and under the railings, where most of them were picked up at the time of removing the body. The next greatest force was expended in the right boot so as to blow away the adjacent inner sides of both boots. I gave evidence at the inquest, but the coroner would not give me leave to make a post-mortem examination, which no doubt would have added still more to what has been to me a case of great interest.

Reading, Berks.

NOTES OF TWO CASES OF ENUCLEATION OF THYROID CYST.[1]

BY W. H. BROWN, F.R.C.S. IREL.,
SURGEON TO THE GENERAL INFIRMARY AT LEEDS.

THE treatment of cystic goitre has hitherto been of a disappointing character, and the methods mentioned in the various text-books have always, so far as I have seen, been attended with much febrile disturbance and great personal discomfort, not to mention the uncertainty of success and the very tedious progress towards convalescence. In the two cases which follow I adopted the plan first carried out, I think, by Dr. Vachell of Cardiff in 1885. The cases are so alike in many points that I do not propose to make anything like a detailed separate report. I can supply any particulars that may be asked for as being important. Both tumours occurred in young unmarried women aged respectively eighteen and twenty-five years. The growths had been noticed between three or four years. No inconvenience had arisen until within a few months of my seeing them. There was no evidence of any general nervous disturbance or blood change. The reason they sought advice was the same in both cases—i.e., an occasional difficulty in swallowing and attacks of dyspnœa, the latter becoming gradually more severe and increasing in frequency. Upon examination, the tumours were firm and elastic, painless, and occupying the position of the left lobe of the thyroid gland. The tumours were almost the size of a large orange, fluctuation could not be made out, and the circumference of the neck was fifteen inches over the most prominent part of the swelling. Under ether I made an incision three inches and a half long over the most prominent part of the swelling down on to the capsule of the cyst. All bleeding caused by the incision was next stopped by pressure forceps, then with the finger and a blunt director the cyst was stripped from its attachments, steady sponge pressure following up this process; after that, the cyst having been freed on both sides, I opened it and allowed the fluid contents (about four ounces) to escape. This permitted of more room in the wound cavity and enabled me to complete the detachment of the posterior surface of the cyst wall with greater freedom of manipulation. After the removal of the tumour the cavity was packed with sponges for a few minutes; this effectually did away with any tendency to oozing. To give some idea of the depth of the wound, I may mention that it required six fair-sized sponges to fill it. After the washing out with carbolic water the wound was closed in the ordinary manner, and a large rubber drainage tube was inserted at the lower angle. This was removed after twenty-four hours. In both cases union by first intention was obtained, and the after-treatment does not need mention save perhaps that in the first week the patients were kept constantly upon the back, their heads being firmly fixed between two large sandbags. In neither case was there any important rise of temperature. Both patients are now well.

Until quite recently I had looked upon thyroid enlargement of this character as being somewhat beyond satisfactory operative treatment. The list of remedies given in the text-books does not mention one that in my opinion can be compared with the plan I have just described, and which, by the way, is not spoken of in any surgical work to which I have had access, save in Heath's Dictionary, where Dr. Felix Semon suggests that enucleation *might possibly* be undertaken, but does not advocate it, and by Mr. Jacobson, who advocates antiseptic excision, but quotes a case which is not very encouraging. In his recent work on tumours Mr. Bland Sutton states that all cystic growths of the thyroid gland have their origin in adenomata and that they can readily be shelled out from their bed, whether cystic or solid: and lately I have had the opportunity of verifying the statement by enucleating an adenoma of the thyroid gland in a girl of fifteen, the operation being perfectly straightforward. This case is also doing well. So far as I have seen, the operation itself is not difficult; once the tumour has been fairly exposed hæmorrhage ceases to be troublesome. In stripping the cyst wall I used the finger and blunt director, and thus avoided lacerating the gland tissue; unless this be done hæmorrhage of an embarrassing nature must occur. The originator of this operation worked through a small incision, opening the cyst at once and dragging it out of the wound afterwards. I prefer a freer opening so as to be in a position to command a good view of the wound cavity. In the second case the wound was fully five inches in depth, going down behind the sternum; and bleeding from such a distance would be most difficult to combat through a small incision. I need hardly point out that in this operation every detail of cleanliness must be most carefully observed, as carefully indeed as within the peritoneum; for nothing could more readily end in disaster than septic infection of the thyroid gland, and given that infection, septicæmia of an almost certainly fatal character would follow. Now that the distinction between the general enlargement of the thyroid gland and a growth in that gland, whether cystic or solid, has been made clear, and the fact that the latter can be dealt with by a safe operation having been demonstrated again and again, the operation of enucleation will probably soon obtain recognition in the text-books and become more general. It may often be impossible to say whether a given swelling is solid or cystic—in such cases exploratory puncture will help towards a diagnosis; but even if that should prove negative as to the presence of fluid, if the tumour appear to be in the thyroid gland and not of it, then operation can be entertained, as evidence Mr. Sutton's statement and my later case. Let it not be supposed that this operation applies to all cases of thyroid enlargement. Selection must be made or disaster will follow, and odium will be cast upon what is to my mind a very valuable addition to the surgery of the thyroid gland. Since writing the above I have had brought to my notice Mr. Charters Symonds' paper read before the Clinical Society in which he advocates operative treatment very much on the same lines, and quotes many successful cases.

Leeds.

[1] Read before the meeting of the Yorkshire Branch of the British Medical Association, at Scarborough, Nov. 2nd, 1894.

MELANCHOLIA, WITH SPECIAL REFERENCE TO ITS CHARACTERISTICS IN CUMBERLAND AND WESTMORLAND.[1]

BY W. F. FARQUHARSON, M.B., C.M. EDIN.,
ASSISTANT MEDICAL SUPERINTENDENT, CUMBERLAND AND WESTMORLAND COUNTIES ASYLUM, CARLISLE.

THE subject of melancholia has many features of interest both for the general practitioner and for the asylum physician, and it is one that should give rise to much useful discussion. The family physician has the advantage of seeing the case at its onset, of studying the causes that have led to it, of watching its gradual development and growing intensity, of adopting measures for combating the attack in its earlier and more curable stages, and finally in severe cases it often devolves upon him to decide as to the necessity for asylum treatment; and his knowledge of the family history and surroundings of the patient must prove of great service to him in giving his prognosis and in formulating his treatment. The asylum physician, on the other hand, only sees the more severe cases, and those as a rule only after they have undergone treatment for a longer or shorter time at home; nor has he in many cases the same opportunities for ascertaining all the particulars as to the personal and family history of his patients.

Nature of melancholia.—Melancholia is characterised by the presence of mental depression out of proportion to any exciting cause and tending to become more and more independent of any such external agency. The patient begins gradually to lose interest in his former pursuits and pleasures, he shuns society, retires within himself, and gives way to morbid introspection and gloomy forebodings. For a time there may not be much noticeable alteration in the conduct of the sufferer; he retains at first

[1] Read before a meeting of the Border Counties Branch of the British Medical Association at Penrith, May 31st, 1895.