well-marked ridges. The vertical process of the axis projects into the cranial cavity. The pituitary body is enlarged, forming a mass the size of a Tangerine orange; it projected half an inch above the level of the lesser wings of the sphenoid bone. The growth had a distinct capsule, which is thin, and dotted with small granules. It involved both lobes, the infundibulum being free; at the upper and anterior right corner it had perforated the capsule, and involved the

Fig. 4.—Sella turcica.

orbital surface of the right frontal lobe. The growth was excessively soft, of a dark puce colour, dotted with hæmorrhages. On microscopic examination it was found to be a round-cell sarcoma. The optic chiasma and adjoining portions of the optic nerves were flattened, but not entered by growth. The sella turcica measured antero-posteriorly $1\frac{1}{2}$ inches, transversely $1\frac{1}{4}$ inch, vertically $\frac{1}{2}$ inch. Examination of thoracic and abdominal viscera was not permitted.

EXCISION OF THE LARYNX, HYOID BONE, AND FIVE RINGS OF THE TRACHEA, FOR CANCER.

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LARYNGECTOMY is no new operation, and the following case is principally of interest as illustrating the impunity with which a large gap in the pharynx can be dealt with.

L. P. H., aged 39, was admitted into the Dunedin Hospital in April, 1893, suffering from severe dyspnœa and dysphagia, due to a large cartilaginous-like tumour springing from the larynx. He had been complaining of breathlessness for six months, and of more or less laryngeal irritation for three years. Latterly, however, the dyspnœa had increased so much that he was in constant dread of suffocation. The mass to look at was as if the larynx had developed to the size of a large orange. It spread laterally and up and down, as if the whole front of the neck were a solid mass. The ordinary stomach-pump tube passed with great difficulty down the œsophagus, and it was impossible to say whether the œsophagus was involved or not. A laryngoscopic examination revealed nothing, as the walls of the larynx were so compressed and the breathing so difficult that a careful examination was impossible. Otherwise the man was in fairly good health. The diagnosis was malignant disease (myxo-sarcoma), and after consultation it was decided to perform tracheotomy as a preliminary step, and thereafter remove the mass if practicable. Accordingly I performed tracheotomy as low down as possible.

Ten days afterwards I incised the mass, and found that the

growth was almost entirely extralaryngeal, but involving the thyroid cartilages, the hyoid bone, the upper part of the trachea, and the whole of the soft structures surrounding them in front to the level of the skin. The pharynx was slightly involved, but the œsophagus seemed to be free. It was decided to proceed to removal of the tumour. A median incision was made over the whole length of the tumour, and two lateral incisions following the hyoid bone as far as the carotids would permit. This gave ample room to dissect the mass out, which was done from below upwards. The hæmorrhage was profuse, but principally from the upper portion of the thyroid gland. On arriving at the part around the epiglottis and hyoid bone, it was found impossible to avoid opening into the pharynx. A strong effort was made to save the epiglottis, but immediately below it the pharynx was opened from side to side. This large gap was carefully stitched over a large rectal bougie, and finally fixed to the soft structures in front. The external wound was left open so as to facilitate drainage and avoid the troublesome burrowing of pus in operations along the trachea. The patient made an excellent recovery. The wounded pharynx gave no trouble, nor was there any difficulty in swallowing after the second day. The fact of the pharynx being opened and the certain glueing of it to the tissues in front raised the question of the opening to the mouth being ever properly established. Three months were allowed to pass before I attempted to establish this opening so as to permit of the wound in the pharynx being thoroughly united. The first attempt was successful in establishing communication with the mouth, but the cicatricial tissue externally sloughed, and so the opening was allowed to close. The certainty of restoring the voice was established by this attempt, and this gave courage to all concerned.

On August 3rd the sinus to the mouth was enlarged, and the operation brought to a successful conclusion after numerous difficulties, of which books give no intimation, had been met and successfully dealt with. At first he could articulate better without the reed, the epiglottis seeming to take the place of the natural larynx. Indeed, he could whisper in quite an audible tone by merely inserting a simple rubber tube, showing the wonderful powers of speech contained in the epiglottis, throat, and lips, *minus* a larynx. Latterly, however, he excelled this mode of speech as he became accustomed to the reed in the artificial larynx. It is marvellous how well an individual can speak by means of an artificial larynx, and it redounds to the credit of surgery that life and speech can be so comfortably prolonged.

REMARKS.—An operation of this kind is one very difficult to carry out successfully in New Zealand, and probably in any of the Australasian colonies, owing to the difficulty of procuring a suitable artificial larynx, or modifying it in any way when procured. There are no manufacturers of such instruments in the colonies, and no one to modify or alter in any way such instruments as can be procured here from the

home agencies. I found this difficulty almost insuperable, and had to scheme and devise for myself as best I could. In the diagram the larynx inserted is a modification of Gussenbauer's. It is at best a clumsy and complicated instrument. It requires considerable tact on the patient's part to manipulate the various sections of the instrument. It was procured from Messrs. Mayer and Meltzer, of Melbourne, and is made of vulcanite. The other instrument is a model of simplicity, and easy of application. I am indebted to Dr. Gardner, of Melbourne, for it. He tells me that he had it made for his case by a medical friend in Glasgow. It is manufactured of celluloid, is much stronger than vulcanite, and is easily understood and easily applied. As to the various steps of the operation, ligature of one or other of the carotids some time before the excision would certainly facili-

1. The tracheal tube. 2. Pharyngeal tube. 3. Reed, inserted into and closing the opening in the tracheal tube.

tate the procedure. But if the operation can be performed without this, all the better. Again, the hæmorrhage is not so great as one would anticipate in so extensive an operation. The wound in the pharynx was most dreaded, but it healed up splendidly, nor was there any undue narrowing of its calibre.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

THE TREATMENT OF PSORIASIS BY THYROID EXTRACT.

