

Wagner, Clinton.—*Thyrotomy, with Report of a Series of Cases operated on during the past Twenty Years.* "Med. Record," Jan. 4, 1896.

THYROTOMY is always justifiable in cases of malignant growths (in these thyrotomy or exsection of the half or whole larynx is required) and in occlusion of the larynx in very young children.

The difficulty of cutting through a thyroid in which ossification has taken place is overcome by the use of a small file-cut wheel saw, made to revolve by the electro-motor. A sharp-pointed knife or scissors should never be used, because of the danger of perforating the posterior wall of the larynx, and so causing a laryngo-oesophageal fistula.

To maintain the cut edges of the thyroid in close apposition no deep sutures are required, but only a few skin sutures, aided by plaster.

The author reports ten cases—five adults, five children. The adult cases were as follows:—

1. Epithelioma—Tracheotomy and thyrotomy. Removal of growth, October, 1875; recurrence, November, 1876; operation repeated, June, 1877, and at three subsequent dates (at patient's request); death, June, 1879.

2. Epithelioma—Tracheotomy and thyrotomy. Recurrence within four weeks; death in three months.

3. Papilloma—Intralaryngeal operation, soon followed by tracheotomy and thyrotomy (the growth reported to be papilloma on inflamed base). A few months later, recurrence, necessitating use of tracheal canula; later, thyrotomy (growth reported to be epithelioma); recurrence within four months; exsection of right half of larynx; death, fifteen days later.

4. Epithelioma or Papilloma (?)—Tracheotomy (piece of growth removed by endolaryngeal method, reported to be epithelioma). Fifteen months later, thyrotomy and removal of growth (reported to be papilloma); death, about ten weeks later, of some acute pulmonary trouble.

5. Ecchondrosis—Tracheotomy had been performed elsewhere, and canula worn for a year. Thyrotomy performed, but growth too hard to be removed; no change fourteen months later.

Of the cases in children, three were cases of papilloma; result good. Two were the results of diphtheria: one reported well twelve and a half years later; the other, a very complicated case, was operated on last October, and is still wearing the tube; voice is returning, and probably the canula will soon be dispensed with.

A. J. Hutchison.

THYROID, NECK, &c.

Barclay-Ness, Middleton, and Finlayson.—*Three Cases of Sporadic Cretinism, with (in two) Gratifying Results from Thyroid Treatment.* "Glasgow Med. Journ.," Feb., 1896.

A. J. Hutchison.

Hawthorne.—*Malignant Mediastinal Tumour with Secondary Growth in the Liver, having Unusual Features.* "Glasgow Med. Journ.," Feb., 1896.

THE chief interest in this case lay in the abdominal symptoms, but it is interesting to note that a temporary improvement in the voice took place, although the hoarseness was due to paralysis of the left vocal cord, due to pressure of the tumour on the left recurrent nerve.

A. J. Hutchison.

Lichtwitz (Bordeaux).—*Branchial Fistula of the Neck*. "Archiv. d'Electricité Méd.," April 15, 1895.

THIS fistula extended from the left side of the neck, about 2 centimètres from the middle line, between the hyoid and thyroid, upwards $6\frac{1}{2}$ centimètres to within and behind the great cornu of the hyoid on the right side. Fluids injected were tasted by the patient in the pharynx, though never seen by Dr. Lichtwitz. Various forms of treatment had proved unsuccessful. Electrolysis was completely successful.

A. J. Hutchison.

Lindsay, Steven.—*A Case of Mediastinal Tumour, involving Root of Left Lung*. "Glasgow Med. Journ.," Feb., 1896.

THE most prominent symptoms were paroxysmal cough and dyspnoea. Certain diagnosis was impossible till the *post-mortem* examination.

A. J. Hutchison.

Nicoll, Jas. H.—*Etiology and Treatment of Chronic Enlargements of Lymphatic Glands, with special reference to those of the Neck*. "Glasgow Med. Journ.," Jan., 1896.

THIS paper deals with chronic enlargements of the glands of the neck, more particularly with bilateral affections of the glands about the carotid sheath and the prevertebral glands—that is, those to which the lymphatic vessels of the pharynx run. The object of the paper is to emphasize the necessity for a more careful study of the pathology of these so-called strumous glands. In the writer's opinion a very large percentage of these cases are tubercular from the first, the tubercle bacilli gaining entrance through the tonsillar structures of the nose and pharynx. In all cases, therefore, of enlargement of these deep cervical glands, not only should the glands be excised, but also the whole of the tonsillar tissue of the nose and pharynx (so far as possible) should be removed, whether it be apparently diseased or not. Further, in all cases in which there is sensible hypertrophy of the tonsils, or in which there is recurrent naso-pharyngeal catarrh, ablation of the hypertrophied tissues is the only method of preventing the occurrence or recurrence of tubercular disease of the cervical glands.

A. J. Hutchison.

EARS.

Arslan.—*Acute Hæmatoma of the Left External Auditory Canal*. "Arch. Ital. di Otol., Rin., e Lar.," Jan. 1, 1896.

THE author describes a case of hæmatoma of the external auditory canal of sudden onset, and without apparent cause, in a singing master, aged sixty, who had always enjoyed good health, and who was the subject of no pathological condition either personally or by heredity. Sudden onset with severe pain in the ear and considerable loss of hearing power. The patient had no history of the slightest traumatism, the only fact of note being, perhaps, that at the time he had over-exerted his voice. On examination, two days after the commencement of the pain, the canal was found completely obstructed by a tumour of bluish colour, fluctuating and painful on pressure, growing by a broad base from the floor of the canal. Incision gave exit to blackish blood. Microscopic examination of the fluid revealed nothing beyond the normal elements of the blood. The case differs from similar ones published up to date in the rapid development of the tumour,