the liver was as follows: "The section of the liver was seen to be extensively diseased. The centres of the lobules were disorganised, no appearance of liver tissue remained, being replaced by cell debris and altered blood pigment; the periphery of the lobules showed hepatic structure, but the cells were in an advanced state of degeneration."

The anæsthetic used in Cases 2 and 3 was chloroform, and no difficulty was experienced in its administration.

Huddersfield.

NOTES OF A CASE OF SPLENECTOMY FOR INJURY.

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With a Report on the Condition of the Blood by J. MILL RENTON, M.B., Ch.B. Glasg., Extra-Dispensary Surgeon, Western Infirmary, Glasgow.

THE patient, aged 14 years, was sent to me at the Western Infirmary by Dr. T. W. Love of Airdrie on Dec. 17th, 1907, with a history of having been knocked down and run over by

The red blood corpuscles and hæmoglobin fell to their minimum 11 days after operation, and since then have gradually risen to normal. There was a marked polymorpho-nuclear leucocytosis for some weeks after operation. The most striking feature, however, has been the gradual increase in the relative number of the lymphocytes, and apparently fully a year after operation they were still increasing. Whether this condition will remain permanently or whether it is only a temporary phenomenon remains to be seen. D'Este Emery,¹ however, in his cases, has found that at the end of three years the lymphocytes still represent 43·25 per cent. of the white cells, so that, if not permanent, the condition is at any rate of considerable duration. With the exception of a few mast cells nothing else of any note was observed in the blood.

The above case is of considerable interest as illustrating the importance of removing the spleen, not trusting to packing or stitching, and also the large amount of blood which may be lost and yet complete recovery takes place. The collections of the sterile fluid, both in the abdomen and the chest, have not often been noted, but in THE LANCET² Mr. Sinclair White of Sheffield records a case in which sterile fluid collected in the abdomen after an operation on the stomach. The patient has recovered without any glandular enlarge-

Blood Examination.

Dec. 26th, 1907 (7 days after splenectomy).	Dec. 30th, 1907.	Jan. 10th, 1908.	Feb. 20th, 1908.	May 15th, 1908.	Oct. 27th, 1908.	Jan. 13th, 1909.
Hb = 55%	40%	45%	70%	90%	90%	95%
R.B.C = 3,500,000	2,160,000	2,800,000	4,000,000	5,000,000	5,040,000	5,600,000
W.B.C = 40,560	28,000	27,000	10,920	10,500	10,000	9,360
Polymorphs = 89·5%	86·9%	83·3%	—	49%	48·6%	38·7%
Lymphocytes = 9·9%	12·3%	15·7%	—	46%	48·6%	58·3%
„ small = 4%	4·6%	7·5%	—	—	36·2%	44·3%
„ large = 5·9%	7·7%	8·2%	—	—	12·4%	14%
Eosinophils = 0·3%	0·3%	—	—	4·5%	1·58%	2·4%
Myelocytes = 0	0·1%	0·1%	—	—	—	—
Nucleated reds = 0	0·1%	0·1%	—	—	—	—
Mast cells = 0	—	—	—	0·7%	0·7%	0·4%

a van 24 hours previously. On examination the patient was found to be very anæmic, restless, pulse 130, with great pain and tenderness and rigidity over the left half of the abdomen. It was quite evident that some serious injury had taken place and that hæmorrhage was going on rapidly. The abdomen was opened in the middle line and was full of blood. On passing the hand in the spleen was found to be ruptured. A small transverse incision was made to the left, the pedicle secured, and the spleen removed. It was torn across at the hilum so that the hæmorrhage was considerable. After the blood was removed from the abdominal cavity the incisions were closed.

The patient progressed favourably until Dec. 23rd, when he complained of abdominal discomfort, and it was evident that a certain amount of fluid had collected; a couple of stitches were removed and one and a half pints of fluid were evacuated, which was found to be sterile. On the 25th he complained of pain in the right side of the chest, the respirations were rapid, there was dulness at the right base, and 22 ounces of sterile fluid were drawn off. He continued well until Jan. 18th, when the temperature went up, and on examination dulness was found immediately below the right scapula. Exploration showed pus, and the chest was opened, a considerable amount of purulent fluid being evacuated, a cultivation from which gave a growth of pneumococcus. He gradually improved and went home early in March.

The counts were made by means of a Thoma-Zeiss hæmacytometer, the hæmoglobin being estimated by Gowers's hæmoglobinometer and T. W. Tallqvist's hæmoglobin scale, which was found to give approximately the same results as Gowers's instrument. The films were stained with Jenner's stain, and about 1000 corpuscles were counted in each film. The division of lymphocytes into small and large is only very approximate, as many intermediate forms were present. The above table shows the principal changes in the blood.

ment. The examinations of the blood, which have been carefully carried out at regular intervals for a year, are of special interest.

Glasgow.

AN UNUSUAL CASE OF GOITRE.

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I AM kindly permitted by Sir Thomas Chavasse to publish the notes of the following interesting case, and to these notes Sir Thomas Chavasse has appended remarks.

The patient, a married woman, aged 54 years, was sent to the General Hospital by Mr. P. A. Docherty of Burton-on-Trent on June 11th, 1908, suffering from cellulitis of the neck and dyspnœa due to a goitre of the size of a clenched fist. The patient stated that the goitre was first noticed when she was 17 years old, and was treated with iodine and other counter-irritants until she was 32, and then, acting on the advice of her medical attendant, she was admitted into the Ear and Throat Hospital, Golden-square, London, under the care of the late Sir Morell Mackenzie. She remained in hospital for four months. The goitre was tapped and four ounces of fluid were withdrawn, but a subsequent tapping a fortnight later was negative. After an interval of 14 days some tincture of iodine was injected into the substance of the growth. This produced much constitutional and local disturbance, and when a subsidence had taken place a seton which she describes as a "tube and key" seton, was introduced into the middle line of the neck, and remained *in situ*

¹ THE LANCET, June 22nd, 1907, p. 1696.
² THE LANCET, Jan. 23rd, 1909, p. 235.