a "slough of despond," into a more dismal swamp than ever. The evil effects of the present state of this department are too obvious at home and abroad.

As regards the East, they can be guessed at from Surgeon-Major Porter's observations—an extract of which you give—as well as from the latest telegraphic news, showing the paucity of medical officers with the forces on service. As it affected the troops in Natal, it is only necessary to consider that they went on active service in a fever-stricken country with a proportion of less than one medical officer to a battalion—i.e., with less than a third of the *personnel* considered necessary under ordinary circumstances in times of peace in India.

As to home service, which has been reduced to two years and a few months, short as it is compared with the long years spent in exile, it has become now-a-days, to many officers, so utterly unendurable that they embrace the earliest opportunity of returning to India, to escape from it, fortunate, indeed, if they get to India instead of to one of the still more trying stations in which they might have to serve.

Leave has now become a thing to dream of in the distant future, when the worn-out old army surgeon shall have given all to the State that can be got out of him, and when he may be at length in a position to give himself leave without reference to a P. M. O.

However zealous the army doctor of the present day may be—and, Heaven knows, the treatment he receives does not give much occasion for zeal—it stands to reason that the British soldier is likely to have less of scientific skill than the country intends he shall have. There is a limit to the number of cases a medical officer can treat with satisfaction to himself, or with full justice to his patients. It only needs inquiry at some of our larger stations to find that the limit is constantly being far exceeded.

At some stations, in addition, the weary round of orderly duty, for juniors and seniors alike, is another index that the army surgeon has fallen upon evil times. If the warrant has fallen through on the paltry score of expense—for paltry it is compared with the great interests involved—*quousque tandem* is the next consideration.

A department consisting chiefly of *soi-disant* field-officers—save the mark!—rapidly diminishing in numbers, and not being replenished, must come to a standstill some time. That the date can be no distant one the signs are sufficiently clear. The profession outside has hitherto stood true to us, and will, no doubt, do so still. If the Treasury has decided that the country cannot afford the best of skilful treatment for its sick and wounded soldiers, the Government will perhaps find that even the youngest members of our noble profession have come to know that, while Great Britain has colonies and big merchant ships requiring surgeons, they ought to do better, and could scarcely do worse, in choosing a career, than accept, even as a gift and free from competition, the once highly-prized commission of an

September 22nd, 1879.

ARMY SURGEON.

EXTIRPATION OF GOITRE.

To the Editor of THE LANCET.

SIR,—An Italian lady has sent me the enclosed, with a request that I should get it inserted in THE LANCET if possible. The case seems of some interest, as I have not read of any one before in which the contents of the thyroid tumour were emptied out, and the sac removed afterwards.

I am, Sir, yours faithfully,

Wimpole-street, Sept. 15th, 1879.

MARCUS BECK.

EXTIRPATION OF GOITRE; CURE.

By DR. DIONISIO.

A young lady, twenty-five years old, had been troubled for some years with a tumour in the thyroid region, which had acquired the size of a fist, or rather of a common orange. She experienced great difficulty in breathing, especially after the least exertion. Swallowing was difficult, and even painful at times. Harsh tracheal breathing; instant sensation of suffocation by the least pressure on the tumour.

Having ascertained it to be a parenchymatous goitre, already undergoing colloid metamorphosis, Dr. Dionisio proceeded to its extirpation in the following manner:—First, he made a cutaneous incision in the middle line, from the inferior border of the cricoid cartilage to the superior border

of the sternum, and divided the other tissues on a director down to the tumour. After drawing the incision widely open with blunt hooks, he proceeded to isolate the tumour on each side and at the back till he reached the adhesions to the trachea, either tearing with his finger or with the director or cutting the bands of fibrous tissue which united the tumour to the adjacent parts. The vessels were cut as the operator went on, between two catgut ligatures, after Lücke's method.

As the tumour was found to be formed by a capsule distended with a soft, elastic substance, but not fluctuating, after having assured himself by a puncture that he had to deal with colloid tissue, Dr. Dionisio opened the capsule from top to bottom, and emptied out its contents with his fingers. The thick velvety-walled sac, of a livid colour, was then pulled from its position and cut away with sharp scissors, so as only to leave the portion adhering to the trachea. After arresting the hæmorrhage, the sides of the capsule were united to the sides of the cutaneous incision in its lower portion, so as to facilitate, by means of a drainage-tube, the escape of the secretions. A few interrupted stitches sufficed to join the incision in its superior portion.

No disagreeable consequences followed the operation. The maximum temperature, and for one single day, was 103° F. The patient after a month was quite recovered, and only showed on the place a slight scar, hardly visible. — *Osservatore Gazzetta delle Cliniche di Torino*, No. 28. 1879.

THE HEART COMPLICATIONS OF RHEUMATISM.

To the Editor of THE LANCET.

SIR,—The two factors which play the most important part in the production of these complications are the age of the sufferer and the acuteness of the attack. The younger the patient, and the more acute the seizure, the more likely is the heart to be affected.

If Dr. Finlay and Mr. Lucas could add to their statistical statement published in this day's LANCET some information on these two points (say, the number of patients under twenty in each group), they would much increase the value of their interesting communication. A statement of the day on which medicinal treatment was first omitted would also be of service.

I am, Sir, yours, &c.,

T. J. MACLAGAN.

Cadogan-place, Belgrave-square, S.W., Sept. 20th, 1879.

VARIOLA AND VARICELLA: "A HARD CASE."

To the Editor of THE LANCET.

SIR,—With reference to the case of alleged error in diagnosis alluded to in your issue of last Saturday, I beg to inform you that I arrived at my conclusion after two inspections of the sick persons, and consultation with our senior medical officer, who entirely agreed with me. I am still of opinion that the disease was small-pox, and I think that the detention of the patients in the hospital goes to confirm my opinion.—I am, Sir, yours faithfully,

W. A. BONNEY,

Medical Officer, North-West District, Chelsea.

King's-road, Chelsea, S.W., Sept. 24th, 1879.

* * This is confirmatory of our first impression.—ED. L.

A REPUDIATION.

To the Editor of THE LANCET.

SIR,—An untrue report that I profess homœopathy having repeatedly come to my hearing, I should feel obliged if you would allow me, through the columns of THE LANCET, to repeat the denials made in private. Ever since studying medicine I have regarded homœopathy, as a system or separate mode of practice, as a mistake and an anachronism, and this conviction has only been deepened by time. It is not the place here to enter into the question whether homœopathy may not have important legacies for medicine as other erroneous systems have had, but I would distinctly repudiate any connexion with a sectarian medical position.

I am, Sir, yours obediently,

A. WILBERFORCE SMITH.

London, September 22nd, 1879.