

- (2) It does not require tracheotomy in any case.
 (3) There is no danger of pushing the foreign body downward.
 (4) It is much safer and simpler than tent dilatation or prolonged intubation, and better adapted to foreign body cases.

Birkett (Rogers).

Hughes, W. Kent.—Notes on Four Cases of Foreign Body in the Trachea.

"Australian Med. Journ.," March 15, 1913.

(1) A child, aged three. A rabbit-bone could be seen in the larynx, below vocal cords, by means of the bronchoscope. X rays showed nothing. Bone removed through high tracheotomy wound. Recovery.

(2) Child, aged two. Piece of bone impacted below vocal cords. Removed with difficulty through high tracheotomy wound. Recovery.

(3) Child, aged four, swallowed a halfpenny six months before. X rays showed coin between œsophagus and trachea. Œsophagoscope showed granulations in the œsophagus about level of second dorsal vertebra. A large osteoplastic flap was turned up, the clavicle, first rib and manubrium sterni being cut through. The coin was found in a large abscess-cavity behind the œsophagus. The patient died seven days later, owing to sloughing of the flap and a sharp piece of bone having torn the pleural cavity.

(4) Child, aged eleven months. Dyspnœa after eating piece of bread. Collapsed on examination with bronchoscope. The trachea was opened with a single cut. A quarter of a plum-stone was jammed in the larynx. Foreign body removed through wound. Recovery. *A. J. Brady.*

Hunt, John G.—Report of a Case of Aspiration of Silver Tracheotomy Cannula and Removal by Lower Bronchoscopy. "Annals of Otol., Rhinol., and Laryngol.," vol. xxi, p. 355.

Female patient, aged thirty-six, who had worn a tracheal tube for six years. On withdrawing the cannula one day the collar became detached, so that the former receded into the trachea, and disappeared after a spasm and deep inspiratory movements. A skiagraph located it in the left lower quadrant of the heart shadow. The tracheal wound was enlarged under infiltration anaesthesia and the trachea cocaineised (20 per cent. solution). A 7 mm. Jackson bronchoscope was introduced and the cannula removed with ease, although the mucosa was already overlapping it from œdema. *Macleod Yearsley.*

THYROID GLAND.

Crane, J. W. (Wallacetown, Ont.)—Graves's Disease. "Canadian Practitioner," July, 1912.

MacDonald, W. J. (St. Catharines, Ont.)—Hyperthyroidism. "Canadian Practitioner," August, 1912.

These two papers, dealing with the same subject and appearing in successive numbers of the same journal, may be noted together.

The first consists of the history of a series of four cases, in all of which tachycardia was the most prominent symptom, the pulses running all the way up from 100 to 160 per minute. Goitre was present in two on the right side, in the other two on both. Exophthalmia was absent in two of the cases, only moderate in the third, but very pronounced in the fourth. In all muscular tremors were marked. The last men-

tioned was the only case in which treatment proved unavailing. The other three were all benefited by a modified Weir-Mitchell treatment. In none of them was an operation deemed advisable.

The paper by Dr. MacDonald, a much more elaborate one, is introduced by drawing attention to the fact that hyperthyroidism, exophthalmic goitre, Parry's, Graves's and Basedow's are all identical diseases.

He lays particular stress upon the value of early diagnosis, and that tachycardia and tremor may point to the existence of the disease before goitre or exophthalmia are noticeable. In all cases thyroid change must have taken place, ushering in heart acceleration as the first symptom, the three other prominent symptoms coming on in varied order.

In connection with exophthalmos, the writer considers Stellwag's sign, staring without winking, as particularly important, as it is among the first to appear. The signs of Dalrymple, von Graefe and Moebius are also mentioned.

In speaking of the goitre, three distinct varieties are dwelt upon: (1) The small hard nodular gland; (2) the soft pulsating gland; (3) the simple goitre with changes in scattered areas. As to the ætiological factors of hyperthyroidism, what specially induces the extra secretion of the gland, whether it arises from without or within, are still unknown.

In treatment the writer considers medical methods to be on the whole unsatisfactory, and relief by surgical operation as especially desirable in properly selected cases. Wölfler's plan of ligation of the superior thyroid arteries is highly commended in cases in which the goitre and eye symptoms are not prominent. In these it may produce a permanent cure. Also, in long standing cases, in which the patient is very ill, where heart changes have occurred, where the thyroid arteries present a thrill, and the condition of the patient is such as to forbid a more formidable operation, tying of the thyroids may promote comfort and prolong life.

In all other cases where surgery is demanded at all ablation of the gland becomes imperative. The seriousness of the operation the writer fully realises, and in connection therewith impresses upon the reader the importance of two things: the one, the absolute necessity of leaving the parathyroid bodies intact; the other, that all exophthalmic cases must be drained.

Price-Brown.

EAR.

White, Francis W.—**Myalgia with or without Otitis.** "Annals of Otol., Rhinol., and Laryngol.," vol. xxi, p. 346.

Deals with pain and tenderness about the sterno-mastoid, trapezius, and muscles about the ear. This myalgia may be due to faulty metabolism, rheumatic tendency, faulty innervation, blood conditions, cold, neurasthenia. The muscles involved may show tender areas on palpation. The author describes twelve cases in which a positive diagnosis of myalgia was made. Most of them appeared to be rheumatic.

Macleod Yearsley.

Frey, Hugo.—**The Physiological Importance of the Malleo-incudal Articulation.** "Archiv für die ges. Physiologie," Bd. cxxxix.

Fairly conclusive evidence is brought forward both on anatomical and physiological grounds that the malleo-incudal joint should be looked upon as a fixed one, and that Helmholtz was wrong in his theory that the bones interlocked and moved in unison only when the head of the hammer