was enlarged and had attached to the back of its lower extremity a lobulated process which passed vertically downwards into the thorax for rather more than an inch. This process was within the capsule of the gland, but separated from its substance by a thin layer of connective tissue. In the middle line was a lobe of the thyroid, in shape resembling a rather large left lobe, pushed over by the tumour; but from its apex a well-marked band of fascia, representing the levator glandulæ thyroideæ, passed up to the hyoid bone. Between these two lobes were the right sterno-hyoid and

S.T.A., superior thyroid artery. L.G.T., levator glandulæ thyroideæ. S.M., sterno-mastoid. O.H., omo-hyoid. S.H., sterno-hyoid. S.T., sterno-thyroid.

sterno-thyroid muscles lying in a shallow groove; the omo-hyoid passed obliquely over the right lobe. On the right side the carotid vessels and internal jugular vein were pushed outwards; the superior and inferior thyroid arteries and the recurrent laryngeal nerve were normal. On the left side the carotid was much displaced outwards and backwards and overlapped by the internal jugular vein. The superior thyroid artery arose normally and gave off a normal superior laryngeal branch; it was of large size and reached the apex of the tumour and passed down along its inner border, having exactly the same relations to it that a normal artery has to the lobe of the thyroid gland. There was no artery to be found at a similar part of the lobe in the middle line. No other artery was found to reach the tumour. The left inferior thyroid artery was very minute and ended in the tissues behind the capsule of the tumour. The trachea was somewhat flattened laterally and pushed over to the right. The left recurrent laryngeal nerve was in its normal position by the side of the trachea.

The tumour was examined microscopically and presented the structure of an old cystic goitre. At first sight this appeared to be a case of tumour originating perhaps in an accessory thyroid and pushing the thyroid gland over to the right. It is rare for tumours in the neck, other than thyroid tumours, to displace the carotids outwards.

Small isolated portions of thyroid tissue, called accessory thyroids, occur fairly often in the course of the thyroglossal duct, and tumours in accessory thyroids have been not infrequently reported in other situations. C. Ogle¹ and Bernard Pitts² describe tumours resembling thyroid tissue microscopically behind the sternum. Several have been

cystic, with a marked tendency to intra cystic growths, as cases reported by Pollard,³ Edmunds,⁴ Barker,⁵ and Wolf.⁶ In this case, however, the distribution of the left superior thyroid artery on the tumour suggests very strongly that the latter was developed, not from an accessory thyroid, but from the left lobe of the thyroid, congenitally ununited with the rest of the gland; and that the part of the thyroid in the middle line was an enlarged isthmus and pyramidal lobe. This view is strengthened by the presence of the fibrous band mentioned above, passing to it from the hyoid bone; such a band commonly passes to the apex of the pyramidal lobe.

The thyroid gland is developed from a median process of the pharyngeal hypoblast, which bifurcates below and forms the pyramidal lobe, isthmus, and part of each lateral lobe; the main part of each lateral lobe is formed by a lateral outgrowth from the pharynx. In man they are found to be fused together in an embryo of 13.8 millimetres in length,⁷ or about the seventh week.⁸ In most vertebrates they remain distinct, only in mammals do they become united into one organ.⁹ In rare cases in man the isthmus is entirely absent and the two lateral lobes quite separate.¹⁰ In many vertebrates, however, the median thyroid rudiment divides to form two distinct lateral glands,¹¹ but in this case the median lobe appears to be well developed and undivided.

In a good many specimens of goitre the tumour shows deep grooves in which the muscles lie,¹² but I have found none in which there were two distinct capsules and a muscle completely separating two parts of the gland. C. F. Marshall in a paper on Variations in the Form of the Thyroid Gland in Man¹³ figures one specimen in which the pyramidal lobe is attached to the left lobe and above to the hyoid bone, the isthmus is absent, and the right lobe is separate. No doubt if this gland had become goitrous a similar condition would have been produced.

The illustration is from a sketch kindly made for me by Mr. W. R. Harris, student at St. George's Hospital.

Wimpole-street, W.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

THE LOCAL TREATMENT OF PSORIASIS AND MOLLUSCUM CONTAGIOSUM.

