

he takes exception to the tampon canula as an instrument difficult of sterilization and causing great discomfort to the patient; moreover, it allows of the accumulation of a considerable amount of blood in the space above it. He, therefore, considers it desirable to dispense with the preliminary tracheotomy, and proceeds to describe the operation as performed by Perrier in 1890, with the aid of Collins' canula, which fits like a cork into the truncated trachea. At the termination of the operation the tracheal orifice is stitched to the lower end of the vertical skin incision, the rest of which, with the exception of an opening at its upper end for the passage of an œsophageal tube, is immediately closed by suture. The author points out that, in spite of the fixation of the tracheal opening, some canula is necessary, as the mucous membrane swells after the operation and might embarrass respiration. The author considers it desirable to remove the whole of the cricoid, as the operation is thereby simplified, and as deglutition is apt to be difficult when the unyielding ring is preserved. He is not satisfied with any of the artificial larynges so far devised. The statistics collected by Schwartz (1886) and Pinçonnat (1890) are given, the immediate mortality in each case being about twelve per cent. for total extirpations. With the advance of antiseptic dressing, pulmonary complications arising during the first fifteen days fell from thirty-six per cent. to twelve per cent. between 1886 and 1890. The total mortality in both sets of figures is about forty-one per cent. for total, and thirty-six per cent. for partial, extirpation.

Ernest Waggett.

Turner, A. Jefferis (Brisbane).—*Foreign Body in the Air Passages.* "Australian Med. Gaz.," May 20, 1896.

AN infant, aged ten months, while crawling on the floor, was seized with a violent fit of coughing and choking, as if something had been swallowed. Nine hours later another violent choking fit set in suddenly. After the breathing improved the child was sent to the hospital.

The author saw the patient the same evening, and found her sleeping quietly and breathing easily, but with distinct inspiratory stridor. When disturbed, the child's cry was loud and quite unmuffled, showing that there was no swelling of the vocal cords: the stridor, however, became more distinct both with inspiration and expiration. There was no distress in breathing, no recession, and both sides of the chest expanded well and equally.

The infant was inverted, shaken, and slapped on the back, without producing any change in its condition. The trachea was therefore opened and a probe passed upwards into the larynx, where a hard, gritty, foreign body was at once encountered. Attempts to remove it with forceps failed. The wound consequently was enlarged, a small bougie passed from above through the glottis, and the foreign body pushed down to the wound, through which it was readily removed. It proved to be an irregularly-shaped piece of coal cinder, three-eighths of an inch in its longest axis, but very light, and thus capable of being drawn into the larynx by a sudden inspiration. The tracheotomy tube was removed on the second day, and the child was discharged from the hospital on the fourth day.

A. B. Kelly.

T H Y R O I D.

Branca and Menier.—*A Case of Epithelial Tumour of the Thyroid Gland, causing Death from Asphyxia.* "Ann. des Mal. de l'Oreille," May, 1896.

THE symptoms pointed to retro-sternal compression of the trachea, probably by an aberrant goitre, the patient having five years previously had a thyroidectomy.

Operation was considered to be useless. At the autopsy a hard mass was found around the upper portion of the trachea, involving the œsophagus and cervical vessels on the right side, and infiltrating the trachea; as a certain surgical portion of the trachea was free from growth, a low tracheotomy could have been performed. Had this been done the patient might have been relieved from the intense suffering of progressive asphyxia which ended in death.

R. Norris Wolfenden.

Clark, Alfred.—*A Case of Absence of the Thymus Gland in an Infant.* "Lancet," Oct. 17, 1896.

THE child at birth was apparently well nourished and healthy, and continued to be so until six months old, in spite of being fed from a dirty bottle and otherwise neglected. About the sixth month swelling and coldness began in the hands and feet, and spread to the legs. The child was then found to be considerably swollen, and waxy in complexion; the heart and lung sounds were normal. There was no cyanosis; the fundi oculorum were normal; the bowels relaxed; the urine acid and without albumen. The swelling increased, and spread in spite of treatment, until the eyes were almost closed, and the limbs so distended with fluid as to feel like firmly stuffed cushions. Ecchymoses appeared in each supra-clavicular fossa, and the child died at the age of nine months. At the necropsy it was found that the thymus gland was entirely absent, and the position of the absent organ was not even marked by fibrous tissue. The case shows that absence of the thymus gland is compatible with fair health and normal development—at all events, for the first six months of life. There were no symptoms of acromegaly. The appetite remained good to the last.

StClair Thomson.

Koeppe (Giessen).—*Sudden Death of a Healthy Child.* "Münchener Med. Woch.," 1896, No. 39.

AFTER the sudden death of a child the *post-mortem* examination showed hypertrophy of the thymus gland. The author found forty cases in literature in which sudden death of healthy children was caused by this anomaly.

Michael.

Reinbach (Breslau).—*Results of Thymus Feeding in Goitre.* "Grenzgebiete von Med. und Chir.," Bd. 1, Heft 1.

IN thirty cases of goitre the thymus feeding was tried. The dose was twenty to thirty grammes of the gland three times a week, or tabloids of Burroughs, Wellcome, & Co. were used. In parenchymatous goitres in young persons good results are obtained, but in cases of myxœdema the thymus had no effect.

Michael.

E A R.

Alderton, H. A. (Brooklyn).—*The Operation of Mastoid Antrotomy for the Cure of Obstinate Purulent Median Otitis, with Description and Presentation of the Author's Anthrotome.* "Arch. of Otol.," July, 1896.

THE author has a great belief in the efficacy of drainage of the mastoid antrum in the cases described, and he recommends the use of a guarded perforator for making an opening into the antrum from outside. As he very truly observes, the bone on the exterior has a strong tendency to become densely sclerosed and thickened, while, unfortunately, no such process takes place in the inner boundaries of the cavity, but, on the contrary, more usually a rarefaction, so that the contained matter is