

sarcoma); (3) goitre in which, besides one or more large nodules which appear to call for surgical treatment, numerous small nodules are disseminated throughout the gland. In such cases it is highly probable that, after removal of the larger tumour, the smaller ones would continue to grow; while to remove all by enucleation would be impossible.

Fibro-adenomatous goitre and malignant disease of the thyroid is next mentioned. In regard to the latter, the lecturer is of opinion that removal of the disease should very rarely be attempted, and that we should rest satisfied with tracheotomy.

Death has often occurred during the operation, generally from dyspnoea, hæmorrhage, or shock. It sometimes occurs at the very beginning of the operation, either just before or just after the first incision has been made. Other complications of thyroidectomy are then mentioned, including injuries to various arteries and veins, to the recurrent, laryngeal, sympathetic and vagus nerves, and to the trachea and pleura. The great importance of keeping the wound aseptic is insisted upon, and the frequently fatal results of suppuration in the wound are described. Tetany and tetano-epilepsy are serious and not uncommon complications.

The lecturer refers to cachexia strumipriva, one of the most important remote results of thyroidectomy. He comes to the conclusion "that if the gland be completely removed, there is a very great risk that cachexia strumipriva will supervene, although it is not absolutely certain that it will do so in all cases." It appears that cachexia strumipriva has in some cases followed partial removal. This is, however, of rare and temporary occurrence.

The lecturer concludes by referring to the effects of transplantation of normal thyroid tissue into the subjects of cachexia strumipriva and myxœdema, and he says that "the information that we have, although not very encouraging, is, on the whole, sufficient to warrant us in giving the operation a further trial before concluding definitely that it is a failure."

*Hunter Mackenzie.*

**Parker, W. Rushton** (Kendal).—*Induration of Sternomastoid in New-Born Children.* "Brit. Med. Journ.," June 20, 1891.

THE author shortly describes two cases of this now well-recognized affection.

*Hunter Mackenzie.*

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## NOTE.

### THE BRITISH LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION.

THE next Meeting of this Association will be held in London on November 27th. There will be an afternoon Session, at which an important discussion will take place upon the Treatment of Deviations of the Nasal Septum.

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