

**Sennycy** (Budapest).—*Foreign Body Seventy-two Days in Trachea; Recovery.*  
 “Archiv für Kinderheilk.,” Band 17, Heft 5, 6.

A CHILD, six years old, drew a piece of wood into the respiratory passages. This caused at first a suffocative attack, lasting only a few minutes, and afterwards difficulty in breathing, specially at night. When brought into the hospital, the child was suffering from marked dyspnoea, and had a rough cough. The lungs were found normal on percussion and auscultation. The dyspnoea increased so as to produce cyanosis. Tracheotomy rapidly performed gave great relief, showing that the foreign body must be situated in the upper parts of the trachea. It could not be seen on laryngoscopical examination. Fourteen days later bronchitis, with fever and discharge of pus, came on. This was recovered from in a month. The tracheal canula was then withdrawn, and the wound healed in a few days. Some days later—*i.e.*, seventy-two days after onset of illness—the child had a severe attack of coughing, lasting fifteen minutes, and ending with the discharge of much pus. In the pus was found a cylindrical piece of wood, eleven millimètres long by eight millimètres broad, of the colour of mucous membrane, and quite smooth.

*Michael.*

**Rokitansky** (Innsbruck).—*Asthma Bronchiale: a Clinical Lecture.* “Allg. Wiener Med. Zeitung,” 1894, Nos. 47 and 48.

REVIEW of the pathology and therapy of this disease for students. *Michael.*

**Koch, Paul** (Luxembourg).—*Bronchitis Fibrinosa Chronica.* “Internat. Klinische Rundschau,” 1894, No. 42.

1. A PATIENT, aged thirty, ill for two years. Every third day he has an attack of oppression and dyspnoea, ending in the discharge of fibrinous casts of the bronchi, the larger being hollow, but the smaller solid. At first iodide of potassium gave some relief, but now no treatment has any effect.

2. A patient, sixty-three years old, has suffered for thirty years from the same disease. The sputum is reddish.

In both cases the disease is unilateral, no cause is known, and no treatment has any effect. *Michael.*

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## THYROID, NECK, & C.

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**Hurthle.**—*Contribution to the Knowledge of the Secretion of the Thyroid Gland.*  
 “Pflüger's Archiv für die gesammte Physiologie,” Band 56.

THE colloid substance in the follicles is produced by the protoplasm of the epithelial cells. The secretion of the gland consists in the formation of colloid matter. The production can be increased artificially by removal of the greater part of the gland, and also by icterus. *Michael.*

**Eulenberg** (Berlin).—*Graves' Disease and Goitre.* “Deutsche Med. Woch.,” 1894, No. 40.

THE author concludes that (1) changes are produced in the chemical constitution of the blood by the secretion of a specific watery matter by the follicles of the goitrous gland. This secretion is due not to nervous influence, but is stimulated directly by the blood. (2) In Graves' disease the amount of secretion of the gland is increased, and has a definite toxic effect; further, as this secretion is absorbed

directly into the veins its toxic effects are the more readily produced. (3) Qualitative and quantitative changes are due to increased arterial supply, and to the altered condition of the blood. This is proved by the pathological state of the vessels, and by the relation of the disease to anæmia, chlorosis, and to infectious diseases, etc. (4) Treatment must aim at improving the blood-condition by tonics, and in grave cases by removal of the affected part of the gland. *Michael.*

**Glan** (Abbazia).—*Climatic Treatment of Graves' Disease.* "Internat. Klinische Rundschau," 1894, No. 42.

FROM observation of five cases treated in Abbazia, the author recommends a maritime climate for the treatment of Graves' disease. *Michael.*

**Lemke** (Hamburg).—*Surgical Treatment of Graves' Disease.* "Deutsche Med. Woch.," 1894, No. 42.

CRITICAL article on Buschan's paper. Buschan considers that surgical treatment cannot secure complete cure. The author, on the other hand, relates five cases, already published (see report in this Journal), and three not yet published, in which he removed the greater part of the goitre, obtaining very satisfactory results both as regards the general condition and the local cosmetic effect. *Michael.*

