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PART I.
ORIGINAL COMMUNICATIONS.

ART. I.—*On Hydrocele of the Neck, with Cases and Observations.* By JAMES O'BEIRNE, M. D., Surgeon Extraordinary to the King, One of the Surgeons of the Richmond Surgical Hospital, House of Industry, Dublin, &c. &c. &c.

IT is now nearly twenty years since Professor Maunoir, of Geneva, described a disease to which he gave the name of hydrocele of the neck, and which, although essentially different in its nature, and requiring a very different mode of treatment, bears such a resemblance to bronchocele or goitre, that it has constantly been confounded with the latter disease, and treated accordingly. The manuscript memoir in which he described this disease, was read at the Royal Institute of France in 1815, and afterwards transferred to the Academy of Natural Sciences; by which body the late celebrated Baron Percy was selected to report upon its merits. It was not, however, until April, 1817, that the Baron presented his report, which proved highly unfavourable to Professor Maunoir's opinions and

practice. In 1825, the latter published, for the first time, his memoir, with the whole of the unfavourable report made thereon, and a most able and satisfactory defence of his peculiar views on the subject.* But it would appear that, as too often happens, the authority of a great name, aided by bold and specious objections, proved more powerful than either the strongest facts or arguments; for, after considerable research, I have failed in finding even the slightest notice of this memoir in any subsequent French or English work. So little, indeed, does it appear to be known in both countries, that Delpech† and Lawrence,‡ who, between them, have related three cases which appear to have been examples of the disease, not only make no allusion to it, but, by employing incision in the treatment of these cases, would seem to show that they were unacquainted with its existence; for it is only natural to presume, that, if they had known the equally certain, and less dangerous and disfiguring mode of treatment by seton, so successfully adopted by Maunoir, they would have given it the preference.

About four years ago, the three memoirs to which I have already referred came accidentally into my possession, and the singularity of its title induced me to read that “*Sur, l'Hydrocele du Cou.*” Since that time, accident again favoured me by enabling me to observe three striking examples of the disease, all of which displayed the utter fallacy of Baron Percy's objections. According as they presented themselves, accurate notes and drawings of these cases were taken with a view to publishing them, at some future day, and giving such a general account both of the memoir in question and the whole subject, as might prove acceptable to the profession. That time is now come, and I trust that, aided by the two annexed lithographic plates, I shall be enabled to carry my intentions into effect.

* *Memoires sur les Amputations, l'Hydrocele du Cou, et l'Organisation de l'Iris.* Par J. P. Maunoir, aîné, Prof. D. C. Geneve et Paris, 1825.

† *Chirurgie Clinique de Montpellier*, t. ii. p. 79—87.

‡ *London Medico-Chirurgical Transact.* vol. xvii. p. 44 et seqq.

According to Professor Maunoir, the disease has been often observed without its true nature being known ; as may be seen in treatises on tumours, and from one example detailed by Heister, and three cases quoted by Plouquet. He declares also, that all the cases of it which he has seen, had been confounded with and treated as goitre, by numerous members of the profession. The disease consists in the formation of serous cysts, commencing very small at some point of the side of the neck, and gradually increasing, for several years, to such a size as to occupy the whole of the front and of one side of the neck, and seriously impede respiration, deglutition, and speech.

The tumour so formed conveys to the touch a distinct sense of fluctuation, and contains a fluid of either a limpid, a reddish, or a dark coffee colour, and coagulable by heat. In the great majority of instances, it exists independently of any enlargement of the thyroid gland ; and, in his fourth case, it was situated behind the angle of the lower jaw, and, of course, quite removed from this gland. But he has, in two instances, observed the contrary ; and the second of his cases, in which the gland, enlarged and indurated, formed one-eighth of the whole tumour, is an example of this complication.

