

at the *post-mortem* examination. The case presented many very interesting as well as instructive features.

George W. Major.

Gorodetzky, G. (Bendery, Bessarabia).—*Penetrating Wound of the Trachea; Rapid Recovery.*—“*Vestnik Obshtchestvennoi Higieny, Südebnoi i Prakticheskoi Meditziny*, June, 1890, p. 97.

THE author records the following very interesting case. An athletically made artizan, aged twenty-five, while fighting in a drunken condition, received a stab with a jack-knife. When seen, within a few moments after the accident, the man was profusely expectorating blood, and had a violent hæmorrhage from a clean-cut wound measuring four centimètres in length, and situated horizontally on the anterior surface of the neck, at the level of the jugular fossæ. The wound proved to have slanting edges (from below upwards), and to penetrate the anterior wall of the trachea, somewhat to the right from the median line, the tracheal incision being similarly transverse and measuring one centimètre in length. It was found, further, that when the patient was holding his head in the “ordinary way,” the cutaneous wound was firmly closed, and the man was able to speak in a loud voice. In view of this fact, as well as in view of the quite recent character of the case, and the patient’s quite satisfactory general condition, Dr. Gorodetzky (having controlled the bleeding, which could be easily done by single pressure) resolved to at once close the cutaneous wound with sutures (four in number), after which an antiseptic dressing was applied. The patient was directed to lie quietly in bed, and to most strictly abstain from speaking, in addition, no food whatever was allowed during the first twenty-four hours; while subsequently only fluid food was given. The after-course proved to be surprisingly good. For four days there were observed a trifling local subcutaneous emphysema, some cough with blood-stained expectoration, slight headache, and pain about the neck and sternum. The temperature, however, never rose above 37·6 degrees, the frequency of the pulse did not surpass 82 per minute, the breathing remained easy and free. On the fifth day the wound healed *per primam*, and the sutures could be removed; on the sixth the man was practically well; and on the seventh he was discharged in the best possible condition.

The writer feels sure that so brilliant an issue of such a serious case must be attributed to very early medical aid.

Valerius Idelson.

THYROID, NECK, &c.

Cramer (Buttstädt).—*Massage in the Treatment of Acute Catarrh of the Organs of the Neck.* “*Deutsch. Med. Woch.*,” 1890, No. 22.

IN some cases of acute catarrh the author has applied massage, and has observed that cure is accelerated by this method. He believes that by the pressure on the veins the circulation is improved. *Michael.*

Joffery.—*Psychical Troubles and Hallucinations in Basedow’s Disease.* *Société Médicale des Hôpitaux*, Mar. 26, 1890.

THE author communicates an interesting remark, which want of space

unfortunately does not permit us to record, and which affords a new example of psychical troubles attributable at the same time to an affection anterior to Basedow's disease, and to this malady itself. In the case of the patient of M. Joffery, a young woman of twenty-five, the cerebral troubles (hallucination of vision) were of hysterical origin, and dependent upon Basedow's disease for their development and ulterior exaggeration.

Joal.

Tenier.—*Congenital Cyst of the Neck.*

THE author showed a child, eight days old, who was born with a large tumour on the side of the neck. This tumour, hard, tense and transparent, had at the time of birth a volume almost equal to that of the head. Later it had diminished in size and had become soft and compressible. It was formed by a serous cyst, probably multilocular, remarkable at the same time on account of its size and its situation.

Joal.

Owen, Edmund (London).—*Selected Subjects in the Surgery of Infancy and Childhood.* Third Lettsomian Lecture, "Brit. Med. Jour.," Feb. 8, 1890.

THE author dealt with the operative treatment of congenital form of wry-neck, and advised the method of dividing the muscle through an open wound, so as to escape wounding the veins.

Hunter Mackenzie.

Owen, Edmund (London).—*Selected Subjects in the Surgery of Infancy and Childhood.* First Lettsomian Lecture, "Brit. Med. Journ.," Jan. 11, 1890.

THE lecturer commenced with the treatment of enlarged glands of the neck (which he believed to be generally due to the entrance of septic poisons into the system by the pharynx and tonsils), and urged their early removal. He described the *technique* of the operation. Congenital cystic hygromata were best left alone, or at the most tapped. They invariably tended to absorption. Hydrocele of the neck was due to non-closure of one of the branchial clefts, with subsequent distention of the cavity. It differed from an hygroma in having a definite rounded contour, and in consisting of a single cyst, which, on evacuation, left the neck its normal shape. They were easily cured by incision and drainage.

Hunter Mackenzie.

Marano (New South Wales).—*Case of Goitre.* "Brit. Med. Journ.," Jan. 11, 1890. New South Wales Branch, B.M.A., Nov. 1, 1889.

THIS case was treated by electrolysis. The result is not stated.

Hunter Mackenzie.

Mosler.—*Thyroid Tumour.* "Greifswalder Medicinischer Verein." Meeting, June 7, 90.

THE author showed a tumour of the thyroid gland, with secondary exophthalmos, in a patient aged fifty-seven years. The tumour was a scirrhus and will be extirpated.

Michael.

Wölfler (Graz).—*Surgical Anatomy and Pathology of Goitre and Accessory Goitre.* "Langenbech's Archiv.," Bd. 40, Heft 2.

THE development of goitres and enlargement of them is favoured by pregnancy. In eight of thirty-six cases the influence of pregnancy was very remarkable; therefore, the disease more often occurs in women. They increase in a very short time, and also often disappear in the same manner. In such cases, therefore, an expectant treatment is indicated.

