

Franken, Fr.—*An Artificial Palate and Teeth in the Œsophagus.* “*Münchener Med. Woch.*,” Feb. 9, 1897.

REPORT of a case. When first seen the patient's breathing was noisy, strained, and rapid; the face and lips were cyanosed; and frothy, bloody-serous sputum flowed in large quantities from the mouth. Pulse good. Swallowing was painful. Gradually improvement in the breathing took place, but swallowing became impossible. The larynx and sides of neck were very tender to touch. The plate and teeth were accidentally discovered on the second day and removed with the fingers through the mouth.

Arthur J. Hutchison.

Rumpel, Th.—*The Clinical Diagnosis of Spindle-shaped Dilatation of the Œsophagus.* “*Münchener Med. Woch.*,” April 13 and 20, 1897.

RUMPEL describes the symptoms, etc., of a case under his observation in which he diagnosed diffuse spindle-shaped dilatation of the œsophagus. The following experiments were carried out on this patient:—

1. On introducing a tube into the œsophagus a turbid milky fluid (about three hundred cubic centimètres) flows out whilst the tube is passing from twenty-eight to fifty centimètres from the teeth. This fluid is alkaline, and contains sugar. At fifty centimètres from the teeth the sound is resisted, and only after considerable difficulty is passed into the stomach (typical stomach contents now flowing out).

2. Introduce a tube, attached to a filler, thirty centimètres into the œsophagus; pour in three hundred cubic centimètres of neutral fluid, coloured with blue litmus. By raising and lowering the filler the fluid can be poured backwards and forwards between the filler and the œsophagus. Not a drop is lost into the stomach, and it remains blue, thus showing that it does not come into contact with the stomach or stomach contents.

3. Pass a large-sized stomach tube right down into the stomach, and leave it there. Pass alongside of this a second smaller tube forty centimètres into the œsophagus (*i.e.*, not far enough to by any possibility enter the stomach), and connect this with a filler. Pour into this three hundred cubic centimètres of fluid. It can all be got back again. This proves that the watertight division between the œsophagus and stomach is produced either by contraction of the lower end of the œsophagus round the thick tube, or else that the second tube passes into a large œsophageal diverticulum. This point is settled easily by a slight variation in experiment No. 3. Thus, instead of the thick stomach tube, with only one hole at its distal end, introduce a similar tube with one or more holes in its side. Now pour the fluid, as before, through the thin tube. If this lies in a large diverticulum the fluid will behave as in experiment No. 3; but, if not, the fluid will all flow through the holes in the large tube into the stomach.

4. Lastly, after pouring into the œsophagus fluid containing five per cent. of bismuth subnitrate in suspension, the size, shape, and position of the dilatation can be demonstrated by the X rays.

Arthur J. Hutchison.

THYROID.

Jaboulay.—*The Section of the Cervical Sympathetic Nerve in Goitres and Graves' Disease.* “*Lyon Méd.*,” Feb. 7, 1897.

JABOULAY first advocated resection of the sympathetic nerve for the relief and the cure of thyroid hypertrophy. He relates three cases of that surgical proceeding.

1. A woman, thirty years of age. Graves' disease for three years. Cure in a few days.

2. A woman, sixty-four years of age. Enormous thyroid tumour, with tachycardic and tumour. These symptoms disappeared immediately after operation.

3. A woman, forty-two years of age. Graves' disease without thyroid tumefaction; cardiac arrhythmia. Rapid cure.

Jaboulay considers that resection is a typical method of relieving the exophthalmic goitre; the operation is easy, not dangerous, and without fear of trophic disturbances.

A. Cartaz.

Sänger, A.—*A Case of Graves' Disease treated by Operation.* "Münchener Med. Woch.," April 6, 1897.

THE most recent statistics of strumectomy are the following:—

(1) Up to January 1st, 1896, Allen Starr collected 190 cases. Of these, 23 died from the operation; 74 were cured; 43 improved; 3 remained *i.s.g.* (2) Francis Kinnicut ("Med. Record," April 18th, 1896) reported 187 operations. Mortality, 7 per cent.; cures, 30 per cent.; and a still larger percentage of improvement. (3) Ernst Mattiesen (1896) collected 117 operations, with 47·2 per cent. cures, 33·7 per cent. improvement, and 19·1 per cent. bad results.

The writer reports the case of a tailoress, twenty-eight years old, who after a severe attack of influenza in 1885 developed exophthalmic goitre, with rapid pulse, tremblings, sweatings, etc. The enlarged right lobe of the thyroid was extirpated. For a short time thereafter slight diminution in pulse rate was noted, but very soon that, as well as all the other symptoms, grew very much worse, so that now the condition of the woman is decidedly worse than before the operation.

The author is of opinion that operative treatment of exophthalmic goitre is a very doubtful procedure.

Arthur J. Hutchison.

Silberstein, L.—*A Case of Thyroidism.* "Deutsche Med. Woch.," March 11, 1897.

PATIENT, female, aged forty, consulted Dr. Silberstein on September 17th, complaining of a goitre; otherwise healthy. Thyroid tabloids, prepared by Döpfer, were ordered.

October 5th.—No change in condition noted.

October 13th.—Silberstein found the tabloids had a penetrating smell and fetid taste: ordered Wellcome's preparation instead.

November 19th.—Slight decrease in weight; goitre as before; complains of weariness.

November 24th.—Marked œdema of lower limbs. Pulse, 108; temperature normal. Heart sounds pure. No albuminuria. Trembling of limbs, heat in the hands, heaviness of feet and legs, weariness, and great sleepiness. Stopped the tabloids. Improvement gradually set in, and by November 30th most of the symptoms had passed off, but the patient appeared like a convalescent from a severe illness.

Silberstein regards this as a case of blood poisoning due to the cumulative action of decomposed animal substance. It is not possible to be certain that tabloids containing animal extracts have always been prepared from fresh material, and it is almost certain that, even if the tabloids were quite fresh when made and bottled, they will be decomposed long before the bottle is emptied. This decomposition is not always to be detected by either smell or taste.

Arthur J. Hutchison.