With respect to the treatment of the disease, the learned Professor's opinions and practice are these :—"Although," he says, "there may be great affinity between encysted tumours in the neck and hydrocele of the tunica vaginalis, yet it appears to me that in hydrocele of the neck, the cyst is more dense, and more difficult to be excited to adhesive inflammation. Accordingly, its treatment should not be directed by analogy, and it is not proper to have recourse to the cure by injection, although it seems, at a first view, to be the best. I wished to try it, and have been obliged to renounce it as a bad plan, and one not free from danger. An injection which is not very stimulating, will effect nothing, or almost nothing, on a very thick, and, in general, an old cyst. If a very active injection be employed, it will cause great pain, and give rise to very alarming spasmodic

symptoms. Moreover, I have to observe, that sometimes enlargement of the thyroid gland complicates the treatment. In that case, the object is not merely to produce adhesion of the walls of the sac; it will be necessary to employ a mode of cure by which we may succeed at the same time in resolving this gland, when it projects into the tumour, as I have seen in two patients." As to laying open the tumour by incisions, as practised by Heister, or extirpation of the whole or of only a part of the cyst, he condemns these operations as being serious, difficult, and calculated to prolong a cure, by producing a large wound, and one of a kind very slow in cicatrizing. In short, the treatment which he has been led to adopt and recommend consists in puncturing the tumour, and, after evacuating its contents, passing a seton through it, in the direction of its longest diameter. By this plan, a fresh accumulation of fluid is prevented, the adhesion of the walls of the cyst is insured, and the thyroid gland, when it happens to be enlarged, is gradually reduced to its natural size.

He relates four cases, all of which are so generally interesting, that I shall here give them in a comparatively abridged form.

CASE I.—A washer-woman named Martin, aged 49, still menstruating, with a spherical tumour on the front and left side of the neck, as large as an infant's head, presented the first example of the disease that the Professor had seen, read, or heard of. Originally this tumour had been very small, but increased in quite an insensible manner. It did not force her head to incline to the left, but to the right side, and formed a sort of cushion for her head to rest upon. She had taken burnt sponge, and many other boasted remedies for goitre, but without any benefit. Difficulty of breathing and swallowing came on, and increased in proportion to the growth of the tumour. One day, while washing at the river side, she threw up a very great quantity of blood, fainted, and was supposed for some moments to be dead. The hæmoptysis and oppression continuing, and

the swelling being felt to contain a fluid, a trochar was passed into the most prominent and fluctuating part of the tumour, and gave exit to a pint and a half of a deep brown liquid, which coagulated by the application of heat. Complete relief ensued. On the following day, the swelling had returned to its former size ; but fluctuation was less manifest, for infiltration had taken place between the tumour and the skin.

At the end of 15 days this infiltration had disappeared, and the cyst was punctured by a trochar, and, after being emptied, filled with warm red wine and a small portion of alcohol. This injection, although retained but for a few moments, caused great pain and suffering. Swelling, redness, trismus, and increasing pain, on the following day : leeches, poultices, aperient medicines, and opium, ordered. An abscess, external to the cyst, opened and treated in the ordinary way, until it healed. A third puncture made into the upper part of the cyst by a sharp-pointed bistoury, and giving exit to as considerable a quantity of fluid as at the second. A button-pointed probe then introduced into the opening, and passed until it became prominent at the most inferior part of the tumour ; the point of the probe then cut upon, and the instrument withdrawn, leaving in its place a single thread. This thread frequently renewed ; no accumulation of fluid. A seton of ravelled linen passed, and caused abundant suppuration. This seton continued for six weeks, and then removed by the patient, on account of interfering with her ordinary occupations. Both openings fistulous for some months ; the upper first closed ; and in the year 1813, when she was 63 years of age, her neck was very slender, and her health robust.