**Spicer, Scanes** (London).—*Graves' Disease and Nasal Polypus.* "Brit. Med. Journ.," Nov. 17, 1894.

THE author refers to the case of a young woman sent to him for the removal of nasal growths. The thyroid gland presented the usual electric thrill and pulsations. There was tachycardia (140), and fine tremor of arms. The girl was further of marked neurotic type. He had removed some of the polypi, and since then the patient had improved. It was pointed out that both conditions were discovered together three years ago, so that it could not be said that the Graves' disease was due to nasal operations, and it was suggested that the two conditions were more than a coincidence. Cure of the symptoms of Graves' disease had followed the treatment of the nasal polypi in three cases. Mr. G. Stoker referred to the case of a man, aged thirty-three, who had a soft goitre, together with intra-nasal polypi, and whose goitre had resisted all kinds of treatment until the galvano-cautery was applied to the polypi. The treatment being continued, the goitre lessened, and in two months disappeared.

*Wm. Robertson.*

**Ballet and Enriquez.**—*Experimental Goitre after Injections of Thyroid Extract.* "Bull. Soc. Méd. des Hôp.," Nov. 16, 1894.

THE authors have injected in a dog glycerine extract of thyroid juice. During fourteen days the injections were regularly from four to fifteen cubic centimètres of extract. After the first injections the dog had diarrhœa, fever, tachycardia and tremors of the limbs. Little by little the thyroid gland was observed to enlarge, especially upon the right side. The injections were relaxed, and all symptoms, local and general, disappeared. The thyroid gland recovered its primary volume. After a second series of injections the same hypertrophy resulted. *A. Cartaz.*

**Bruns** (Tübingen).—*Treatment of Goitre by Feeding with Thyroid Gland.* "Deutsche Med. Woch.," 1894, No. 41.

THE author has tried this treatment in twelve cases of parenchymatous goitre, using fresh thyroids of calves in doses of five to ten grammes. It was not tried in cystic goitres, as in them no result was to be expected. Four cases, between the ages of four and twelve years, were completely cured. In a patient fourteen years old the circumference of the neck decreased by seven centimètres in four weeks. In another,

sixty years old, with a goitre on the left side the size of a fist, and compressing the trachea so as to cause dyspnoea, the circumference of the neck decreased by five centimètres in four weeks, and the dyspnoea disappeared. In three cases there was no improvement. In one case symptoms of intoxication appeared, viz., headache, loss of appetite, nausea, loss of weight (ten kilogrammes). In all other cases the weight decreased by a half to one kilogramme. The author concludes that in some cases goitre can be cured by the use of thyroid gland. *Michael.*

**Brunet.**—*Parenchymatous Goitre treated by Iodine Injections.* “*Journ. de Méd. Bordeaux,*” Nov. 17, 1894.

RELATION of a case of thyroid hypertrophy in a girl thirteen years of age, treated for a year and a half by interstitial injections of iodine tincture. Complete cure. *A. Cartaz.*

**Wherry** (Cambridge).—*Partial Thyroidectomy for Goitre.* “*Brit. Med. Journ.,*” June 2, 1894.

THE goitre occurred in a youth, aged fifteen, weighing fourteen stone, and suffering from asthma. After a severe attack of dyspnoea, rendering the patient unconscious, the trachea was exposed without an anæsthetic, and the middle lobes and part of each ala of the thyroid had to be removed, leaving the flattened windpipe exposed at the bottom of the wound. Tracheitis setting in, tracheotomy was performed, the patient ultimately recovering. During convalescence the patient was childish. Thyroid tablets were given thrice daily, with the result that he lost four stone in weight, and became rational. *Wm. Robertson.*