By producing impediments of circulation, goitres have often a deleterious influence on the heart. They can produce heart failures and palpitations also in such cases which certainly are not cases of Graves' disease. They often produce ectasis of the venous blood-vessels and symptoms of irritation of the vagus nerve. Large hard goitres can also produce compression of the carotid and of the thyroid artery. By pressure on the laryngeal nerves paralysis of the vocal cords are sometimes produced. In such cases the prognosis of operative interference is more unfavourable. By pressure on the auricular branch of the vagus pains in the ear are sometimes caused. Pressure on the air tube often produces stenosis of the trachea, and atrophy of its cartilages and abnormal weakness of them. Such a weakened trachea can be completely closed by a movement of the head, and so sudden death is occasioned. Also during operation these compressions are very dangerous. The trachea also can be dislocated. Beneath the point of compression dilatation of the air tube is sometimes found. The larynx also can be atrophied or dislocated by torsion. Compression of the œsophagus by retro-pharyngeal goitres may produce difficulties of swallowing, so that the use of the œsophageal tube becomes necessary. Sometimes the muscles, and, in rare cases, the vertebræ, can be atrophied by pressure of the goitre. Sudden death of goitre patients, so called "kropftod," may be caused by compression or torsion of the trachea, affection of the heart, or paralysis of the nerves.

Michael.

Lennox-Browne. — *Congenital Enlargement of the Thyroid—Removal—Recovery.* "Lancet," Aug. 9, 1890.

A GIRL, aged ten, was born "with a lump in her neck the size of a marble, which has been growing ever since." On November 21, 1889, it reached the size of a foetal head at seven months, and was divisible into two parts, the right being less prominent, globular, and with secondary lobules, elastic and non-adherent to the skin. The prominent left portion was roughly quadrilateral, elastic, and more resistant, had secondary nodules, was in front intimately adherent to the skin, which was dusky blue, ulcerated in places, and marked with distended superficial veins. The ulcers exuded thin, serous fluid, and were devoid of granulation. The whole tumour was fairly movable from deep structures, but evidently had its origin from attachment to the thyroid gland. There were no enlarged glands, and the child, though thin and anæmic, was apparently in good health. On puncturing the tumour blood only was drawn off, the punctures for two or three days afterwards exuding thin, serous fluid, microscopic examination of which was negative. While in hospital for a month the tumour appreciably increased in size. The left lobe and isthmus of the thyroid, and a portion of the right lobe, were removed by Mr. Browne. Less than a month after operation the child was up, and the wound healed. Sandbag pillows prevented contraction of the neck from cicatrization. The tumour was eight and a half ounces in weight, hard, and grating on section, thickish white in appearance, and intersected in all directions by dense fibrous tissue, enclosing numerous small cysts, in the walls of which were several cartilaginous flakes. Microscopically it proved to be a fibro-cystic goitre, which originated from the isthmus of the gland. The case had been diagnosed by others as a

cystic sarcoma. This is the eleventh case in which Mr. Browne has more or less entirely removed the thyroid gland, and all have recovered with only one recurrence. In the latter case the operation was confined to removing the isthmus. *R. Norris Wolfenden.*

Horsley, Victor (London).—*Note on a Possible Means of Arresting the Progress of Myxœdema, Cachexia Strumifera and Allied Diseases.* "Brit. Med. Journ.," February 8, 1890.

THE author deals with the transplantation of the gland into the peritoneal cavity, after thyroidectomy, as originally designed and carried out by Professor Schiff. The author has found that the thyroid gland of the sheep very closely resembles that of man, and he accordingly suggests transplantation of the thyroid of this animal in those diseases in man which are associated with wasting of the gland, or with its removal.

Hunter Mackenzie.

Holmsen, Cato (Norway).—*A Case of Myxœdema.* "Norsk Mag. for Laegevidenskaben," March, 1890.

DESCRIPTION of a case of myxœdema in a lady, aged thirty-four when the disease began. Treatment with galvanic electricity of the head, the neck, and the sympathetic nerves improved for some time the subjective symptoms. Whether there was atrophy of the thyroid gland could not be stated owing to the thickness and stiffness of the skin. This is only the third case on record in Norwegian literature. *Holger Mygind.*

Birch.—*Myxœdema and Cretinoid Degeneration.* "Volkmann's Vorträge," No. 357.

REVIEW of the literature of this disease *Michael.*

Waldo (Bristol).—*Case of Acromegaly.* "Brit. Med. Jour.," Feb. 8, 1890. Bristol Medico-Chirurgical Soc., 8 Jan., 1889.

NOTES of the case of a man, aged fifty-four, the subject of this disease. Bulbar paralysis and convulsions were latterly present. At the post-mortem examination "the brain was found to contain cavities in cerebrum and cerebellum." *Hunter Mackenzie.*

Silcock (London).—*Acromegaly.* "Brit. Med. Jour.," Jan. 4, 1890. Western District of the Metrop. Count. Branch, B.M.A., 21 Dec., 1889.

EXHIBITION of three cases, two women and one man. The exhibitor believed that these cases were more common than was commonly supposed, simply because they had not been looked for.

Hunter Mackenzie.

NOTES.

Dr. E. A. SPILSBURY has been appointed Lecturer on Laryngology and Rhinology in the Trinity Medical College of Toronto, and Clinical Instructor in these subjects at the General Hospital.

Dr. C. TROW has been appointed Clinical Lecturer on Diseases of the Eye and Ear in the Trinity Medical College of Toronto.

A department for Throat and Nose Diseases has recently been created at the Cincinnati City Hospital, Drs. SATTLER and PIVERÉ having been elected Laryngologists and Rhinologists.