

being sixty-two and the other seventy-three at the time of the operation. All the cases were successful except one, in which the operation performed was exothyropexy, a procedure proposed by Poncet. The patient, a girl aged fifteen, died of broncho-pneumonia on the sixth day.

In two cases of advanced pulmonary phthisis calcified goitres pressing on the trachea were removed with the chisel and bone-forceps on account of threatening suffocation. The rest of the operations were enucleations and thyroidectomies, partial, except in one case, where the whole of the gland was diseased.

The indications for operation being signs of pressure on the trachea, the recurrent nerves, or the organs in the mediastinum, the author finds that laryngoscopic examination is of the greatest utility in deciding upon the necessity for interference. In one case he was able by its aid to diagnose the existence of a retrosternal goitre pressing upon the trachea, hardly visible from the outside.

Besides the usual dangers from hæmorrhage, which the author thinks are overrated, he alludes to an anomalous situation of the internal jugular vein caused by the tumour in its growth, following the course of the common facial vein, and insinuating itself between the jugular and the carotid. In one case, upon dividing the sterno-mastoid the internal jugular vein lay just beneath it on the surface of the goitre. The real danger of the operation performed under a general anæsthetic is asphyxia. Cessation of respiration during the operation made tracheotomy necessary in two of his cases. In one, where it occurred at the beginning of the operation, the operator divided the tumour in the middle line and opened the trachea, using the finger as a guide. He then controlled the hæmorrhage by pressure with tampons, while the assistant performed artificial respiration. Another possible accident during thyroidectomy is division of the recurrent nerve. It occurred once; the patient's voice returned seven months later.

Slight fever is always observed after the operation. The cough and hoarseness often noticed are due to a slight œdema of the laryngeal mucosa, probably caused by the interference with circulation from the numerous ligatures of veins.

One case of post-operative myxœdema was treated by thyroid extract. It was found possible to reduce the dose until a quarter of a tabloid every fourth day kept the patient in good health. *Chichele Nourse.*

E.A.R.

Zuckermandl, E.—*On the Eustachian Tube in Ant-eaters.* "Monatsschr. f. Ohrenheilk.," January, 1904.

In Hyrtl's monograph on the comparative anatomy of the ear it is stated that in *Myrmecophaga jubata* there appears to be no Eustachian tube. Hyrtl and others, however, had examined only macerated skeletons. Zuckermandl has had the opportunity of examining a fresh specimen, and has found that Eustachian tubes exist. The most noteworthy point about them is the absence of cartilage from the non-osseous part; the walls are formed of fibrous tissue, as they are also in echidna, bradypus and dolphins, and partly in rats and marmots. A description of the anatomy of the tubes is given in this paper. *Arthur J. Hutchison.*