

dysphonia, and dysphagia; and one of them—she whose case is first recorded—had even her life threatened by the disease. Though the rate of growth in the second case was rapid, the fascial tissues of the neck had yielded sufficiently to prevent the occurrence of those very alarming symptoms which are commonly excited by acute hypertrophy of the gland. Indeed, though the change in the voice and the difficulty of swallowing solids were very marked, we had no immediate fear for the life of the girl, whilst the character of the tumour offered every inducement to try the injection treatment, which happily effected such a good result. That the improvement which followed the injection of iodine was really due to the treatment is proven, I think, by the rapidity with which the hardening and contraction of the gland followed the injections, and by the fact that these changes occurred exactly at the parts injected, and progressed therefrom. We thus cannot, I think, for these reasons, impute the result to any gradual and spontaneous transformation of the tumour from the simple or cystic to the fibrous form of the disease.

In the first case, the severe and frequent dyspnoea, not only on exertion but during rest and at night, the increasing difficulty in deglutition, the general feebleness of the patient, and, lastly, the aggravation of these symptoms during the three weeks she was under observation in the hospital, pointed to the necessity of early and efficient treatment, if her life was to be saved. The danger of these attacks of dyspnoea coming on suddenly, their fatality, and the disadvantages against which the surgeon has to contend when he has to operate on an emergency in the night, are well illustrated by Mr. Pitts in a record of three cases, in the *Pathological Transactions*, vol. xxxiii. p. 364. Moreover, the soft and elastic character of the swelling, together with the forcible pulsation of the feeding arteries and the evident large size of the vessels in the gland, seemed to exclude incisions, caustics, subcutaneous laceration, and the various injections; whilst our comparative ignorance of the value of electrolysis and galvano-puncture in this disease, the uncertainty and known dangers of setons, and the futility of the ligature of the thyroid arteries, left as the only alternatives excision of the isthmus and the removal of the whole thyroid. The latter was preferred as being absolutely certain in its immediate result, and because it was not contra-indicated by adhesions between the tumour and the great vessels of the neck, nor by extension of the growth downwards behind the sternum. The object in putting the case of thyroidectomy on record is because now, at the end of three years, the girl is in good health, and shows no sign whatever of any threatening of myxœdema, and because it adds another instance from which the committee of the Clinical Society, at present engaged on the subject, will draw their conclusions.

AYR COUNTY HOSPITAL.

HERNIOTOMY TWICE WITHIN THREE MONTHS.—NECROSIS OF RIB.—AMPUTATION OF ARM IN AN OLD MAN.—IMMENSE HYPERTROPHY OF HEART.

(Under the care of Dr. NAISMITH, F.R.C.S.E. (Exam.).)

For the following notes we are indebted to Mr. F. G. Clemow, M.B., C.M. Edin.

Strangulated umbilical hernia; two operations within three months.—Mrs. W—, aged forty-seven, housewife, an immensely stout woman, was admitted on May 26th, 1887. For fifteen years she had been the subject of an umbilical hernia. In February last it became strangulated, and was operated on in the Glasgow Royal Infirmary. After this it did not reappear till three days before admission, when it suddenly developed, and seems to have become rapidly strangulated, as vomiting and abdominal pain came on during the night. The vomiting continued at intervals, and was stercoraceous on the morning of admission. There was no motion of the bowels.

On admission there was a remarkable absence of pain, collapse, or anxiety. Temperature normal; pulse 93, and steady. Tongue soft, moist, and furred. In the position of the umbilicus was a tumour four inches and a half in its long—i.e., transverse—diameter, tense and elastic. The skin over it was red and thin, showing the V-shaped cicatrix of the former operation.

On the day after admission there was the same absence of urgent symptoms; but the hernia was still irreducible. Slight bilious vomiting, not fecal.

On the following day, May 28th—i.e., the fifth day from

the reappearance of the hernia,—stercoraceous vomiting with severe pain recommenced at 5 A.M., and at 11 A.M. Dr. Naismith operated. A single median incision was made, commencing on the abdomen above the tumour, and ending on the centre of the latter. The coverings were very thin. With some difficulty the constricting neck was divided at the upper part, with immediate relief of tension in the tumour. The sac was not opened. Owing to extensive adhesions the hernia could not be entirely reduced. Two hours later the bowels were moved, and again at 2.30 A.M. Vomiting ceased three hours after the operation.

Nourishment was given per rectum for two days, when digested food was retained by the stomach. The temperature never rose above 101.4°. The patient left the hospital on July 7th, having recovered without any interruption. A specially made belt, with cup-shaped shield, was procured for her.

