

procure) in place of Trendelenburg's. He also strongly advises the stripping of the perichondrium, together with the soft tissues from the thyroid cartilage, as a decided advance in this operation. In cases of carcinoma affecting both sides of the larynx he recommends tracheotomy in preference to total extirpation.

*W. Milligan.*

---

## THYROID GLAND.

---

**Hofmeister.**—*Physiology of the Thyroid Gland.* "Fortschritt der Medicin, 1892, No. 3.

IN rabbits whose thyroid gland was extirpated the author found that the hypophysis cerebri had double the weight of that of other animals. In the animals without thyroid gland the development of the bones was also much diminished.

*Michael.*

**Podbelsky** (Kasan).—*On the Existence of Colloid in the Lymph Vessels of Göttré.* "Prager Med. Woch.," 1891, Nos. 19, 20.

TWENTY cases examined, in four of which colloid substance was found in the lymphoid vessels.

*Michael.*

**Lydston, F.** (Chicago).—*Cases from Private Practice.* 1. *Acute Thyroiditis with Abscess.* "New Orleans Med. and Surg. Journ.," May, 1892.

A YOUNG man of twenty-four, with incipient pulmonary phthisis, improved very rapidly on the Shurley-Gibbes treatment, when the right thyroid lobe began to swell, and was painful on pressure. Dysphagia occurred and the temperature rose to 103½. The tumour being aspirated allowed exit of some pus. On being tapped, three ounces of pus were withdrawn; the cavity of the abscess was irrigated with peroxide of hydrogen, and pus ceased to form though the gland remained large.

This and one other case of thyroiditis with abscess led the author to conclude that it is not good practice to wait for fluctuation in such cases, the capsule and thyroid tissues being so dense as to mask this symptom. Pain is disproportionately severe in such cases, and a small punctured incision is better than a free one, the gland shrinking rapidly after evacuation of the abscess, and hæmorrhage is thereby avoided.

*R. Norris Wolfenden.*

**Kugler** (Graz).—*The Diagnosis of Accessory Göttrés.*—"Wiener Med. Woch.," Nos. 13, 14, 15.

A PATIENT, twenty-two years old, had on the right side of the neck a tumour of the size of a little apple. The tumour could be moved, but seemed to be fixed to the hyoid bone. The tumour was noticed in the patient in his eighth year, and was at that time the size of a bean, and gradually increased. It was diagnosed as accessory gôttré, and removed. Cure. The author then referred to the diagnostic symptoms

of the disease, and concluded with the relation of a case, in which a lipoma of the neck was so similar to a goitre that it was only by very careful examination he could distinguish it.

*Michael.*

**Wolf, Julius.**—*On the Extirpation of Goitre.* Freie Vereinigung der Chirurgen in Berlin. Meeting, May 9, 1892.

SUDDEN death during or after the operation can be caused by entrance of air into the veins; by too great loss of blood; by accumulation of mucus in the trachea and mouth. After partial resection of the goitre the remaining part of the gland becomes atrophic. In such cases the cachexia is not observed. The author showed five cases which were successfully operated upon. Parenchymatous bleedings during operation are treated by tamponing with iodoform gauze.

*Michael.*

---

## E A R.

---

**Barclay** (New York).—*A Case of Sudden Deafness from Inherited Syphilis.* "Med. News," April 30, 1892.

A GIRL, twelve years of age, who had had some signs of aural catarrh, suddenly lost her hearing at a time when she was cutting four molar teeth. The drumheads are only slightly affected, and inflation is useless. She has typical "Hutchinson" teeth. There is a history of miscarriages and early deaths of brothers and sisters, and the father confesses to having had syphilis. The author lays stress on the fact of the occurrence of the deafness a short time before puberty: that there was a predisposing cause, viz., chronic catarrh of the ear; and that there was the exciting cause of reflex irritation from the eruption of four second molar teeth simultaneously.

*Dundas Grant.*

**Corradi, C.**—*The Perception of Acute and Low Tones as a Diagnostic Criterion in Ear Affections.* "Archivio della Specialita Medico-Chirurgie, etc." Naples.

THESE observations were in part communicated to the Medical Congress at Sceria, and have since been fully published, with the following conclusions:—

1. Up to the present time we are not authorized to admit, either from an anatomical or physiological point of view, that the diminution of the perception of acute tones represents a symptom of lesion of the inner ear, it being difficult to exclude with certainty the participation of the middle ear in the progress of the disease.

2. If in some species of deafness the perception of acute sounds seems to diminish in comparison with that of the lower tones, while in others the perception of the latter in comparison with the perception of the former (acute tones) occurs, this is to be imputed, at least in part, to the special character of these tones, which naturally prohibits the acute tones,