next point is that the bowels had become quite regular and good in appearance. The urine was not in any way affected. The most marked feature, with the exception of the diminution in the size of the tongue, was that the child had lost the cold feeling, and even when left alone in his crib no longer became cold—in fact, his bodily temperature was at this time always practically normal. At the end of a week his limbs had become quite soft and pliable, and he could even sit up in his perambulator with a little help. He noticed things a great deal, and his colour was nearly natural. At the end of a month he began to show signs of teething and now at the end of five months he has eight teeth. He can sit up alone and crawl on the floor, is active, and tries to say a few words. When placed on his feet he makes attempts to walk. The fontanelles are closed, except the anterior, which is still slightly open. Such, briefly, is the extraordinary improvement obtained by five months' thyroid treatment, where during the previous eight months the condition had remained *in statu quo*.

One further note in regard to the case. In December, 1892, the mother gave birth to a female child. The labour was easy, but it was a breech case. The child was born alive, but only lived for about twenty minutes. The placenta was very small, and the membranes were very tough and gelatinous. The weight of the child was 10 lb. 14 oz.

P.S.—At present (after eight months' treatment) the child has sixteen teeth, can stand, and tries to walk. He also manages to say several words.

Ascot.

A CASE OF SPORADIC CRETINISM TREATED BY FEEDING WITH THYROID EXTRACT.

By JOHN B. HELLIER, M.D. LOND.,
LECTURER ON DISEASES OF WOMEN AND CHILDREN AT YORKSHIRE
COLLEGE, LEEDS, AND SURGEON TO THE HOSPITAL FOR
WOMEN AND CHILDREN, LEEDS.

The following case is published to show the benefit which may be obtained by feeding a cretinous child with thyroid extract. The patient first came under my care in February,

FIG. 1.

Before treatment.

1892, when she was two years and four months old. She then showed symptoms of rickets combined with sporadic cretinism. She had no teeth; the fontanelles were open; the ribs were beaded, the epiphyses swollen, and the tibiae and fibulae were curved. The eyelids and cheeks were swollen and puffy, the lips were prominent, and the tongue was too large. Subcutaneous myxoedematous swellings, of harder or softer consistence, were found under the chin, over the posterior triangles of the neck, on each side of the lumbar spine, over the back of the upper arms on both sides, and over the origin of the flexor and extensor muscles of the wrists and hands. The hands were swollen, and the ball of the thumb on both sides was thickened by marked swelling. The legs and feet were also irregularly swollen, the swellings

FIG. 2.

Before treatment.

being specially marked upon the front of the two thighs. There was no pitting anywhere. The child had umbilical hernia and a greatly distended abdomen, but the liver and spleen were not enlarged. The skin was harsh and rough, the hair being coarse. The complexion was sallow and pale, with a dusky tinge on the forehead and temples. There was convergent strabismus, and nystagmus was frequently observed. The extremities were habitually cold and bluish. The face had a vacant expression. The child took little notice of anything. She cried almost constantly, and could not stand, sit, or crawl, or speak a single word. The mother said that she herself and her husband were healthy, and that she had a younger child four months old, who also was healthy. The patient was suckled for thirteen months. She had had bronchitis often, but no diarrhoea or convulsions. Her present condition had developed gradually. The tongue was always large. The nystagmus was seen first at the age of sixteen months. The subcutaneous swellings had developed more recently. Figures 1 and 2, taken from photographs of the child, show very well the characteristic expression of the face and the irregular "lumpiness" of the back, neck, and limbs. In March, 1892, the child was shown at the Leeds and West Riding Medico-Chirurgical Society as a typical case of sporadic cretinism. I had the patient under observation for

a year, and gave her simple treatment by cod-liver oil, iron, arsenic, &c. At the end of this period her condition was substantially unaltered. She had four incisor teeth, and was, perhaps, slightly more intelligent, and could just articulate "da, da" imperfectly, but was in other points as marked an example of cretinism as ever. On Feb. 3rd she was ordered to take by the mouth three days a week half a drachm of thyroid extract. On Feb. 17th the dose was altered to fifteen minims every week-day. At the end of a month I was able to make this note: "March 3rd: The whole aspect of the child is changed; she looks sharper and brighter, and her eyelids and cheeks are less swollen. The lips are thinner, the tongue smaller, and all the myxœdematous swellings throughout the body are smaller. The hands and feet are warmer. She eats better and tries to talk." On March 17th it was noted that she perspired a good deal, a thing which had never happened before the present treatment. The swellings were much less. On the 24th the hair was coming off the occiput. She had cut another incisor and one

FIG. 3.