**Du Boulhet.**—*Exothyropexy—Death by Infectious Pneumonia.* *Soc. Anat., Paris,* Nov. 9, 1894.

RELATION of a case of thyroid tumour with compression of the trachea. Asphyctic symptoms supervening, the surgeon practised exothyropexy, notwithstanding broncho-pulmonary manifestations. Death occurred on the eleventh day from infectious pneumonia. The trachea was flattened by the goitre and the two recurrent nerves had been ligatured with the pedicle of tumour. *A. Cartaz.*

**Marsh, F.**—*The Treatment of Bronchocele.* “*Birmingham Med. Rev.,*” Nov., 1894.

THE article is based on five cases which were operated on for urgent pressure symptoms. The author discusses the latest views—pathological, surgical, and medical—and expresses his view of the requirements due to the operation as being “a resection of the isthmus or central portion with sufficient of the adjoining “parts of the lateral lobes to relieve urgent pressure symptoms.” He also advocates operation for its cosmetic effect.

The ages and sexes of his patients were—a boy aged fifteen, a girl aged seven-teen, two men each aged twenty-one, and the fifth a woman of twenty. The first case was of rapid growth, only three months, and made a rapid recovery. The second was of six months' growth, and required tracheotomy at the time of operation, and the tube was worn for some months; the remainder of the gland atrophied. The third was of four months' growth, the right lobe dipped down behind the sternum; this and the isthmus were removed, the remainder returned to its normal size in twenty days. The fourth was a growth of five months—this case also required tracheotomy, and a portion of the right lobe, as large as a fist, was shelled out from behind the sternum; this, together with the right lobe and a portion of the left, were removed. On the third day the patient exhibited all the symptoms due to a large dose of thyroid extract; this proved to be due to some

pent-up colloid, all symptoms disappearing on its removal. The fifth was a tumour of fourteen months' duration with recent increase; the right lobe, isthmus, and part of the left were removed; hæmorrhage was troublesome. The parts removed weighed sixteen and a half ounces. *R. Lake.*

**Nielsen** (Copenhagen).—*Case of Myxœdema cured by Feeding with Thyroid Gland. Hypothesis regarding Action of the Gland.* "Monats. für prakt. Dermatologie," 1893, No. 9.

A PATIENT, thirty-three years old, showing all the signs of myxœdema, was cured after a short treatment with thyroid gland. The treatment must be continued during the rest of life. *Michael.*

**Schmidt, Joh.** (Frankfurt-a-M.).—*On the Treatment of Myxœdema.* "Deutsche Med. Woch.," 1894, No. 42.

THE author reports (Frankfurter Aerztlicher Verein) on the results of treatment of myxœdema by thyroid gland, and shows a case of infantile myxœdema in a patient twenty years old, with dwarf stature. All the symptoms had improved after four doses, but then the patient took an eclamptic fit, probably due to cumulative effect of the medicament. The father would allow no further treatment. Two photographs show the high degree of improvement. *Michael.*

**McIlwraith, C. H.** (London).—*Notes on a Case of Accessory Thyroid Gland projecting into the Mouth.* "Brit. Med. Journ.," Dec. 1, 1894.

SITUATED at the base of the tongue, close to the position of the foramen cœcum, was a tumour about the size of a small walnut. The larger half of it was to the right side. It felt semi-elastic, and was immovable on the deep tissues of the tongue. It pressed back on the epiglottis, and when the tongue was pulled out it almost touched the base of the uvula and soft palate. The thyroid was normal. It occurred in a well-nourished girl, aged seventeen years, gave no trouble, and was noticed two months previously. Under chloroform, Dr. Bond cut through the mucosa, and the tumour fixed with a tenaculum was removed with a raspatory and a polypus snare. Bleeding was profuse but checked by pressure of a finger on the base of the tongue. The tumour presented the characters of the thyroid gland structure. Such tumours are frequently met with in this region and originate in connection with the lingual duct, a structure of embryonic significance.