CASE II.—Monsieur C. of Vevay, aged 40, had for many years a tumour situated on the front and right side of the neck. This tumour extended from the chin and lower jaw to the sternum and clavicle ; and in the greater part of its extent, there was a manifest sense of fluctuation, but points corresponding to the thyroid gland appeared to be hard and prominent. The swelling increased daily, became fatiguing from its weight, and

ultimately caused difficulty of respiration and speech, and occasionally attacks in which he seemed to be on the point of expiring. A puncture made into the upper and left portion of the tumour, and a pint of limpid, amber-coloured, and perfectly inodorous fluid evacuated. This evacuation reduced the tumour to one-eighth of its size, the remaining portion being formed by the thyroid gland in an enlarged and indurated state. A blunt probe now passed into the opening in the sac, and carried down to the inferior and anterior portions of the tumour; the point of the probe cut upon, and a single thread passed, in the usual way, as a seton. Great freedom of respiration, and in moving the head, instantly followed the complete evacuation of the tumour. Next day, a fresh accumulation of fluid, but much less in quantity, and of a fetid, sanious kind; some fever; stomach deranged. Hippo, followed by infusion of bark, and Spa and Seltzer waters employed, and restored the patient to his ordinary calm state. Pieces of linen, gradually increased in size, and smeared with simple digestive ointment, introduced as setons; injections of plain and hydrosulphurated water, and decoction of bark, with honey, thrown into the sac. Discharge less in quantity, and more purulent; the extent of the cavity greatly contracted; and the thyroid gland diminished in size. In a few months the patient's health was completely restored, and his neck became of its natural size.

CASE III.—Mademoiselle T. D., aged 20, having for many years a large tumour on the front, and a little to the right side, of the neck, had been subjected to all the known modes of treating goitre. This tumour was of enormous size, and consisted in a great degree of fluid. The least movement brought on cough, and attacks of suffocation. Her parents and friends refused to permit a seton to be passed, but a puncture with a trochar was made in the most depending part, and a cupful of fluid, resembling infusion of coffee, was drawn off. The canula was then withdrawn, with a view of retaining the rest of the fluid, and enabling a second puncture to be made and a seton

to be passed. The tumour was very little diminished; the wound was then covered with adhesive plaister, and a roller applied with moderate firmness. After passing some hours in a very quiet state, she indulged too freely at dinner, and in the evening, felt oppressed in her breathing, and the tumour became quite black. It was evident, in fact, that the contents of the sac had passed into the subcutaneous cellular membrane. She passed the night badly, and could scarcely swallow a few drops of an anodyne draught. In the morning, great difficulty of respiration, and total incapability of swallowing; the parts surrounding the tumour so swelled that the neck was raised to the level of the chin and lower jaw, with which it seemed to form one continued pillar. The whole of the upper part of the thorax was also infiltrated, and the alteration of the voice and dyspnœa were such as to lead to the belief that the effervesced fluid had penetrated into the internal cellular tissue of the trachea. In the course of the day, however, all these symptoms gradually diminished in severity, and the swelling was considerably reduced towards evening. She passed a good night, and on the following morning, deglutition and respiration were free. On the fourth day from the operation, the original tumour was diminished by one half; the infiltration and black colour of the skin had disappeared, and the patient was in excellent health.

On the 30th of January, 1812, that is, after about six weeks had elapsed, the tumour was as large and as distressing as ever. A hydrocele trochar, with a flat elastic canula, was passed into its most depending part, and two pints of a dark brown fluid, coagulable by heat, were discharged. On emptying the tumour, the thyroid gland was found moderately enlarged. A blunt probe, armed with a single thread, introduced through the canula, made prominent at the upper part of the cyst, and there cut upon until it could be withdrawn, and the thread left as a seton. For some days, nervous symptoms appeared. The two little incisions contracted so much, that the thread could not be

