue. The fibrous cord contained a fine lumen in its whole length, and was lined with a thick layer of stratified epithelium having a distinct papillary arrangement. The second case was that of a female child, aged six years, in the middle line of whose neck a small swelling appeared at the age of four years. It soon burst, and continued to discharge pus. When admitted under Mr. Barker's care, a small depressed sinus was situated over the thyroid cartilage, and from it a fine rounded cord passed up to the hyoid bone. The treatment was the same as in the above case, and the wound healed rapidly. There was a fine lumen, but no epithelial lining could be demonstrated. In each case it was believed that the lower part of the thyro-hyoid duct had remained partially unobliterated, and an external opening had formed as the result of suppuration around the lower end of the tube. In the first case the lingual portion of the duct—viz., that above the hyoid bone—had only partially closed. Reference was made to Mr. Bland Sutton's classification of these cases, and also to a case described by Cusset in a monograph on Branchial Fistulæ, published in 1877. In a girl, aged five and a half, a fine canal lined with ciliated epithelium led from the hyoid bone upwards towards the base of the tongue, and opened externally below the hyoid as the result of suppuration.—Mr. BRUCE CLARKE said that in one case under his care he had been obliged to operate four or five times; the lining membrane was removed, and epithelium was discovered in the *débris*. Cases like these were spoken of by the French writers as enlargements of the bursa of Beclard, and perhaps some of them were of bursal nature.

R. Norris Wolfenden.

Roberts.—*A Case of Suppuration in Secondary Carcinoma of the Cervical Glands.* Philadelphia Academy of Surgery, April 7, 1890.

SOME time ago a man was brought to the author with a small ulcerated nodule on the left side of the upper lip and with a mass of enlarged glands on the left side of the neck below the angle of the jaw. The history,

which was rather indefinite, was that about a year or two previous the man had received an injury near the mouth and that this had not healed, or if it had, there remained thickening and hardening. Nothing was done for this, and, later, enlargement of the glands of the neck appeared. Two surgeons advised removal of the glands, one regarding them as tubercular. The patient was admitted to St. Agnes's Hospital and carefully watched, anti-syphilitic treatment being tried during this time. In a short time, however, he left the hospital. A few weeks later it was evident that there would be suppuration in the tumour in the neck, the nodule on the lip remaining unchanged. Dr. Mears then incised the cervical swelling and scraped away a quantity of softened tissue and treated the man on general principles. Subsequently the glands increased in size, and it was decided to excise the tumour of the lip as a diagnostic measure. The subsequent history of the case is that the glands above the clavicle began to enlarge and the side of the neck presented the appearance commonly seen in secondary glandular involvement of carcinoma of the lip. The patient has since died with swelling and tumefaction of the front and side of the neck.

Dr. ROBERTS thought that the clinical history clearly proved that this was a case of epithelioma of the lip, and that the suppuration occurred in the glands secondarily involved. Such a complication is rather unusual, and may, perhaps, have been due to the fact that these glands had been the seat of tubercular disease in early life; the irritation of the epithelioma lighting up the old trouble and leading to suppuration.

Dr. O. H. ALLIS, said that he had seen one case in which suppuration occurred in carcinoma of the cervical glands, but in that case the disease was primary.

Dr. DE FOREST WILLARD said that some six years ago a careful surgeon had removed an epithelioma of the lip. A year later the glands in the submaxillary region suppurated, and discharged a considerable quantity of creamy pus. The patient finally died from these secondary growths involving the submaxillary and cervical glands. He saw no reason why the irritation of an invading growth, like that of secondary deposit, should not set up an inflammation in the glands which would result in true suppuration. Such pus formation is not the same as cancerous suppuration; it is a simple inflammation set up by the irritation, and may, perhaps, involve parts of the gland which are not even the seat of cancerous deposit.

R. Norris Wolfenden.

SOCIETY MEETING.

New York Academy of Medicine : Section of Laryngology.

MEETING, OCTOBER 2, 1889.

Dr. CLARENCE C. RICE developed his presidential address on "A year's work on the Section."

Dr. BILLINGS showed a patient, forty-five years old, who had a large growth in the larynx, the structure of which was not known. He had