

Left cord is fixed in cadaveric position—edge convex and swollen on the upper surface. Diagnosis was laryngitis acuta circumscripta rheumatica, with infiltration and false ankylosis of the crico-arytenoid joint.

He was treated with salicylate of soda. Four days afterwards pain ceased; eight days later swelling disappeared—only slight hyperæmia; vocal cord is movable. No history of syphilis or tubercle.

Case 2. T. P., forty-nine years of age. Four days pain in neck on swallowing; last night cough and hoarseness. Present state: Introitus laryngis injected—posterior part swollen. Partes arytenoidæ infiltrated, bluish, and cedematous. Vocal cords slightly injected—otherwise normal and movable. Recovery in two days, after use of salicylate of soda.

The author has also seen a third case, but gives no description.

Wallace, Alexander.—*Atonic Aphonia.* "Lancet," Oct. 30, 1897.

THE value of this report is, to a large extent, neutralized by the unfortunate absence of the report of any laryngoscopic examination. It appears to have been a case of hysterical mutism, and is interesting as occurring in an adult male.

St Clair Thomson.

ŒSOPHAGUS.

Snyder, A. A.—*Œsophagotomy and Removal of Dental Plate with Upper Central Incisor Tooth.* "New York Med. Journ.," Sept. 18, 1897.

THE patient, a woman of twenty-two, had swallowed a broken dental plate, which had lodged in the œsophagus. She was seen the following day, when her voice was deficient, and she complained of much pain above the sterno-clavicular joint on the left side. Attempts at removal of the obstruction had failed owing to the extremely irritable condition of the mouth and pharynx, in spite of cocaine applications and ninety-grain doses of potassium bromide in three doses. After much difficulty a flexible bullet probe located the obstruction at five and a half inches from the incisor teeth, and an operation was advised and accepted. On the third day from the date of the accident the plate was removed. A two-inch incision was made along the inner edge of the sterno-mastoid muscle, the skin having first been drawn a little towards the median line so as to form a valvular opening. The jugular vein and common carotid artery were exposed. A long probe passed through the mouth into the œsophagus located the latter, which was then incised by a cut large enough to admit the little finger. The plate and tooth measured one and a half inches by one and a quarter inches. The patient made an excellent recovery. It may be added that the X rays failed to locate the foreign body in this case.

Sandford.

THYROID, &C.

Rodocanachi, A. J.—*Four Cases of Goitre treated by Operation, and Certain Dangerous Symptoms which may follow the Operation.* "Lancet," Oct. 9, 1897.

THE symptoms to which the author wishes to draw attention are essentially restlessness, a rapid pulse, rapid respiration, accompanied by a considerable

amount of mental anxiety, with, in certain cases, a fatal result. In the *post-mortem* of one case a careful dissection of the neck showed that there had been no damage to any of the main nerves. The remaining lobe of the thyroid gland was found to be extremely diseased—in fact, similar to the part removed. The trachea showed signs of compression; it contained no blood, secretions, or other obstruction internally. The other organs were normal. The pathology is discussed, and the author concludes that none of the important researches quoted offer any fundamental objection to the following propositions:—(1) That the symptoms described are similar to those of exophthalmic goitre; (2) that they are due, as in that complaint, to the absorption by the lymphatics into the circulation of a perverted secretion of the thyroid—not to the absence of normal thyroid; and (3) that in the cases where these symptoms have been most frequently seen after thyroidectomy—namely, after operation for exophthalmic goitre—it is due to squeezing out some secretion while handling the tumour; and that in the cases described it entered by the cyst being ruptured into the wound. Hence, the surgeon should take as much care in preventing the contents of the thyroid cyst from entering a wound as he does in dealing with a fluid tumour of the abdomen. Should the symptoms arise, the author suggests that the hypodermic injection of morphia seems to promise the best results.

StClair Thomson.

Syms, Parker.—*Cyst of the Thyroid.* “Proceedings of the Soc. Alumni, Bellevue Hospital,” May 5, 1897; “New York Med. Journ.,” Sept. 11, 1897.

THE patient, a man of sixty, had had good health and a good family history. He first noticed the swelling twenty years ago, and complained of interference with his breathing. The cyst was completely enucleated, and owing to the shortness of patient's neck a long incision had to be made—viz., five inches—extending up from the suprasternal notch. From the upper end of this cut a second incision, three inches long, was made at right angles to the first. The gland structure was then incised, exposing the wall of the cyst; the latter was enucleated without removing any of the gland tissue. Hæmorrhage slight, chiefly venous, and easily controlled. The specimen was of oblong form, with a thin wall, and measured five and a half inches in its long diameter, and three and a half inches in its short diameter.

Sandford.

E A R.

Andérodias.—*Double Syphilitic Labyrinthitis.* “Arch. Intern. de Lar., Otol., et Rhinol.,” Sept. and Oct., 1897.

THE case of a man of thirty-seven, who had suffered with middle ear suppuration from childhood. Ten weeks after the development of a Hunterian chancre, which was followed by ordinary secondary phenomena, the hearing, which had previously been acute on the right side, was suddenly lost. Vomiting occurred during six days; vertigo was absent. On examination the right membrana tympani was found retracted, and mucus was present in the Eustachian tube. A whitish, well-defined plaque was seen on the membrane, and another on the meatal wall. Hearing was very much impaired, and bone conduction was almost completely absent, Rinné being markedly positive. On the left side a large polyp projected through a perforation, a lesion independent of the recent trouble. Bone conduction was considerably better than on the right side, but Rinné was nevertheless positive. Mercurial frictions were ordered, and four grammes of potassium iodide daily. In eight days the cure of the deafness was almost complete.