moved backwards and forwards but with great difficulty, and such as to create a suspicion of its being lodged in the tissues of the walls of the cyst, which it had cut in gliding, and of having thus left the cavity of the tumour. The silk thread withdrawn, at the instance of her parents, and in order that a fresh accumulation might permit a puncture to be made by a bistoury, (instead of the trochar which had been found so ill-suited,) and enable a cotton wick to be passed as a seton. The tumour soon regained its former size, and the oppression returned. The necessity of this operation repeatedly urged, but as often delayed from some frivolous pretext. The Professor sent for in great haste, on the 16th of April, 1812, and found her with complete loss of sense and motion, slow and stertorous breathing, cold extremities, dilated pupils, and no pulse. No person being at hand to assist in the proposed operation, the tumour was punctured by a hydrocele trochar, and a pint of dark brown fluid discharged. Immediately pulse, respiration, and in short, animation were restored; but permission to pass a seton could not be obtained. On the 7th of May, the size of the tumour required that it should be again punctured. On the 24th of June, she complained of violent pains in the head, great suffering and oppression. Another puncture made in the swelling, and a quantity of fluid, mixed with purulent matter, discharged. 25th, pains returned; astringent applications; increased enlargement of the neck; distress and oppression alarming. Six leeches applied, and the patient well purged with castor oil, without any relief. 27th, tumour punctured, and a lesser quantity of fluid, but more mixed with pus, discharged. 21st of July, symptoms severe, and increasing so much in violence, as to require another puncture, which was rendered difficult by the thickness which the infiltrated cellular membrane had acquired, and consequently, the increased depth at which the cyst was placed. A silk thread, and subsequently, a large seton inserted; abundant fetid suppuration; gradual contraction of the sac; an abscess formed and opened at the inferior and lateral part of

the neck ; a fistulous opening for some months at this point, and at length healed by an injection of a weak solution of sulphate of copper. Seton removed; tumour completely dispersed; and recovery perfect in all respects.

CASE IV.—In the autumn of 1813, a young man, of the Pays de Vaud, of athletic stature and constitution, applied for advice respecting a tumour situated inferior to the left parotid, occupying the whole of the cavity beneath the angle of the lower jaw, and which had existed for eight years. This tumour being felt of a scirrhus hardness, and its upper part alone appearing to be attached to the parotid gland, its extirpation was decided upon. 16th September, the tumour exposed by raising a triangular flap of the skin, the apex of which flap was below and the base above. The incisions made as closely as possible to the sac, in order to avoid a number of vessels on its surface. In doing so, the sac was unintentionally cut into, although thick, and several ounces of limpid fluid were evacuated. The tumour being thus found to be encysted, and not solid, the whole of the anterior of the cyst, amounting to two-thirds of its whole size, was removed by a circular stroke of the bistoury. What remained of the sac in the bottom of the wound, was easily separated from the deep parts to which it adhered; the flap was then laid down, united by suture, and a bandage applied. Union by the first intention took place, but, in consequence of the ligatures not coming away, the wound was not perfectly healed until the twentieth day.

After the experience of ten years, which elapsed between the writing and printing of his memoir, M. Maunoir enjoins the necessity of avoiding errors in diet, and exposure to cold and moisture; declares his increased confidence in the treatment by seton, and that the following is one of those cases which have given him most trouble in effecting a cure. The case is very briefly related, and may be translated thus:

CASE V.—“M. Tallon, inhabitant of a small village near Nyon, Canton de Vaud, and aged 57, had for many years a hy-

drocele of the neck, which, small at the commencement, had gradually acquired an enormous size. His chin rested upon the tumour, and the latter was supported by the sternum. The difficulty in breathing was distressing, and caused continual rattling in the throat. I operated upon this patient on the 22nd of May, 1822. The tumour was immediately evacuated, and a thread left in the cyst, so as to traverse its greatest diameter. The relief which followed this operation was remarkable and complete. I shall not enter into the details of the treatment, which were so analogous to those which form the main object of this memoir. I shall only say, that, after passing through all the phases of a local inflammatory disease, and a very abundant suppuration, it was only on the 1st of April, 1823, that I was enabled, without danger, to remove the seton. The two openings were quickly cicatrized; and from that time, M. Tallon has enjoyed perfect health, and has not preserved the least trace of this cumbersome disease."

Such are the cases detailed by Professor Maunoir. The following are those which have come under my own observation.