BY JOHN WISHART, M.B., CH.B., B.Sc. ABERD.

THE local treatment of psoriasis and molluscum contagiosum is a very difficult matter in general practice. The methods adopted to eradicate psoriatic patches are more or less successful. At the same time, if one could treat the initial papules successfully there would be no patches to treat. During the past few months a number of typical cases of psoriasis on which I could practise what I consider to be a new line of treatment have come under my care, and whilst the propriety of the treatment is still *sub judice* I think the success already met with warrants more extended application.

CASE 1. *Psoriasis of 28 years' duration.*—The patient was a married woman, aged 48 years. Her father and younger brother were subject to psoriasis; her mother and husband were free. The tendency of the family tree was towards psoriasis in the females, away from it in the males. The patient first suffered from psoriasis of both arms when 20 years of age. Her health was always good. She had six children all of whom were subject to "nettle-rash" when young. The spring and autumn brought out

³ Ibid., vol. xxxvii., p. 505.

⁴ Ibid., vol. xlvii., p. 222.

⁵ Ibid., vol. xlvii., p. 225.

⁶ Archiv für Klinische Chirurgie, Band xxxix.

⁷ His: Anatomie Menschlicher Embryonen.

⁸ Minot: Human Embryology.

⁹ Quain's Anatomy, vol. i., part i., p. 111.

¹⁰ Berry: Diseases of the Thyroid Gland.

¹¹ Wiedersheim: Grundriss der Vergleichenden Anatomie der Wirbelthiere.

¹² Museum of the Royal College of Surgeons of England, Nos. 2899 and 2906.

¹³ Journal of Anatomy and Physiology, vol. xxix., p. 234, and Fig. 14.

¹ Transactions of the Pathological Society, vol. xlvii., p. 224.

² Ibid., vol. xlii., p. 301.

fresh attacks, the patient being never entirely free. Pregnancy seemed to cause exacerbation during the first three months, after which psoriasis would fade almost entirely till suckling when a fresh attack came on. Patches were subjected to a liberal application nightly of the following ointment: 15 minims of strong solution of iodine, 15 minims of solution of carbolic acid, and one ounce of boric acid ointment, and they disappeared within a fortnight. Papules were gently pricked with a sterilised needle until they bled slightly, when a drop or two of liquor epispaeticus were insinuated into each papule and also applied over its surface. This process was repeated every second night until three or four applications had been made. A small blister was the result in the case of each papule so treated, which, when left alone, went through the usual stages of healing attendant on any other form of simple blister. In other words, the papules were aborted and the areas of skin implicated again became normal.

CASE 2. Psoriasis of 15 years' standing.—The patient was a woman, aged 23 years. She had twice suffered from erysipelas of the right side of the face at a spot where psoriasis had subsequently broken out from time to time. The patient was chlorotic. April and October brought fresh exacerbations; the menstrual periods made no difference. The treatment adopted was the same as in Case 1. The papules disappeared entirely. Pricking followed by the application of liquor epispaeticus and liquor acidi carbolici on alternate nights or carbolic acid alone checked the development of patches from the papular stage in the ratio of 3 or 4 to 1.

CASE 3. Psoriasis of 37 years' standing.—The patient was a man, aged 43 years. An uncle and a niece suffered from psoriasis; his wife and family were free. The nails were deformed on several occasions. One patch on the outside of the right leg measured 13 inches long. The skin was extremely thin; on lifting a fold of it between the forefinger and the thumb it seemed to be no thicker than silk or ordinary writing paper. Treatment with salicylate of sodium made a good impression; many of the larger patches instead of involuting in the centre cleared up along the natural furrows, clear lines of healthy skin appearing as valleys bounded on each side by psoriatic hills. This drug seemed to produce also an excellent crop of hair. Salicylism caused a cessation of this treatment. Myelocene (50 per cent.) was then tried for 14 days and full strength for other 14 days but it failed to make any impression. On Jan. 29th two papules and one small psoriatic patch were present on the right side of the face. These were well painted with liquor epispaeticus without previous pricking, as was also a patch of the size of half-a-crown on the back of the wrist. On Jan. 31st the four affected areas were energetically blistered afresh. On Feb. 18th the papules and patch on the face disappeared entirely. On the 28th the patch on the wrist disappeared and left no mark.