Remarks by Dr. NAISMITH.—The history of this case shows that after the first operation in Glasgow the woman did not on recovery have recourse to the use of a truss or any supporting apparatus whatever. It is manifest that had the usual precaution been followed, a second operation would not, in all probability, have been rendered necessary. Before section, I need hardly add, the usual palliatives of opium, ice applications, and elevation of the lower half of the body received a fair trial.

Necrosis of rib; removal of a large sequestrum.—A. M—, aged twelve, for some years had had a sinus over the right fifth rib, with constant discharge; no cause could be assigned. A probe detected dead bone with an indistinct sensation of mobility. On May 19th, under chloroform, a small incision one inch long was made, and with dressing forceps a necrosed portion of rib five inches long was removed with slight manipulation. This sequestrum consisted of the inner surface of the rib, from which the outer surface had been more or less completely eroded. She remains in the hospital with a slowly healing sinus.

Remarks by Dr. NAISMITH.—This case was discharged cured, I believe, in the latter end of July, or more than two months subsequent to the operation. I would draw attention to the length of the necrosed portion of rib which was extracted.

Amputation of arm in a man of seventy-three.—T. N—, aged seventy-three years, was admitted on May 17th, 1887, with diseased elbow joint of five years' standing; the joint was quite disorganised with offensive discharge from two sinuses; there was considerable constitutional disturbance and great weakness, with evening rise of temperature. On May 20th the limb was removed through the middle of the upper arm by antero-posterior flaps; scarcely a drop of blood was lost. His recovery was remarkably rapid, the wound healing largely by first intention. The temperature returned to normal on the night of the operation, and only rose twice afterwards to 100°. He left the hospital on June 18th, with the wound almost healed, and his general health completely restored.

Immensely hypertrophied heart.—J. L—, aged twenty, was admitted with extreme symptoms and signs of mitral stenosis and incompetence, with great dilatation and hypertrophy. He died on July 5th. The heart was found to weigh twenty-four ounces and a half, the hypertrophy of the left ventricle being enormous. The mitral valve was excessively distorted and calcareous, extremely stenosed, and incompetent.

JULLUNDUR STATION HOSPITAL.

FATAL CASE OF EXTERNAL URETHROTOMY.

(Under the care of Surgeon-Major STEVENSON, M.S.)

J. F—, aged nineteen, a private in the Connaught Rangers, was admitted on Oct. 23rd, 1885, for stricture of the urethra. He had just arrived with a draft from England. The account he gave of himself was that six months previously he had fallen on a fender in his barrack room, striking his perineum on a sharp corner of the iron. Immediately after the accident he passed blood by the urethra. For this he was treated in hospital and had instruments passed. He was in hospital on board ship on the voyage out to India for stricture, but it is noted in his medical history sheet that no instrument could then be passed into the bladder.

On admission some attempts to pass an instrument through the stricture were made, but without success; and he was

treated by rest in bed and hot baths in the hope of introducing a catheter into the bladder later on; but all subsequent efforts in this direction failed. When first seen the stream of urine was small, but continuous; soon, however, the contraction of the stricture became so extreme that urine passed only by drops, and later still there was the constant dribble from an over-distended bladder. The urine was of high specific gravity (1030), clear, acid, and free from albumen. Under these circumstances operative interference was imperative, and the following procedure was carried out on Nov. 19th. An incision, one inch and a half long, was made in the middle line of the perineum on to the point of a No. 10 leaden bougie which was being pressed against the front of the stricture. The lower end of this incision was within half an inch of the anus. On opening the urethra a fine leaden bougie was passed (replacing the larger one), and its point bent up at an acute angle (no Wheelhouse's hook being at hand) so as to hook up the urethra at the upper end of the wound. The cut edges of the urethra being held aside, attempts were made to pass the point of a fine probe-pointed director through the stricture, but, although perseveringly persisted in, failed of success. Under these circumstances the performance of Cock's operation of opening the urethra behind the stricture became necessary. This was accordingly done, and a No. 10 silver catheter passed into the bladder from the meatus. The urethra behind the stricture was found to have become enormously dilated. The wound was dusted with iodoform and covered with carbolised oil on lint, with a padding of absorbent carbolised cotton wool outside. The operation occupied about an hour, and at it, and in the decision to perform it, Surgeon-Major Stevenson was assisted by Surgeon Pink, M.S., and Surgeon Dyson, F.R.C.S.

On the evening of the day of operation the man seemed to be doing well; the bladder was being freely drained; there was no pain. Temperature 100.2°. On the morning of the next day the temperature had gone up to 103.0°, but the man appeared to be doing well; he had no pain; the urine was being passed freely through the incision. The catheter was removed, and the wound, which was looking healthy, re-dressed in the same manner. He had taken opium pill (one grain) and had slept fairly well. On the evening of the second day he felt comfortable; drainage free; some urine had passed by the meatus; no pain or tympanites, but the temperature was 104.0°; bowels opened once. During the night, at about 12 o'clock, he became restless and uneasy, but he had no pain. Later on symptoms of collapse suddenly set in; he became cold, blue on the surface, and pulseless, and the temperature went down to 97.0°. At 7 A.M. on the third day these symptoms were most marked, and stimulants and the external application of heat had no restorative effect. The patient died at 9 A.M., about forty-six hours after the operation, evidently of acute septicæmia. He had passed urine freely during the night. The wound looked sloughy and grey in colour, but this unhealthy appearance had come on quite recently.