THE report published in the BRITISH MEDICAL JOURNAL of October 28th of the discussion on Psoriasis in the Dermatological Section of the Newcastle meeting of our Association containing Dr. Byrom Bramwell's vivid account of the remarkable success which he obtained by treating psoriatic patients with thyroid extract, and the photographs of the patient, so clearly demonstrated the curative power of the drug that, having then a very bad and chronic case of psoriasis under treatment, I resolved to give it a trial. The patient, an active temperate young man, had been troubled with psoriasis for ten years. For some time previous to November 2nd he had been taking no internal remedies, but he had been using chrysarobin ointment to his legs only, cold cream to the rest of his body, and sulphur baths.

On November 2nd he was feeling well, sleeping well, and going about as usual. The eruption, which had been extending, had, on the arms, the back, and the abdomen, assumed the character of an extensively diffused and continuous exfoliative dermatitis. These surfaces were of a vivid red colour, and there were numerous fine tissue-papery scales on them. Elsewhere on the trunk and arms were many true psoriatic spots. On the legs were dozens of various sized patches and spots elevated, red, and many of them covered with thick white scales. He was instructed to use a bran

bath at 98° F. every evening, to apply no external remedy to the skin save cold cream, and to take no medicines save four of Burroughs and Wellcome's 5-grain thyroid tabloids in twenty-four hours. He noticed nothing unpleasant until November 7th, when he had taken twenty-two tabloids. He awoke at 7 A.M. with "beating of his heart," and subsequently he felt somewhat faint. At noon his pulse (sitting) was 102, irregular in force and rhythm. The heart was beating forcibly and irregularly; there was no murmur. His usual normal pulse sitting would be about 72. He was directed to discontinue the tabloids. On this day it was noted that the diffused dermatitis on the arms and body was distinctly paler, that it had not extended, and that there was a very considerable and increased quantity of furfuraceous desquamation. There were no dyspeptic symptoms. In the night he awoke with palpitation, and when he called at my house on November 8th his pulse was too frequent—104 (standing). His urine contained much lithates, but no sugar or albumen.

On November 9th the pulse was 96 (sitting) and 102 (standing); temperature 98.2 (morning). There was much desquamation, with large branny scales, but none of them big.

On November 10th, as he was feeling well, the tabloids were recommenced, but in half the former doses.

On November 18th the general surface of the body and arms was much the same. Several fresh spots of psoriasis had appeared on the buttocks and legs. The patient was most anxious to be benefited, and began to take three tabloids every twenty-four hours.

On November 23rd, when he had been taking three tabloids daily since November 19th, though he had not felt any uneasy sensations, his pulse was 92 (sitting), and his temperature at 5 P.M. 99° F. The specific gravity of the urine was 1035, with copious pink lithates, but no albumen or sugar.

On November 25th he stated that he had been very hot the two preceding nights. His temperature, taken by himself, on November 4th (evening), was 101.8°. At 5 P.M. I found his temperature was 100.6°, and his pulse 104. Several fresh spots were to be seen on the legs and body. The red surfaces on arms, back, and abdomen were no better. There was no extensive peeling, but furfuraceous scales only. On buttocks, thighs, and legs were many fresh spots, many of them covered with thick opaque whitelead scales.

His weight on October 15th was 10 stone 2½ lbs. On November 25th, 9 stone 6 lbs. He was told to stop taking the tabloids. From November 25th to November 28th he continued feverish, and remained at home. His morning and evening temperature continued high, from 100° to 102° F. He took small doses of aconite and phenazone; perspired freely on the night of November 29th—a very unusual thing for him—and on November 30th his temperature fell to 98.4°. On the evening of this day he discontinued the phenazone.

On December 1st and 2nd his temperature was distinctly subnormal; his weight on November 30th was 9 stone 3 lbs.; up to November 29th he had, as already mentioned, lost 10½ lbs.; the total loss up to November 30th amounted to 13½ lbs.

Doses.—I will very briefly summarise the doses and the number of tabloids taken. He began them on November 2nd, taking four in the twenty-four hours. On November 7th he discontinued them *pro tem.*, after having taken twenty-two of them in five days and a-half. On November 10th, after an interval of three days, he recommenced them in half doses, that is, one night and morning. On November 18th he had taken two daily for ten days, or a total of eighteen in nine days. On November 19th he commenced with three per diem. By November 25th, when they were permanently discontinued, he had taken twenty-nine tabloids. Thus he took altogether, from November 2nd to November 25th, sixty tabloids. I should imagine that each of Burroughs and Wellcome's tabloids represents one-eighth part of an average-sized thyroid gland; if so, the sixty tabloids would equal seven thyroid glands and a-half.

In this case the spread of the skin disease under the thyroid treatment, the loss of flesh, the cardiac troubles, the faintness, the pyrexia, coupled with the disappointment to patient and doctor, are worthy of the careful attention of all who may desire to prescribe this remedy in psoriasis.

Eastbourne.

TALFOURD JONES.

AN EPIDEMIC OF MUMPS.—The Buckland St. Mary National Schools, near Chard, have been closed in consequence of an epidemic of mumps. It is reported that sixty children are suffering.