After three months' treatment.

premolar. The skin was much healthier in colour. On April 7th it was clear that the abdomen was much smaller, and the umbilical hernia was disappearing. On the 14th the mother reported that the child had begun to sleep with the mouth shut. On the 21st fresh hair was growing on the occiput, and on the 28th she had nine teeth and was gaining in weight. On May 4th there was no abnormal swelling or thickening to be observed, and the thyroid extract was discontinued for the time being. The child was photographed at this date. Fig. 3, which was taken from the photograph, does not show the limbs well, owing to the restlessness of the child at the time, but the change in general aspect and expression is unmistakable. No feverish reaction was noticed during the thyroid feeding, but as the child was treated as an out-patient the information is not reliable on this point. The improvement in the patient began almost at once, and struck everyone who had seen her previously. On June 23rd her condition was as follows: The fontanelles were nearly closed, the rickety condition was less marked, there was no hernia, the abdomen was less in size,

and the nystagmus was only rarely noticed. The patient had twelve teeth, she was stronger, could sit but not stand, and can only say one word; she cried less and was sharper and brighter and more intelligent. There was no myxœdematous swelling to be observed.

Leeds.

ON SOME VARIETIES OF BRONCHOCELE.

BY C. J. SYMONDS, M.S. LOND., F.R.C.S. ENG.,

ASSISTANT SURGEON TO, AND DEMONSTRATOR OF OPERATIVE SURGERY AND OF PRACTICAL SURGERY AT, GUY'S HOSPITAL.

THE following cases are reported in order to illustrate some of the varieties of bronchocele and the operative measures undertaken for their relief. The first six are examples of bilateral goitre, in which the whole gland is enlarged, the isthmus in some being large, in others small. In this form complete removal of one lobe or resection of one or both lobes was performed. The second group of cases contains examples of the localised forms, either cysts or adenomata. In this form, as will be found on perusing the account, the tumours were enucleated without removal of any part of the gland.

GROUP I.

CASE 1. *Dyspnœa from simple goitre; removal of the isthmus, with complete recovery.*—A youth aged seventeen was admitted to hospital on Sept. 22nd, 1887, with general enlargement of the thyroid gland and particularly of the isthmus. It began three years before. He had always lived in Kent and until shortly before this date had worked as a labourer. He was now unable to work owing to the dyspnœa produced on stooping. This seemed to be a suitable case for division of the isthmus, as the enlargement was a general one, and there was no pulsation or any exophthalmos, while it was, at the same time, soft and compressible. On Oct. 6th the isthmus was exposed and found to be very wide and thick. It was ligatured at the junction with the lateral lobes and removed. The mass was about the size of a large chestnut. Next day the drainage-tube was removed, and on the second day the sutures. A little suppuration occurred in the upper part of the wound, owing to imperfect drainage, and delayed his discharge, which did not take place till the sixth week. There was a marked diminution in the size of the lateral lobes at once, so that when he was lying down they were not visible. Mr. Sturge of Eltham sent the following report: "I knew the lad about three years and a half ago. He was then a victim to marked bronchocele, and gained a very scanty livelihood by sitting in a coal office to receive orders. Since leaving school he had tried to do manual work, but had to give it up through physical weakness. Accordingly I sent him to you with a recommendation for operation. I am happy to say that since being operated upon by you the youth's position in the world has changed. He did quarrying all last summer, and this is reckoned severe toil. Before operation he always wheezed loudly in respiration. I now notice no laboured breathing. His mother lives at Sevenoaks, and has an exactly similar condition of things. The huskiness of voice the patient had before operation is absent after ordinary work, but after more than ordinary exertion he has it considerably." This report was written in April, 1890—that is, nearly two years and a half after the operation. When last seen by me, about two years after the operation, there was no return of the enlargement. The immediate relief in this case would seem to have been due to the removal of the pressure caused by the isthmus, for the part was very large, while the lateral lobes were comparatively small.

CASE 2. *Acute simple bronchocele; division of the isthmus for relief of dyspnœa; persistence of symptoms; subsequent thyroidectomy, with complete relief.*—A youth aged seventeen was admitted on Feb. 11th, 1890, under the care of Dr. Taylor, into the John Ward, Guy's Hospital, with urgent dyspnœa, due to a large and rapidly increasing goitre. He came from Norwood and gave a good family history. When a child he attended St. Thomas's Hospital for suppurating cervical glands. The enlargement was first noticed eight months before and had gradually increased. He had no particular trouble till a few weeks before admission, when his father noticed that he snored at night and breathed heavily at times in the day. Beyond this he was not inconvenienced till three days before admission,