These three cases illustrate the efficacy of the blistering method of local treatment and, therefore, if one could get rid of a present attack of psoriasis a succeeding one might be checked and aborted by the timely use of the method briefly indicated above. Other agents, such as strong nitric and glacial acids, seem to have an effect similar to that of liquor epispaeticus.

During the past year only five cases of molluscum contagiosum came under my notice. Four of these occurred in female fishworkers and may therefore have resulted originally from the materials used in curing fish or from the fish themselves, as the areas of skin affected were the areas exposed whilst at work. Pricking and blistering produced a cure in each of the four cases. The fifth case occurred in a miner's wife and is at present under similar treatment.

Bedlington, Northumberland.

A CASE OF INFLUENZA IN ADVANCED LIFE.

BY HUBERT M. EARLE, M.R.C.S. ENG., L.R.C.P. LOND.,
CAPTAIN, I.M.S.

THE following case seems to be worthy of record by reason of recovery occurring after very severe prostration, marked cardiac weakness, and extensive respiratory affection in an elderly person.

The patient was an Englishwoman, 74 years of age, and had been nursing her son, who was suffering from influenza.

She was herself first attacked with the same disease on May 3rd, 1902. Her initial symptoms were typical. Severe prostration and cardiac weakness were present from the first and became accentuated after a few days. Coryza was followed by catarrh of the upper respiratory passages, which gradually spread, leading subsequently to broncho-pneumonia of almost the entire right lung with slight similar affection of the left apex. Slight pleurisy of the right side was found to have developed on the 7th. There was no rise of temperature until the 6th and it never rose above 101° F., the fever being of a remittent type. Defervescence occurred by lysis, normal temperature being reached on the ninth day of the illness. During the period of defervescence the heart and nervous system showed gradual and marked signs of improvement.

The treatment consisted chiefly of careful nursing, free ventilation, and frequent administration of light nourishment and stimulants. Medicinally stimulating expectorants were given and in the treatment of the heart weakness much benefit was derived from the administration of digitalis and spirit of nitrous ether. When the acute stage was over quinine and strychnia were given.

Bakloh, Punjab.

NOTE ON A COMPLICATION IN SEVERAL CASES OF PNEUMONIA.

BY J. H. PORTEUS GRAHAM, M.R.C.S. ENG., L.R.C.P. LOND.,
SURGEON-CAPTAIN, ARMY MEDICAL RESERVE.

DURING the past 12 months five cases of pneumonia (acute lobar) that have been under my care have presented a somewhat unusual feature during the earlier days of the disease—namely, acute gastro-intestinal disturbance evidenced by vomiting and severe diarrhoea. The patients were adult males previously healthy serving in three home stations widely remote. In each case the signs and symptoms were typical of acute lobar pneumonia limited to the base of one lung. Crisis is sometimes preceded by diarrhoea but the gastro-intestinal disturbance in these cases came on with the onset of the pneumonia and persisted during the first four days of the disease. Four patients recovered and one died; the fatal event took place on the sixth day of the illness and was due to oedema of the lungs. The patient who died did not suffer more severely from the complication than those who recovered.

The explanation of the complication is not evident unless it was due to a coincident influenza, of which there were strong indications, and acute gastro-intestinal disturbance is not an infrequent feature in influenza. The gastro-intestinal phenomena might have raised a suspicion of commencing enterica.

Station Hospital, Warrington.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. v., Proœmium.

ST. THOMAS'S HOSPITAL.

A CASE OF RECOVERY AFTER ACUTE DILATATION OF THE STOMACH AND INTESTINES.

(Under the care of Dr. C. R. BOX and Mr. W. H. BATTLE.)

A WOMAN, aged 27 years, was admitted to St. Thomas's Hospital under the care of Mr. Battle on Nov. 7th, 1901, and left the hospital on August 12th, 1902. The patient was admitted for the removal of an abdominal tumour which had been noticed for a period of about nine years. She was a strong healthy-looking woman with a good family and personal history and beyond the presence of a large multilocular ovarian tumour nothing abnormal was