

drachm of the solution.—22nd: Tumour shrunk and flat. Skin hard and wrinkled. One small portion at upper part still thin and translucent. Head much increased in size; left side larger than right. Bones and sutures very widely separated. Superficial veins much congested. Injected forty minims.—29th: Spina bifida quite cured. Hydrocephalus still increasing. Left hospital and was not brought back.

Remarks.—This was evidently a very unfavourable case for operation, and the treatment was begun, and for a time carried on, with little hope of success; but so far as the spina bifida was concerned, the result was perfectly satisfactory.

SUNDERLAND INFIRMARY.

SCIRRHUS OF RECTUM; COLOTOMY; RECOVERY.

(Under the care of Mr. HOPGOOD.)

FOR the following notes we are indebted to Mr. J. Whitehouse, house-surgeon.

Mrs. M—, aged forty-eight years, was admitted on April 11th, with urgent symptoms arising from obstruction of the bowels.

About twelve months before admission she complained of severe pain in the left groin, which was pretty constant. About the same time she experienced difficulty in defecation, and the stools were thin and small. Her pain was not increased during defecation. She did not pass any blood per rectum. A month prior to her admission the difficulty of defecation increased rapidly, and she could get no relief from aperients, which she had been accustomed to use freely.

On admission she was in severe pain and seemed utterly prostrate. On percussion of the abdomen there was a little anterior resonance, but dulness existed everywhere else; the abdomen was extremely tense. On examination of the rectum there seemed complete obstruction to the passage of the finger three inches from the anus. The obstructing mass was hard and irregular.

On April 12th Amussat's operation was performed. The descending colon was easily found, and was much distended with faeces. An hour after the operation a tremendous amount of excreta passed through the wound, giving the patient complete relief. Evening temperature 100.4°; pulse 88.—13th: Temperature normal, felt well, no sickness; evening temperature 101.6°.—15th: Had a little pain in the left inguinal region, bowels acted freely; temperature 101.4°; she was prescribed small doses of opium and aconite.—16th: Feet all right again; pulse 86, took her milk well.—19th: Wound gaped a little at its posterior extremity, otherwise looks well, union with the skin complete. After this the patient continued to improve rapidly till May 8th, when she was able to walk, and was dismissed.

Two months after the operation she was well and able to walk three miles with ease.

Medical Societies.

ACADEMY OF MEDICINE IN IRELAND.

At a recent meeting of the Surgical Section, a paper was read by Mr. THORNLEY STOKER on Removal of the Thyroid Gland in Cases of Bronchocele. He detailed the case of a boy on whom he had himself operated, the disease being the most extensive of which he could find any operative record. The tumour extended nearly from ear to ear and hung down nearly as low as the navel. He removed two-thirds of the mass, comprising the right lobe and isthmus, in March, 1882, and the remainder, on the left side, a year later. Complete recovery followed the first operation; but the patient died five days subsequent to the second, from pulmonary thrombosis. He was incompletely cretinish, but developed greatly after the first operation. Mr. Stoker considered that the ablation of the thyroid gland for disease should be held justifiable, the patient so desiring, not only in cases where the disease threatened life, but where discomfort or disfigurement existed and minor treatment had failed.—Dr. R. McDONNELL said he was present on both occasions.

The first operation might be regarded as quite successful, and taught the lesson that in cases of the kind the operation was justifiable. The second had a fatal issue, from a cause not necessarily connected with the operation.—Mr. CORLEY stated that in his hospital practice some years ago a similar case arose, where the pressure of a large thyroid gland became so great as to render operative interference necessary. He did not think Mr. Stoker had placed sufficient emphasis on the magnitude of the operation.—Dr. H. KENNEDY drew attention to the treatment of thyroid tumours by the seton, and mentioned a case in which at the end of some months the disease was entirely cured. Such a measure as that would be more justifiable in the first instance than the terrific operation described by Mr. Stoker.—Mr. THOMSON thought, whatever use the seton might be in some cases of small thyroid tumour, it would have been useless in Mr. Stoker's case, in which the vessels were of enormous size.—Surgeon-Major HAMILTON remarked that 10 or 15 per cent. of the population in the Himalaya valleys suffered from bronchocele. Sometimes twenty or thirty coolies might be seen climbing mountains 2000 to 3000 ft. high, carrying heavy loads, 50 lb. or 60 lb. in weight, and each having a tumour. Rubbing in biniodide of mercury ointment with a spatula as they lay on their backs in the sun always relieved. The great benefit seemed to be derived from doing it in the sun. He had seen many cases so treated, and had not known any of the men to die from it. In the Himalaya valleys syphilis was supposed to be the cause, and the people lived on inferior food in overcrowded, dirty, and badly ventilated houses.—Dr. FOY instanced the case of a woman, aged twenty-two, who had a very rapidly growing thyroid tumour, which caused her inconvenience both in breathing and swallowing. It became urgently necessary to do something, and he applied a blister on the back of the neck with the best result. A seton was subsequently inserted, and the gland in a short time assumed its normal size.—Mr. STOKES endorsed what Mr. Stoker had said regarding the inutility of using any mild measures in such cases as he had described; but in those referred to by Dr. Kennedy, Dr. Foy, and Surgeon-Major Hamilton, the tumours were probably of extremely simple structure. He recollected two cases in which merely tapping, followed by a weak solution of tincture of iodine, sufficed. The employment of setons found little favour in his eyes. In Mr. Stoker's case nothing short of the very heroically performed operation adopted would have given the patient the slightest chance of recovery. The introduction of air into the veins was avoided by the application of the double ligature and dividing the veins between them.—Dr. BENNETT did not suppose any surgeon would propose to operate, knowing that if the epidemic influence, or the particular exciting cause, such as pregnancy or menstruation, was past, the tumour, troublesome and dangerous at the time, would become quiescent or even disappear. The point that struck him as difficult of explanation was, how it was possible to make the tumour disappear by biniodide of mercury. It would be interesting to know whether such treatment was successful in the case of Europeans in India, or was the success confined entirely to the natives? He was inclined to think, however, that the result of exposing a European to the sun for a sufficient time to cure him of the goitre would be to kill him. The great desideratum was to diagnose exactly the kind of tumour that ought to be the subject of removal.—Surgeon-Major HAMILTON observed that it was the smaller tumours which were often radically cured. Europeans were treated for enlargement of the glands the same as the natives. The only danger was from sunstroke, but this was avoided by placing the upper portions of the body in the shade.—Mr. WILLIAM STOKER mentioned that similar treatment was the rule in Switzerland.—Mr. WHEELER said that no one would think of extirpating the thyroid gland for enlargement due to anæmia, or the thyroid enlargement of menstruation, or what might be termed the cystic bronchocele; but he was of opinion that bronchoceles of large size, and when very chronic, if causing dyspepsia, dysphagia, pressure on the jugular vein, or vertigo, ought certainly to be removed. He did not think that the rays of the sun were essential to act on the biniodide ointment; the heat of the fire would answer very well.

Mr. SWAN read a paper on the Primary Consideration of Orthopædic Cases. He explained certain allusions to affections not strictly to be termed orthopædic by stating that they very frequently were seen by surgeons practising that branch of surgery. From a prolonged observation of a