Kocher.—*Extraction of a Foreign Body from the Lung.* "Wien. Klin. Woch.," Nos. 7, 8, 9, 1890.

A CHILD, four years old, had inspired a little tube of metal. The event was followed by attacks of suffocation, but the patient became better shortly after. A few days later, the patient became feverish, and the position of the foreign body could be diagnosed by auscultation as situated in the right bronchus. Tracheotomy was performed. An endeavour was then made to extract the foreign body (which could be felt by a probe) with forceps and other instruments, but it was found to be impossible to move it. Some days later an endeavour was made to remove it with the spoon of Leroy d'Etiolles. With this instrument the body could be passed, then the movable spoon could be flexed, and extraction could be performed. The patient at first became better, but died some weeks after. The *post-mortem* examination revealed pneumonia and cerebral abscess. It is probable that the lung, and, indirectly, the brain, was infected by the foreign body. *Michael.*

THYROID GLAND.

Wright, G. A. (Manchester).—*Notes on Thyroid Asthma, and its Surgical Treatment.* "Manchester Med. Chronicle," March, 1890.

DURING the last seven years the author has had charge of five cases of what he calls "thyroid asthma," *i.e.*, "cases in which urgent dyspnœa has "been caused by lateral pressure upon the trachea by an enlarged "thyroid gland."

In three cases the glandular enlargement was "simple hypertrophy," in one case the patient was cretinoid, in one the glandular enlargement was coincident with all the symptoms of Graves' disease. In all cases the dyspnœa was due to direct pressure upon the sides of the trachea by the enlarged lateral lobes drawn tightly together by the isthmus, and the trachea was typically "scabbard-shaped."

Four cases were young adults; the fifth was a child of two or three years of age. In two of the cases tracheotomy only was performed, in two the isthmus only was divided, and in one case the trachea was opened and the isthmus divided twenty-four hours later. Four of the patients died, one (the child) from broncho-pneumonia, one from œdema of the lungs, the obstruction being only partially relieved, two from slipping of the tracheotomy tube in consequence of the depth of the trachea from the surface. The patient who recovered was the young man in whom division of the isthmus was performed in the interval between attacks of dyspnœa. Certain points seem to be fairly well established in regard to thyroid asthma, and some of them are illustrated by these cases. 1. The onset of the symptoms is often sudden, urgent, and spasmodic. 2. The symptoms are due to direct lateral pressure

upon the trachea. 3. The mechanical pressure is only remediable by mechanical means. 4. Tracheotomy is attended with considerable difficulty at the time, and much subsequent danger from (*a*) cellulitis, (*b*) slipping of the tubes, (*c*) lung complications. It is moreover not curative. 5. Division of the thyroid isthmus is a comparatively simple operation, is followed in a large proportion of cases by shrinking of the gland, at once partially relieves dyspnœa and avoids the evils which follow complete removal of the gland. It is not usually accompanied by much hæmorrhage. 6. Division of the thyroid isthmus combined with tracheotomy has been found to give a very high rate of mortality. 7. If tracheotomy is performed a specially long tube is required.

Mr. Wright thinks the right course to follow, to relieve symptoms, and diminish mortality, is to divide the isthmus at the first sign of increasing dyspnœa, and although the onset of thyroid asthma is often sudden, there is usually time to operate before the symptoms becomes very urgent, if there is no delay. If the case is allowed to go on too long, there may not be time for the trachea to recover its shape sufficiently to allow respiration to go on. Specially long and large tubes should be employed for these cases, the depth of the trachea from the surface only allowing a very short length of any ordinary tracheotomy tube to lie in the trachea, and as swelling takes place after the operation, this short length is still further lessened. The occurrence of fatal pressure upon the trachea in Graves' disease must be exceedingly rare, and the author has not found a reference to such a case. Anæsthesia requires much care in these cases, and though in some it may diminish spasm, and lessen dyspnœa, it is more likely to complete asphyxia during the early stages of administration.