CASE I.—Stephen Cassidy, aged 60, of a very wizened, weather-beaten appearance, and residing at Meath-hill, county of Meath, admitted into the Richmond Surgical Hospital, under my care, on the 25th of June, 1831. This man has a very large tumour, which occupies the whole of the front and left side of the neck. At its upper part also, it extends into the left side of the neck, and thence passes obliquely downwards to the left sterno-clavicular articulation, at which point it terminates in a rounded projection, and then sweeps upwards and along the left clavicle to within two inches of the left acromion. The whole of the tumour, particularly that part of it which covers the thyroid gland, is remarkably prominent; gives a perfectly distinct sense of fluctuation, and is quite free from any appearance or feel of pulsation. Its integuments are of a natural colour, and so thinned as to be almost diaphanous; and numerous small veins are seen ramifying beneath the distended

skin ; but on examining the swelling, in the ordinary way, by transmitted light, it is not found to be transparent at any point. He complains of no difficulty in breathing or swallowing, or of any inconvenience whatever, excepting that arising from the great size and unsightliness of the tumour. He states that the disease commenced about twelve years ago, by a very small, moveable swelling in the centre of the triangular space above the acromial third of the left clavicle ; and that this lump had gradually, and, without the least pain, increased to its present size. He is very unwilling to allow the tumour to be opened, and assigns as a reason that a medical gentleman had cautioned him against ever permitting it to be opened, as the consequence would assuredly be instant death by hæmorrhage.

Having, with considerable difficulty, and after a delay of five days, succeeded in removing his fears on this account, I resolved, as this was the first case of the kind that I had seen, on merely making an exploratory puncture into the most depending part of the tumour, which was that corresponding to the left sterno-clavicular articulation. I proceeded thus : a transverse fold of the skin covering this part being raised, it was divided by the shoulder of a lancet ; when immediately the sac, very thin, and covered with numerous small veins and arteries, protruded through the incision. The point of the lancet was then passed beyond its shoulders into the protruded sac, and a large quantity of reddish serum discharged. At first, the stream appeared so very red that, fearing it to be of pure blood, it was closely examined, and found to consist of two currents, one serous, and the other very slender, and evidently proceeding from a few small arteries on the outer surface of the sac, which had been divided by the lancet. It was observed also, that almost from the instant that this fluid began to pass off, the tumour began to pulsate, but much more strongly above the left clavicle, than at any other part. In a few minutes, the whole of the tumour was evacuated, and all unusual pulsation ceased. The thyroid gland could now be readily felt, and, after careful examination

was found in a perfectly natural and healthy state. Successive layers of lint, steeped in cold water, were then laid along the whole of the left side of the neck, and over these a wet calico roller was applied, so as to exert a moderate degree of pressure. A similar fluid continued to be secreted and discharged by the sac, the dressings became thoroughly soaked, of a reddish colour, and so tightened as to be distressing and require their removal. This discharge continued to flow for three days, wetting, each day, a considerable quantity of old linen, yet without appearing to produce the least debility. On the fourth day, it ceased, the opening in the sac and that in the skin having healed; and on the following day, the tumour regained its former size and general appearance.

It was now my intention to again puncture the tumour, and to pass a seton through it; but the patient obstinately persisted in refusing to submit to the second operation, on the plea of an urgent necessity to go home. He was discharged on the 10th of July, faithfully promising, however, to return in a few weeks. Since that time, I have neither seen nor heard of him.

CASE II.—Mary Kelly, aged 60, healthy, and of temperate habits, admitted on the 17th of May, 1833, into the Anglesey Hospital and Dispensary, under the care of Mr. Hayden, on account of a large tumour which she has in the neck. She states that, about thirteen years ago, she perceived, for the first time, a round, hard, moveable tumour, about the size of a pea, and free from pain or discoloration, situated in the inferior posterior triangle of the neck, and immediately above the greatest convexity of the left clavicle. In the course of a month after, it enlarged to the size of an almond, and became much harder. From that time it increased gradually and imperceptibly, until about two months ago, when its growth became, and has since continued to be, very rapid. About three months ago, she had a cough so violent as to deprive her of rest for five weeks, at the end of which time she began to bleed profusely from the nose and mouth. The bleeding continued for three days, coming on

regularly every fourth hour, and amounted to about three pints; but it completely removed her cough. She never had any bleeding from the nose or mouth either before or since that time. During the last fortnight she has suffered much from an indescribable kind of pain, passing occasionally across her back, and down her right arm as far as the elbow joint; the left arm not being in the least affected.

