
 THYROID, &C.

Clarke, Bruce.—*A Case of Gumma of the Isthmus of the Thyroid Gland; Ulceration; Edema of the Larynx; Laryngo-Tracheotomy; Recovery.* "Lancet," Aug. 14, 1897.

VERY few cases of gummata of the thyroid gland have been recorded. Demme has met with the condition in hereditary syphilis, and Wölfler mentions a case recorded by Navratil. In the present case a woman, aged thirty-eight, who had previously been treated for syphilis, was admitted for fever and dyspnoea. In the mid-line of the neck anteriorly there was a hard cylindrical swelling, extending from the hyoid bone to the top of the sternum, so that the thyroid and cricoid cartilages could not be felt. The swelling moved with deglutition. Its upper part was ulcerated and typical of a gummatous ulcer. With the laryngoscope the mucous membrane of the larynx appeared to be very red, but not markedly œdematous. Iodide of potassium was administered, but the patient grew rapidly worse; dyspnoea increased, and the left side of the larynx became very œdematous. During an attack of severe dyspnoea laryngo-tracheotomy was performed without an anæsthetic. The cricoid cartilage and the upper two or three rings of the trachea were cut through after dividing a thickness of one and a half inches of hard gummatous material. The patient recovered and was able to dispense with the tracheotomy tube. No signs of myxœdema had appeared six months later.

St Clair Thomson.

 E A R.

Field, G. P.—*Aural Hyperostoses.* "Lancet," July 3, 1897.

CONSIDERS cold water getting into the ears as a usual factor in the production of these growths. Warmly recommends the dental drill as the most suitable instrument for their removal. There is no tendency to recurrence of the obstruction, so that a favourable prognosis in case of removal is always fully justified.

St Clair Thomson.

Smith, S. MacCuen.—*Mastoid Empyema without the Usual Objective Symptoms.* "The Therapeutic Gazette," Aug. 16, 1897.

THE author records four cases of acute mastoid suppuration—out of nine which he has observed—in which none of the usual symptoms (redness, swelling, and tenderness over the mastoid) were present. In all of them the one symptom was severe pain confined to the occipital region, and unrelieved by the free escape of pus through the ruptured or incised membrana tympani. In every case opening the mastoid evacuated a quantity of pus, which relieved the suffering, otorrhœa, and other symptoms.

The author draws the following conclusions from his cases:—(1) That redness, swelling, and tenderness over the mastoid are not necessarily diagnostic of deep mastoid disease, but are frequently secondary manifestations of a furunculous inflammation of the external auditory canal. (2) That bulging of the postero-superior quadrant of the external canal, especially when accompanied by otorrhœa, is always diagnostic of mastoid empyema, and demands prompt surgical interference. (3) That a consideration of the pulse and temperature are of much value in some cases, while in others they are totally unreliable, even misleading and confusing. (4) That in otherwise more or less obscure cases the presence of occipital pain is of commanding diagnostic importance.

Middlemass Hunt.