In the embryo a diverticulum takes place from the anterior wall of the pharynx, forming what is known as the thyro-glossal duct, and about this the thyroid gland is formed. The duct opens at the base of the tongue at a spot in the adult represented by the foramen cœcum, and passing downwards, bifurcates to form the isthmus of the thyroid, the branches uniting with the embryonic gland to form the lateral lobes. As development goes on, the hyoid bone is formed, and in its growth divides the duct into an upper (lingual) and a lower (thyroid) portion. Both of these are obliterated as a rule when development is complete, but occasionally either of these two portions persists, closed at both ends. It is in connection with this lingual portion of the thyro-glossal duct that a tumour such as above noted is developed. [A similar tumour was referred to in the Journal of last year. —R.E.P.]

*Wm. Robertson.*

**Leydel** (Königsberg).—*On Hypertrophy of the Thymus Gland in Medico-Legal Post-Mortem Examinations.* "Vierteljahresschrift für Gesichtlich. Med.," 1894, No. 2.

THE author does not believe that the thymus can produce sudden death by compression of the trachea, for in such cases no evidence of compression is found.

and tracheotomy never relieves them. But most probably these cases of death are caused by compression of the recurrent nerves by the suddenly enlarged gland.

*Michael.*

**Haeckel** (Jena).—*Cysts of the Ductus Thyroglossus*. "Langenbeck's Archiv," Band 48, Heft 3.

OF surgical and embryological interest.

*Michael.*

**Lucy** (Plymouth).—*Persistent Thyro-Glossal Duct*. "Brit. Med. Journ.," June 23, 1894.

THIS occurred in a boy, aged twelve, who had been rejected by army surgeons on account of a sinus in the neck, from which discharged matter like white of egg. Seven years earlier a lump existed there, and was incised, leaving the sinus. This admitted a probe one and a quarter inches upwards, and was represented outwardly by the feeling of a cord, which became pulled upon during deglutition. The thyroid was enlarged. The cord was dissected out up to the thyro-hyoid membrane, and found to end in the periosteum over hyoid bone. The cord was three-sixteenths of an inch in diameter, and one inch long; canal a quarter of an inch long. The wound broke down, necessitating removal of further tissue, after which permanent healing took place.

*Wm. Robertson.*

**Bowly, A. A.** (London).—*Epitheliomatous Cyst of the Neck*. "Brit. Med. Journ.," Nov. 24, 1894.

THE author's remarks referred to such a cyst, removed after death from a man aged fifty-eight, which occupied both triangles of the neck and fluctuated as an abscess. Definite hard lumps could be felt in the cyst, and led to the view of its being a cystic new growth. No primary tumour was found in the mouth or larynx, and no symptoms pointed to the œsophagus. After death no primary tumour was found. The wall of the cyst was a quarter of an inch thick and of squamous-celled carcinomatous structure. The lymphatic glands of the opposite side and of the thorax were free from lesions. The growth itself infiltrated the cords of the cervical and branchial plexuses, and lay beneath the sterno-mastoid. The author believed that such cases arose in a branchial cleft. The disease suggested an origin in a cyst rather than the formation of a cyst by the breaking down of a carcinomatous lymphatic gland. Mr. F. C. Wallis exhibited a similar specimen. The glands were affected below the growth. There was no primary disease discoverable during life. The growth subsequently fungated through the skin as a cauliflower projection and the patient died. Dr. Snow, citing a case of fluctuating glandular swellings in the neck, where a careful search had shown that a small tumour of carcinomatous kind had been removed from the lip, thought that many cases of carcinomatous cysts might have such a secondary origin. Dr. Bland Sutton remarked that German writers had named such malignant cysts branchiogenous carcinoma, but he did not regard them as such. They appeared too late in life, and he supposed that a primary carcinoma, situated in some out-of-the-way position, was their source.

*Wm. Robertson.*