

jugular excision. The value of simple ligature of the internal jugular is problematical; cases doing well after it would probably have recovered without interference with the vein. In dealing with sinus thrombosis it is always better to err on the side of radicalism.

Knowles Renshaw.

NOSE.

Christie, N. A. (Welland, Ont.)—Nasal Diphtheria. "The Canadian Practitioner," January, 1912.

The patient, male, aged seventeen, was seen first on July 30, when diphtheria was diagnosed. The face was pallid, the tonsils and uvula covered with thick greyish membrane; from the nares issued a sanguino-purulent discharge, and cellulitis was so great about the angle of the right jaw that the upper and lower sets of teeth were not in line. The odour was characteristic of the disease.

During the first four days 18,000 units of antitoxin were administered. On the sixth day the membrane commenced to loosen in the throat. On the seventh day profuse hæmorrhage occurred from the right nasal passage, and, on forcible blowing of the nose, an almost complete cast of the mucous membrane on that side was ejected. This membrane was very tough, and nearly one eighth of an inch thick. To control the bleeding, a tampon soaked in solution of perchloride of iron was inserted. This was removed on the following day, when a similar cast from the left nasal passage was blown out.

From this time there was marked daily improvement until the twelfth day, when the heart's action became weak and irregular. This was followed by pharyngeal and general paralysis with all the usual symptoms of this complication. Treatment was by the ordinary methods in such cases, including iron, strychnine and electricity, but the patient did not fully recover until four months from the date of the attack.

Price-Brown.

THYROID GLAND.

Farrant, R. —Thyroid Action and Reaction. A Paper read before the Pathological Section of the Royal Society of Medicine on October 15, 1912.

The author said that the thyroid secretion was absorbed by way of the thyroid veins. These veins corresponded in size to the thoracic duct and right lymphatic trunk; they guarded the junction of the lymph with the venous circulation.

Certain toxins were absorbed by the lymphatics and passed up through the terminal lymph-trunks to come into immediate contact with the thyroid secretion. In these toxæmias a hyperplasia of the thyroid occurred without enlargement. This hyperplasia was illustrated by a series of slides taken from cases of infantile diarrhœa, diphtheria, measles, whooping-cough, broncho-pneumonia. So certain was this hyperplasia that in a given series the duration of the disease could be accurately arranged according to the degree of hyperplasia that had taken place. The reaction did not depend on the increased metabolism of febrile conditions, as it only occurred in certain diseases; for instance, infections with staphylococcus.