

dorsalis the paralysis is always bilateral and follows Semon's rule. In disseminated sclerosis an atypical paralysis similar to that observed in syringobulbia may occur.

Thomas Guthrie.

TRACHEA.

Streit, H. (Königsberg).—*The Healing of Infected Tracheal Wounds.* "Arch. für Laryngol.," vol. xx, Part II.

The writer gives in detail the results of his experiments on seventeen full-grown cats. In each case tracheotomy was performed and the wound was inoculated with a fresh culture of capsulated bacilli and left open. Some of the animals died of septicopyæmia or pneumonia; the others were killed after a certain number of days or weeks, and the trachea and wound were histologically examined.

Epithelium.—Regeneration was found to begin early, and on the third day a thin layer of flattened epithelial cells was seen spreading from the edge of the old epithelium. On the fifteenth day the continuity of the epithelial covering was largely re-established. On the twenty-seventh day many ciliated cells were present, but in this respect restitution was not complete even after five months.

Glands.—Regeneration of these was first observed some five or six weeks after the operation, and after a period of five months they were present in the mucous membrane in almost normal quantity.

The cartilage twelve days after the operation showed definite signs of regeneration, in the shape of collections of cartilage-cells in relation with the cut tracheal cartilages. In the interval between the cut ends new formation of cartilage was observed on the fifteenth day. On the forty-third day the cut ends were found to be united partly by dense connective-tissue bundles and partly by young cartilage, apparently of perichondrial origin; a strong perichondrial capsule covered the outer surface of the cartilage.

The author's results agree in the main with those of Barth and Marchand.

Thomas Guthrie.

THYROID.

Trotter, W. (London).—*Malignant Disease of the Thyroid.* "Clinical Journal," September 13, 1908.

In a lecture on early clinical types of certain diseases, the author refers to the "minimal signs" upon which can be based a judgment sufficiently certain to render an operation necessary in carcinoma of the breast, traumatic compression of the brain, actinomycosis of the lung, and malignant disease of the thyroid. With regard to the last he gives the minimal picture in a very compact form: "A patient who has had a goitre for some years notices that it is beginning to increase in size and is becoming harder. Physical examination reveals a swelling—it may be quite small—which has no longer the perfectly distinct and globular outline of an adenoma and is not movable within the substance of the thyroid. It is hard, nodular, and can be felt to be welded with the thyroid substance. Such a tumour must be operated on, though there is no limitation in the movement of the thyroid and trachea during swallowing, no compression of the œsophagus, and no involvement of the trachea, recurrent laryngeal nerve, or carotid sheath."

Dundas Grant.