The tumour is now of considerable size; extending from the clavicle (the anterior half of which it covers) to the buccinator and other muscles of the face, and, in fact, occupying the front, and nearly the whole of the left side of the neck. Its shape is somewhat pyramidal, the base being above and the apex below. It conveys a distinct sense of fluctuation, but as if the fluid were contained in a number of distinct cysts. There is no discoloration of its integuments, but the external jugular vein is more distended than usual. No pulsation is perceptible in any part of the swelling. Respiration and deglutition are not seriously affected. She has more difficulty in swallowing fluids than liquids, and even the latter are sometimes arrested in their progress, but never permanently.

The patient having consented, the operation was immediately performed by Mr. Hayden, assisted by Dr. O'Beirne, consulting Surgeon to the institution, and in the following manner. The skin covering the highest point of the tumour being pinched into a transverse fold, this fold was divided so as to leave a longitudinal wound about an inch long. Some scattered fibres of the platysma were next divided, until the sac came fairly into view. The sac was then freely punctured with a lancet, and a quantity of dark, coffee-coloured fluid discharged. While this fluid was escaping, a blunt probe, armed with a skein of silk, was passed into the opening, and its point made prominent at the most depending part of the tumour. Incisions were then made at this point through the skin and into the sac; the probe was withdrawn, and the silk left in the usual manner of passing a seton. The tumour being now com-

pletely emptied, the thyroid gland was carefully examined, and found quite free from enlargement, hardness, or any other morbid condition perceptible to the eye or touch. On examining the sac also, at its upper part, and separating it from the parts beneath, which was easily effected, another but much smaller cyst was clearly seen and felt at a considerable depth, and situated so directly over the carotids, that it was not considered safe to puncture it. Feeling weak, she was placed in bed, and cold cloths were applied over the seat of the tumour. During the night, she was restless, feverish, and complained of pain passing from the left side of the neck to the corresponding mamma. Relieved by an anodyne draught. May 18th. Complains of the same pain; pulse 100; tongue white; skin hot and dry; bowels confined: ordered a draught of rhubarb and magnesia every four hours, until the bowels are freely opened. 19th. Bowels have been freely moved yesterday, had some sleep last night, but disturbed by a severe cough; still feverish; complains of the same pain in the neck and mamma: ordered a pectoral mixture, with tincture of hyoscyamus, and the neck to be covered with a light emollient poultice. 20th. Feverish; great increase of pain in the tumour, and extending to the back of the neck; suppuration commencing: ordered, leeches to the tumour, a rhubarb draught, and an enema, if necessary; an anodyne draught at night. 21st. Had very little rest last night; purulent matter now flowing freely from the sac; pain greatly subsided: ordered decoction of bark, with dilute sulphuric acid; and to have some jelly. 22nd. Tumour much diminished in size, and greatly improved in all other respects. She complains, however, of severe pain from three enlarged glands situated over the left cervical plexus. Leeches, fomentations, and a purgative draught ordered. 24th. Greatly improved in health and appetite; suppuration diminishing; bowels confined; purgative draught ordered; bark and acid mixture repeated. 25th. Tumour distended with pus; seton removed, and a considerable quantity of pus discharged. 10th July. Has improved progres-

sively, and in all respects, since last report. There is now a small sinus containing a small quantity of matter, and extending downwards from the inferior opening. This sinus laid open; tumour so much diminished that the neck is nearly of its natural size and form. Both the superior and inferior openings are closed. The cervical glands remain indolently enlarged, notwithstanding the application of small blisters, camphorated mercurial ointment, ointment of hydriodate of potass, and various other agents. Discharged in perfect health.

This woman was again admitted into hospital, on the 17th of September following, with a small fluctuating tumour, situated about one inch above the left clavicle, and crossed obliquely, at its centre, by the external jugular vein. (*See plate.*) Mr. Hayden, assisted by Drs. O'Beirne and Ireland, operated upon it in the same way that he had upon the former, and gave exit to a comparatively very small quantity of the same kind of fluid. Except slight constitutional disturbance, and accumulation at one or two points which required to be opened by a lancet, nothing remarkable occurred in the progress or treatment of the case; and the woman recovered, with merely a small indurated elevation marking the seat of the second tumour.

