of the most interesting and profitable of surgical inquiries consists in casting a critical eye over the results, obtained by skilful hands, in surgical operations which but a short time ago were never thought of. Not only does the surgeon call to mind the interesting clinical points in each case, but he impresses on his memory the valuable experience which each case afforded, out of which gradual improvement in the modes of operating is derived. The author on this occasion, as already remarked, keeps strictly to statistics, reserving for a future occasion the detailed history of the cases. Thanks to antiseptic surgery, Professor Billroth has felt himself justified in resuming this operation and of developing it during the past five years. Within this period he has performed 58 operations on 55 patients (in three cases a second operation was necessitated in consequence of recurrence). Of the 55 patients, 48 were cured and 7 died. This gives a mortality of 12.7 per cent. In two of these fatal cases death resulted from causes apart from the operation; in one in consequence of bursting of an aneurism of the aorta; in another from peritonitis. Among the remaining 53 cases, there were 5 of malignant disease of the thyroid. Of these 5 cases 4 recovered from the operation, while the fifth died after tracheotomy had been performed, of asphyxia, dependent on extensive recurrence. All these cases, indeed, might be excluded, as extirpation of the thyroid, on account of malignant growths, differs both in the method of operating and in prognosis from cases of goitre. Thus, 48 patients remain, of which 44 were quite cured. Comparing the results (of the goitre cases proper) with others obtained in the pre-antiseptic period, the following facts are shown: From 1860 to 1876 there was a mortality of 36.1 per cent.; whilst during the years from 1877 to 1881 the mortality was 8.3 per cent. As regards the performance of tracheotomy in these 48 cases, in 5 only was it called for, either before, during, or after the operation. Of these 5, 3 died and 2 recovered. Thus of the 43 cases in which tracheotomy was not necessary only 1 died, which is a percentage of only 2.3 per cent. of non-tracheotomized patients. From this it may be concluded how much more severe those cases are in which at the time of the operation there is tracheal stenosis. Of the 48 cases, 15 were males, 33 were females. Among the latter the operation was undertaken in several instances on "cosmetic" grounds. The oldest patient was sixty-five, the youngest (a girl) only twelve. Age seemed to exert no unfavourable influence. Concerning the mode of operating it may be stated that in 2 cases the gland was shelled out of its capsule, 1 of which was fatal; in 24 cases only one-half of the gland was removed, with 1 fatal case; and in 22 cases the entire gland was removed, with 2 fatal cases. The average duration of the after-treatment in the favourable cases was 21.8 days. The recurrent laryngeal nerve seems to have been interfered with (as shown by laryngoscopic examination) in 11 cases on one side; in 2 cases on both sides; and in 31 not at all. Of these cases of one-sided paralysis of the cords, it must be mentioned that the patients recovered perfectly in the course of time, and that in 3 of the 11 the paralysis existed before the operation. In 1 of the 2 cases of double-sided paralysis of the cords, which died of tetanus three months after the operation, a post-mortem examination failed to show that the paralysis depended on injury of the recurrent laryngeal nerve.—*Med. Times and Gaz.*, Feb. 4, 1882.

Gastro-Enterostomy.

Under the above title we hear of a new operation from Germany, performed for the first time by Dr. Anton Wölfler, who is Professor Billroth's assistant, and afterwards by that distinguished surgeon himself. The operation (an account of which will be found in the *Centralblatt für Chirurgie* for November 12) appears

to have been devised on the spur of the moment, after an exploratory incision had been made into the abdomen of a man who was suffering from cancer of the pylorus, and in whom the operation for removal of the tumour proved to be impossible. It consisted in making an incision into the stomach near the middle of the great curvature, and a similar cut into a coil of small intestine, we presume as near as possible to the commencement of the jejunum, and carefully sewing to one another the margins of the two openings thus formed. The object of the operation is thus twofold—in the first place, to allow the materials swallowed to pass into the intestine; and in the second place, to prevent any obstruction to the escape of the biliary and pancreatic secretions. Strict antiseptic precautions, "with the exception of the use of the spray," were observed during the operation, and not only did healing take place without any fever and by first intention, but the patient experienced very marked relief, and at the time of the report had survived the operation nearly four weeks. Not only had he survived, but a marked improvement had taken place in his symptoms: the vomiting had stopped, and he had been able to take increasing quantities, first of liquid, and afterwards of solid food. He had also had daily evacuations of the bowels, the stools being firm and brown.

Billroth's case was also one of a cancer of the pylorus too far advanced for removal. The operation was apparently carried out in the same way: it was easy of performance, and lasted only an hour. The patient, however, was seized with biliary vomiting, which continued till he died on the tenth day. An explanation of the vomiting was found post-mortem: there was no peritonitis; but the result of drawing the intestine towards the stomach had been to form a spur which divided the opening between the two viscera into two unequal parts, the larger of which communicated with the proximal portion of the intestine. The result of this was that the bile and pancreatic secretion, instead of passing into the intestine, were poured into the stomach, and the consequence was that which has been described. The author points out the necessity of making sure, to begin with, which is the proximal and which the distal portion of the coil of intestine selected, and then taking care that a thoroughly free communication shall exist between the latter and the stomach, while the former shall be, in a way, valved by making the stomach-wall overlap it. He also suggests that this method of procedure may possibly prove of value in cases of malignant growths in connection with the intestine.—*Med. Times and Gaz.*, Dec. 3, 1881.

Removal of a Cyst of the Pancreas Weighing Twenty and a Half Pounds.

Dr. N. BOZEMAN presented, at a meeting of the New York Pathological Society (*Med. Record*, Jan. 14, 1882), a specimen accompanied by the following history: it was interesting with reference to three particulars: first, as having been removed from the pancreas of a living woman; second, as having been mistaken for an ovarian cyst; and third, as being the first operation of the kind upon record.

The patient was the wife of a prominent physician of Texas, forty-one years of age, tall and robust, weighing nearly two hundred pounds, and perfectly healthy up to seven years ago, except occasional attacks of dyspepsia. Seven years ago she had, for the first time, pain in the right iliac region, extending down the right thigh and occasionally attended with numbness. Five years ago the abdomen began to enlarge, slowly at first, but gradually increased in size upon the left side, with a corresponding flatness upon the right side. The point at which the enlargement was first noticed was higher than would naturally be expected for an ovarian cyst. At that time no special importance was attached