

some unknown influence a bud, or inward growth, arises from the corresponding branchial arches. This bud is covered by the external layer of the blastoderm, therefore is covered with skin. The process is exactly analogous to that which gives rise to the little pedunculated cutaneous tumours in the vicinity of the auricle—likewise developed from the branchial arches.

The structure is simple; the covering is cutaneous, with hair, sudoriparous and sebaceous glands. Beneath this is a connective-tissue stroma, containing muscular fibres, vessels, and sometimes cartilage. The tumours may be accompanied by malformations, *e.g.*, cleft palate, etc.

The symptoms vary according to the position and size of the tumour, and may be marked from the first, or may be unnoticed till the twentieth or even thirtieth year. The colour is whitish, the shape that of a pedunculated polypus; the body of the polypus may grow to the size of a cherry, or even larger. They grow from some part of the naso-pharynx, *e.g.*, the orifice of the Eustachian tube, the posterior surface of the soft palate, the vault of the naso-pharynx, etc.

Diagnosis is easy. Treatment consists in extirpation, which may be done with a pair of scissors, a galvano-caustic, or a cold snare.

*Arthur J. Hutchison.*

### THYROID, Etc.

**Anderson, H. B.**—*Case of Colloid Goitre, involving the Middle Lobe of the Thyroid Gland, associated with Asthmatic Attacks and resulting in Sudden Death.* "Canada Lancet," October, 1900.

The author states that he has been unable to find a similar case recorded in which the goitre was confined to the middle lobe. The occurrence of periodical attacks of urgent dyspnoea in so-called thyroid asthma is somewhat common, but must be more dangerous to life when the enlargement is limited to the central lobe, as in this case. The attacks of asthma were severe and the death not unexpected.

*Price-Brown.*

**Christiani.**—*Histology of Grafts of the Thyroid Gland in Reptiles.* "Revue Méd. de la Suisse Romande," December 20, 1900.

Grafts of thyroid gland transplanted from one reptile to another of the same species, or from the neck of one reptile to its peritoneum or under its skin, take well, and form functionally active glands. The rapidity with which the transplanted graft forms new vascular connections, and with which its epithelial cells begin to grow, depends on the species of reptile, and on the time of year at which the transplanting is done. Thus, in lizards and slow-worms reorganization of the graft is much more rapid than in snakes and vipers; it is also far more rapid in spring and summer, when the animal's organic life is most active, than in autumn and winter, when its life is almost suspended.

The author concludes that the thyroid gland of reptiles is capable of being transplanted, just as it is in mammals, and that the grafts, even long after the operation, present "all the morphological characters of the thyroid gland, without any tendency to atrophy."

*Arthur J. Hutchison.*

**Thomas.**—*Myxœdema and Adenoid Vegetations.* "Revue Hebdom. de Laryng., d'Otol. et de Rhinol.," December 1, 1900.

The patient was a child, about five years old, who had been under thyroid treatment for myxœdema during nearly two years. He was very badly developed, both physically and mentally. Adenoid vegetations were present. The question was asked whether the same or similar good results were to be expected from removal of adenoid growths from a myxœdematous child as are obtained in a healthy child. From previous experience ("Revue Hebdom. de Laryng.," 1899) Thomas answered in the affirmative. The operation was performed. The results, as regards the physical condition, were much the same as in an ordinary child, and the mental condition improved to a considerable degree.

*Arthur J. Hutchison.*

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### THERAPEUTICS.

**Gray, Albert A.**—*A Further Note on the Production of Local Anæsthesia in the Ear, Nose, and Throat.* "The Lancet," March 9, 1901.

In the *Lancet* of April 21, 1900, p. 1125, the author described a method by means of which the difficulty of obtaining local anæsthesia in the ear could be overcome. It consisted essentially in using a solution of cocaine in anilin oil and rectified spirit. As the method has been widely adopted both in this country and abroad, he describes some little improvements which allow the limits of its application to be considerably widened.

In regard to the physiological effects of this method a few words are required. He has not had any trouble himself with symptoms of intoxication, either by the anilin or by the cocaine, but has heard of two cases in which a little trouble resulted. One of these was a case evidently of cocaine intoxication, and the patient recovered in the course of an hour or two. The second case occurred in a patient aged six years. The solution was instilled into the meatus until the latter was full. In the course of an hour or so the patient's lips became blue, and slight gastric catarrh occurred, but no other symptoms were present, and the patient was well again in a few hours. As a matter of fact, beyond the peculiar blue colour of the lips, there was nothing alarming to note. Excepting these cases, neither of which occurred in his own practice, he has not seen or heard of any trouble with the solution.

A few words may be said in regard to the peculiar blue colour of the lips which sometimes occurs. Several of his patients have told him that an hour or two after the use of the solution their friends noticed this peculiar colour. No symptoms were present in any of the cases, and the patients would not have known about it had their attention not been drawn to it by their friends. It always passes off in the course of a few hours, and leaves no effects. This is due to the transformation of oxyhæmoglobin into methæmoglobin. Its occurrence may be avoided, if so desired, by limiting the dose to 20 minims for adults or adolescents and corresponding doses for children. As regards children, it must be remembered that they are said to stand cocaine badly.

*StClair Thomson.*