At the necropsy, six hours after death, the left lung was found to be adherent at the upper lobe from recent pleuritis, and oedematous and congested at the apex; right lung much congested and oedematous; recent red pleuritis at the front of the middle lobe. Spleen red and friable. There were effusions into all the serous cavities, and the stomach, intestines, pericardium, and pleuræ showed patches of congestion and ecchymosis. The bladder was small and contracted, and its walls enormously hypertrophied and hard; they were quite an inch in thickness; its mucous membrane was in folds, and showed many spots of ecchymosis. At the neck of the bladder, on the floor of the urethra, was a small false passage, a band of mucous membrane stretching across the urethra, as though a loose fold had been hitched up on the point of a catheter or sound and been pierced. The urethra behind the stricture was dilated to about the size of a man's thumb. The kidneys appeared healthy, and the ureters were not at all dilated.

Remarks by Mr. STEVENSON.—Why should this case have developed septicæmia? All antiseptic precautions possible in the treatment of a wound in the immediate neighbourhood of the anus were strictly adhered to; iodoform, carbolised oil, and absorbent carbolie wool were used as dressings; the instruments used at the operation had been kept in a 1 in 20 carbolie lotion for an hour or more previously, as were also the sponges; and the parts operated on had been thoroughly purified. Must the case be entered under the heading lately referred to in THE LANCET, and

put down as a "surgical mishap"? Or may the catheter be to blame? The one passed into the bladder had been for some time in a 1 in 20 carbolie lotion, and it was lubricated with carbolie oil, but a catheter is an instrument of which it is difficult to guarantee the purity in a Listerian sense.

Reviews and Notices of Books.

Elements of Physiological Psychology. By GEORGE T. LADD, Professor of Philosophy in Yale University. Pp. 696. London: Longmans, Green, and Co. 1887.

THE prospects of psychology have of late years greatly brightened, for the advances of anatomy and physiology which are now carefully studied by psychologists, are at length beginning to bear fruit. No doubt much knowledge in regard to the laws of thought, the sequence of ideas, and intellectual phenomena generally, may be obtained by introspection, but so long as philosophers were contented, like the spider, to spin their theories from their own bodies instead of appealing to experiment and observation, no progress could be expected. Their reasonings resembled an inverted cone wanting its proper base to stand upon. The very title of the book before us, written by one of the ablest teachers in one of the best colleges in America, shows it is now understood that the study of the phenomena of the mind may and ought to be approached only by those who have obtained a competent grasp of the material substratum through and by which such phenomena are exhibited, and that a knowledge of the chemistry, the physics, the anatomy and physiology of nervous tissue, is a necessary preliminary to elementary conceptions of its mode of working. The number of workers on these subjects and the value of the memoirs published have greatly increased in the course of the last few years, and the mass of material which has accumulated will best be appreciated by anyone who will take the trouble to turn to the pages of, amongst many others, the volumes of Pflüger's "Archives" and the volumes of Hoppe-Seyler's "Physiologische Chemie."

It is not surprising, then, to find in Prof. Ladd's treatise the first two parts embracing 584 pages, out of a total of 688, devoted entirely to an account of the structure and functions of the nervous system, that might take a place in any modern work on physiology, the last part only being occupied with the Nature of Mind. A great defect is, however, still observable in the mode in which psychology is cultivated—namely, the entire omission of the consideration of the faculties of the lower animals, and the mode in which mental attributes undergo evolution. Nature must be long and curiously questioned in this direction before clear answers can be given to many psychological questions. How can we expect to explain the action of the complex apparatus of man and the higher mammals when we are still ignorant of that of the lower fish and the humbler reptiles?

The most interesting section of the volume before us is that which deals with the nature of mind. Dr. Ladd reasonably insists upon the unsatisfactory character of the statement sometimes made that the phenomena of consciousness are the product of the brain, if by this is meant that thought and intelligence bear the same relation to this organ that the bile does to the liver. No doubt molecular changes occur in every act of thought; but in order to "hold that mental phenomena are related to the substance of the brain in the same way as that in which the nerve commotions or molecular changes are related to this same substance, we must identify mental phenomena with molecular changes." But it is at present "impossible to identify the two classes of phenomena as phenomena"; and he goes on to show that even if it be admitted that different sensations