

### TRACHEA.

**Boulay, Maurice and Gasne**—*Two Cases of Subglottic Foreign Bodies in Children.* "Annales de Maladies de l'oreille, etc.," September, 1903.

The first case was one in which a child had swallowed a piece of cork, the other a fish bone. The X rays gave no assistance, and, although tracheotomy gave relief, any attempt to remove the tube was followed by symptoms of suffocation.

The authors used a cannula with a window on its convex surface, through which they were able to pass sounds of varying sizes; in this way the foreign bodies were dislodged from the mucous membrane and, by manipulation and retraction, were engaged in the opening of the cannula and removed. The authors point out the significance of being able to diagnose the nature of tracheal obstructions by the use of sounds used in this manner.

*Anthony McCall.*

### THYROID.

**K. A. Krause and C. Hartog.**—*Post-typhoid Strumitis with the Demonstration of Typhoid Bacilli in the Pus.* "Berlin klin. Woch.," August 17, 1903.

The case narrated was one of a man, aged twenty-three, the subject from childhood of a small goitre. He became affected with typhoid fever, which ran a rather severe course but ultimately subsided. After subsidence of the pyrexia the goitre became tense and swollen, and produced pressure-symptoms. Fluctuation was made out, and on exploration odourless, creamy, brownish-yellow pus was obtained, from which a pure culture of typhoid bacilli was got. A small punctured incision was made, and drainage carried out. Recovery rapidly ensued, and in place of the former swelling there remained merely a small scar from the incision. The writer refers to a work by Tavel on the *Étiologie of Strumitis* (Sallmann, Bâle, 1892).

*Dundas Grant.*

**Bingham, G. A.**—*The Operative Treatment of Goitre.* "Canadian Practitioner and Review," August, 1903.

In selecting cases for operation the writer lays down several important rules. In anæmic girls at the age of puberty rapidly growing goitres will sometimes disappear gradually, with or without treatment, and hence should not be surgically interfered with except under urgent conditions. He believes also that no goitre should be operated upon for purely æsthetic reasons; and as the operation is not a light one, it should not be undertaken by a novice. All benign cases should first be submitted to a course of medical treatment, unless danger from pressure seriously threatens; and in support of this idea Kocher's experience at Berne is quoted, 90 per cent. of his cases of goitre being so much relieved by medical treatment that operation was not required.

In summing up, the writer says that in all cases of solid or cystic goitre of a benign nature operation should only be done for the relief of definite symptoms. In malignant disease of the thyroid, extirpation after early diagnosis is the only hope. In advanced cases of malignant

disease removal should only be partial, to relieve pressure and to render future tracheotomy possible. In exophthalmic goitre the operation is justifiable in some cases to relieve pressure symptoms, due care being taken in the administration of the anæsthetic.

With regard to operation, his plan is to remove the whole of the part diseased when only a part of the thyroid is involved—for instance, the isthmus or one lobe. When both lobes are affected he removes the larger lobe and the isthmus, finding from experience that the smaller lobe gradually shrinks and the serious symptoms are all relieved.

With regard to mortality, out of a record of thirty-three cases operated upon, while there were a number of deaths from various causes, there was not one directly due to the operation. *Price-Brown.*

### EAR.

**Eulenstein** (Frankfurt-on-Maine).—*On Hæmorrhage from Erosion of the Brain Sinuses in Suppuration of the Temporal Bones.* "Arch. of Otol.," vol. xxxii, No. 5.

Eulenstein describes a case in which ten days after operation for mastoiditis in acute suppurative otitis an oozing of blood took place from under the dressing. Rises of temperature indicated toxæmia, but the plugs could not be removed on account of the furious venous hæmorrhage. The internal jugular vein was ligatured; the transverse portion of the lateral sinus was exposed by means of a burr to a sufficient extent for pressure to be applied. It was then possible to remove the existing septic plugs of gauze and replace them by fresh ones. Four days later, when the tampon was changed, there was a gush of venous blood, but less than before, and more readily controllable. Recovery ultimately took place.

References are given to seventeen other cases, of which thirteen occurred in the course of chronic suppuration, four of acute, and one not stated. *Dundas Grant.*

**Rudloff** (Wiesbaden).—*On the Course of the Sigmoid Sinus in the Temporal Bone of the Child.* "Zeitschrift für Ohrenheilkunde," Band xlv, Heft 3.

Rudloff was left to investigate the course of the sigmoid sinus owing to his having been misled by applying to a child of two years old the localising points described by Macewen, which appear to be true in the adult only. "Macewen's line" runs from the deepest part of the parietal notch of the temporal bone down to the tip of the mastoid process, and indicates in the adult the middle of the channel of the sinus, though sometimes its posterior margin, and on the left side occasionally the anterior one. Rudloff measured the distance from Macewen's line horizontally backwards to the vertical part of the sinus at two levels—namely, that of the root of the zygoma and that of the parieto-mastoid suture. The results were as follows:

1. At the level of the root of the zygomatic process :
  1. In the new-born infant ... .. 6 millimetres.
  2. In the child one year old ... .. 6 ..
  3. In the child two to three years old 10 ..
  4. In the child six years old... .. 3 ..
  5. In the child nine to ten years old 7 ..