

(42 per minute), aphonia, anorexia, and ever-increasing prostration. Examination revealed, besides enlarged tonsils, intense congestion and tumefaction of the epiglottis, slightly enlarged indolent cervical lymphatic glands, weak quick pulse (160 per minute), occasional scanty dry *râles*. It was noticed, further, that the boy always preferred to lie on his right side, trying to place his head as low as possible. A few days later there occurred a short-lasting attack of suffocation, caused, apparently, by the boy turning on his left side. A frequently repeated careful examination of the chest gave negative results until the thirtieth day (since the appearance of first symptoms of measles), when there was found exudative pleurisy involving the whole right side of the chest. An exploratory tapping drawing out some sero-purulent fluid, excision of a piece from the right seventh rib was performed at the spot, and a large quantity of a similar, but slightly fœtid, liquid removed. About twelve hours after the operation the patient died from paralysis of the heart.

At the necropsy there was unexpectedly found an oblong sinuous purulent cavity, six centimètres long, situated along the right side of the trachea and œsophagus, at the level of the lower cervical vertebræ, its walls being formed by hardened, blackish cellular tissue, with scattered here and there whitish, similarly hard lymphatic glands of various sizes. The walls were coated with a scanty dark purulent matter, but otherwise the cavity was almost empty. The right pleural sac presented the usual signs of acute, as well as chronic, inflammation, the lung being collapsed and nearly airless.

According to the author's theory, the attack of measles had given rise to suppuration and disintegration of the peritracheal glands, the abscess subsequently burst into the corresponding pleural sac, which was rapidly followed by sero-purulent pleurisy, etc. *Valerius Idelson.*

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## NECK, &c.

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**Cnopf.**—*Rare Tumour in a Child.* "Münchener Med. Woch.," 1890, No. 36. DESCRIPTION of a colossal cystic goitre in a new-born child. The diagnosis was made by puncture. Operation not yet possible. *Michael.*

**Charcot.**—*Clinical Study upon Sporadic Infectious Goitres.* "Revue de Chir.," Sept., 1890.

THE thyroid gland may be enlarged under the influence of certain general affections, such as typhoid fever, rheumatism, ague, etc. Typhoid thyroiditis is pretty rare; it commences at the beginning of convalescence, and may end in resolution or the formation of abscess. Typhoid goitre occurs especially in individuals who have in infancy had large necks, or who belong to goitrous families. Charcot then relates two cases of rheumatic thyroiditis. Does there exist a paludial thyroiditis? The author has seen four such cases at the Tunis hospital, and similar cases have been met with in America, Italy and France.

The thyroid gland may be the seat of a localization, moreover, of other diseases, such as glandular enlargements, variola, tubercle, septicæmia, the infectious miasm behaving towards the thyroid gland as towards other tissues.

*Joal.*

**Mathieu.**—*A Case of Exophthalmic Goitre consecutive to Ablation of the Ovaries.*  
“Gaz. des Hôpitaux,” June 19, 1890.

THE patient was a young widow of twenty-six, whom the author was called upon to treat for repeated metrorrhagia. The ovaries were removed, and a prompt cure resulted. Five or six months after the operation she developed undoubted signs of Graves' disease (exophthalmos, goitre, palpitation, rapid pulse and tremor), with attacks of heat and congestion and enlargement of the thyroid, which appear in crises regularly each month, when the patient's catamenial periods should occur. There is no other sign of menstruation. The patient had no sign of Graves' disease before the operation was undertaken. The author thinks it is possible to attribute the result not so much to the castration itself as to fear, emotion, and mental excitement. The author incidentally mentions that he recently examined a young woman in whom accentuated Graves' disease supervened upon the agitation “de la première nuit de ses noces,” which produced cardiac palpitation, which has lasted ever since.

*R. Norris Wolfenden.*

**Renault.** — *Treatment of Exophthalmic Goitre by Faradism.* Thèse.  
Paris, 1890.

THE author explains the mode of treatment carried out by Dr. Vigouroux at the Salpêtrière, a treatment well known and advocated by Dr. Charcot.

*Joal.*

**Scheele.** — *On Sudden Death from Hyperplasia of the Thymus.* “Zeitschrift für Klin. Medicin.,” Bd. 17, Supplementheft.

A CHILD, sixteen months old, suddenly died. The *post-mortem* examination revealed a great over-fulness of the venæ jugulares et axillares. The thymus was much enlarged. The recurrent nerve was embedded in some lymphatic glands of the size of a pea. The larynx was in the position called by Virchow “Erstickungsstellung” (asphyxiative position). The cartilages of the trachea were normal. The author resumes that the child certainly died from suffocation, but agrees with Gerhardt, Steffen, Henoch, and Morell Mackenzie that the thymus cannot be the cause of fatal spasm of the glottis. Some experiments performed by the author confirm the results of the experiments of Friedleben that the enlarged thymus cannot produce suffocation. But it is possible that death was caused by pressure of the lymphatic glands upon the recurrent nerve.

*Michael.*