The author suggests the term "thyroid asthma" for these cases, as being a corresponding term to "thymic asthma," and as a convenient term to express shortly, dyspnœa due to diminution of the lumen of the trachea from pressure by the thyroid gland. (The term is not a happy one, the dyspnœa being almost entirely mechanical, and produced mechanically, and not having anything in common with true asthma.)

R. Norris Wolfenden.

Koch.—*Two Extirpations of Asphyxiative Goitres.* "Münch. Med. Woch.," 1890, No. 34.

(1.) A GIRL, fifteen years old, had had a large struma, and suddenly got such violent dyspnœic attacks that the author was called upon to perform tracheotomy. He judged that extirpation of the struma would be necessary, but as he remarked that by elevation of the right lobe of the thyroid gland the dyspnœa was improved, he deferred doing so to the next morning. Next morning extirpation of the right lobe was completed. Cure resulted. It is to be remarked that the hypertrophy of the left lobe diminished after the operation.

(2.) A lady, forty-five years old, had increasing dyspnœa for one year. Commencing in the fossa in the middle line, was a goitre of the size of a walnut. The lateral lobe of the thyroid gland was also enlarged. Extirpation of the struma substernalis was performed. The wound remained in good state, but the patient died from pneumonia. *Michael.*

Dennètieres.—*Exophthalmic Goitre and Œdema of the Glottis, with Gumma of the Cricoid Cartilage.* "Jour. des Sciences Méd. de Lille," Dec. 27, 1889.

THE patient was a woman, who, at the age of twenty-eight, began to have palpitation and prominence of the eyes. When thirty-four years of age she was seized with pain in the throat and difficult respiration. She was admitted to the hospital on the 5th of November, saying that for ten months her throat had troubled her, having a hoarseness and incessant cough, with dysphagia. She had pronounced exophthalmos and hypertrophy of the thyroid gland, palpitations, and tachycardia; pulse, 180; a non-hypertrophied heart; voice and cough were harsh; respiration, 38; slight substernal retraction; greatly diminished vesicular murmur: normal sonorousness. No cyanosis nor lowering of temperature, scanty and albuminous urine. An ordinary examination of the throat revealed nothing, and it was thought to be a case of suffocative goitre. The throat was poulticed, steam inhalations ordered, and hypodermics of ether given. Tracheotomy was not performed, and the case remained in about the same state for two days, but terminated fatally at night. An autopsy revealed an enlargement of the thyroid body of the size of a turkey's egg. The antero-posterior diameter of the larynx was shortened and the transverse diameter lengthened by a spreading of the thyroid cartilage. The aryteno-epiglottic folds were the seat of an œdema, which, with the depression of the larynx, caused a stenosis of the larynx. Behind the cricoid cartilage, in the œsophagus, was an ulcer, 1 ctm. in diameter, with ragged edges and indurated base, which did not communicate with the larynx. The ulceration had uncovered the internal angles of the arytenoid cartilages, and had destroyed the posterior insertion of the crico-arytenoid muscles. *R. Norris Wolfenden.*

Ord, W. M. (London).—*Some Obscure Points in connection with Glycosuria.* "Brit. Med. Jour.," Nov. 2, 1889. Med. Soc. of London, Oct. 28, 1889.

IN the discussion which followed the reading of this paper, Dr. Pavy mentioned that he had seen diabetes associated with exophthalmic goitre—an association which was new to Dr. Ord.

Hunter Mackenzie.

Scheinmann.—*A Case of Carcinoma of the Thyroid Gland.* "Deutsch. Med. Woch.," No. 13, 1890.

A PATIENT, thirty-seven years of age, was dyspnœic, had great pain in the chest and inspiratory stridor. A hard tumour and numerous swollen glands were seen on the right side of the neck. Laryngoscopically, paralysis of the right recurrent, with paresis of the left recurrent, and compression of the trachea were demonstrated. Tracheotomy was performed. Death resulted. Microscopical examination showed the tumour to be a cancroid of the thyroid gland. *Michael.*