KASSOWITZ has observed a good result by thyroid treatment in a case of cretinism. Of differential diagnostic importance is the increased curvature of the palate in cases of cretinism. This symptom is observed in all cretins, but sometimes also in mentally normal children. *Michael.*

HAMBURGER AERTZLICHER VEREIN.

Meeting, January 28th and February 11th, 1896.

LEMKE. *On Basedow's (Graves') Disease.* The author believes that tremor and delirium cordis are the most important and earliest symptoms of the disease. He has observed two cases with these symptoms in which exophthalmos and struma appeared later. He believes that the disease is a form of intoxication produced by the secretion of the thyroid, and that the poison has a specific relation to the muscles. Thyrectomy is the best treatment. The author has performed it seventeen times.

PELTESOHN and SANGER. *Some Cases of Graves' Disease.*

KUMMEL does not believe that the secretion from simple hypertrophy causes the disease, but that from a pathologically changed gland does.

NORME said that in some well-marked cases tremor is not observed.

FRANKE observed in one case pulsation of the retina.

BOETHGER had observed it in combination with maniacal hallucinations.

HESS believes that the poison has no affinity for the muscles, but for the nerves.

DEUTSCHMANN remarked that the exophthalmos is produced by increased blood supply.

EMBDEN showed Baumann's thyroid reaction.

Michael.

VAUDOISE SOCIETY OF MEDICINE.

February 1st, 1896.

Dr. MERMOD presented the case of a patient operated upon last year for *multiple sinusites*—double maxillary, right ethmoidal, *left sphenoidal*—and who succumbed to a meningitis after simple exploration of the right frontal sinus made through the nose. For two months the patient had violent attacks of headache, terminating each time in abundant secretion of serous liquid from the nose. Catheterism through the fronto-nasal canal being impossible, it was determined to explore the sinus across the floor by the nose. The sound was pressed slowly from below upwards, and from behind forwards, supported against the septum, and as much as possible forwards, behind the bones of the nose. It was remarked with surprise that the instrument entered easily, without any bony resistance, into what appeared to be a vast cavity, and to a depth of seven and a

half centimètres, measured from the entrance of the naris. There were no consecutive symptoms, only an abundant serous evacuation at night. The attempt was repeated eight days after with a small canula, introduced only six and a half centimètres. Meningo-encephalitis followed, and on the sixth day a large trepanation of the frontal sinus was performed, and it was found that there was a large prolapse of the brain, complete absence of the frontal sinus, and a small opening of communication on the right between the brain and nose. Death followed twenty-four hours after.

At the autopsy meningitis and encephalitis were found, *without any trace of traumatism of the cerebral substance*. There was no trace of right or left sinus in the frontal, and it was only nine millimètres thick. Two millimètres more behind (*i.e.*, eleven millimètres from the superior nasal spine), and a centimetre in front of the intact lamina cribrata, was a small opening, through which the sound had penetrated from the nose. Probably this opening had existed before, and through it had flowed the cephalo-rachidian fluid. The sound had passed between the brain and osseous wall. It had been impossible to manœuvre more forwards, proving that with an osseous wall of nine millimètres a sound may penetrate from below upwards without wounding the brain, when this occupies the place of the sinus. If a prudent exploration of the frontal sinus from the nose can lead to such deplorable consequences, it is necessary to reject Schaeffer's method of operation (opening with curette or trocar pushed upwards from the nose). It is always dangerous, for on the living subject we cannot estimate the extent, form, and position of the frontal sinus. Where catheterism of the fronto-nasal canal is impossible, Menrod would always advise exploratory trephining.

R. Norris Wolfenden.

AMERICAN MEDICAL ASSOCIATION.

January 22nd, 1896.

JAMES E. NEWCOMB, M.D., *Chairman.*

SECTION ON LARYNGOLOGY AND RHINOLOGY.

Dr. L. L. MIAL demonstrated a new electrical saw and plane.

Dr. R. C. MYLES presented an instrument (made by Meyrowitz) for operation upon the ethmoid, called the ethmoid clippers, which cuts at right angles to the shank, and is used chiefly for removing the floors of the ethmoid cells.

Presentation of Cases.

Dr. WENDELL C. PHILLIPS said : I wrote to the secretary that I would present two cases, but at the time I wrote I thought the meeting was to have been last Wednesday night. They were private patients from