CASE III.—T. Broughall, a labourer, aged 60, received under the care of Mr. Adams, into Jervis-street Hospital, on the 26th of September, 1833, on account of a large-sized tumour occupying the left parotid region, and nearly limited in every direction by the outlines of that space. Its base is immoveable and deep seated, being fixed to the angle of the jaw, and the other deep parts in that region. Its surface projects irregularly at several points, which have a soft, elastic, fluctuating feel; and the skin covering these points is thin, and of a livid red colour; and when looked at from a distance, its general appearance is such, that it might easily be mistaken for fungus hæmatodes. He complains of stinging pains, darting occasionally through the tumour. The character of his countenance is peculiar; the affected side being devoid of all ex-

pression. He is unable to close or open the left eye perfectly ; the tears trickle down the cheeks ; the right angle of the mouth is elevated and drawn towards the same side. The general health of the man seems unimpaired. He states that, three years ago he felt, under the lobe of the left ear, a hard kernel which was moveable, and quite free from pain of any kind. It increased gradually and became fixed to the surrounding parts. At length it was occasionally invaded by pain, which has latterly become more frequent in its attacks. About three months previous to his admission, it was punctured by a country practitioner, and a quantity of thin reddish fluid given exit to. Since he came into hospital, a similar operation has been performed, and with a similar result ; the wound healed as it would in other parts. 17th October. An incision made into the tumour, and gave exit to about four ounces of a fluid exceedingly like coffee grounds, and free from odour. The upper and anterior part of the tumour was rendered quite flat and flaccid by the removal of the fluid : compresses of lint, with a bandage wet with cold water, were applied. 18th. Wound healed ; the fluid again collected ; and the tumour is of its former size and appearance. 21st. Tumour again punctured, and a similar quantity and quality of fluid, containing numerous hydatids, discharged. He complains of having had more pain in the tumour, than he has had since it was first punctured ; dressed as before. 22nd. Tumour refilled, but has not attained its former size. Towards evening he complained of headach, and burning heat all over him, particularly about the tumour. During the night the tumour burst, and discharged a good deal of fluid. 26th. This day have been observed for the first time, several small moveable adipose tumours on both his fore-arms ; these, he says, have been there longer than he can remember. 27th. Tumour burst in the night, and is reduced to half its former size by the quantity of fluid discharged ; complains of a slight headach. 29th. Tumour gave way on each of the two last nights, and discharged a good deal. It is now red and painful. He complains of headach

and thirst, and insists upon going home to-day ; pulse 90. 31st. Left the hospital of his own accord.

Now that all the facts are fairly before us, it will be found that they furnish ample materials for detecting the fallacy of Baron Percy's objections, and showing the additional force which Professor Maunoir's replies acquire from the cases which I have just detailed, as having come under my own observation.

The Baron first objects to applying to a disease of the neck the term hydrocele, which has been so invariably restricted to dropsy of very different and distant organs. In order to show, also, that, when so applied, it is defective in expressing the real nature of the disease, and that the term hydrobronchocele, which he prefers, would be less objectionable, he endeavours to prove that the professor's cases were all examples of the solid bronchocele becoming converted into an aqueous tumour, such as are well known, and have been described by Celsus, Albucasis, Helwig, Heister, J. L. Petit, Louis, Tenon, and Pelletan,* all of whom he quotes. To these objections the Genevese Professor replies, first, that the term hydrocele, by literally meaning nothing more than a tumour containing water, is a general one, and consequently that usage cannot form a valid objection to its being applied to similar tumours, whatever may be the organ in which they are situated ; secondly, that his cases show that the disease generally exists independently of any affection of the thyroid gland, and therefore that the term

* In quoting Pelletan, the Baron states that the former "has seen enormous goitres, in which the integuments, cyst, and fluid were so transparent, that the blood vessels beneath could be seen." Having the strongest doubts of the existence of such tumours in any part of the body, I have had the curiosity to consult Pelletan's works, and find that he makes no assertion of the kind. In his observations on extraordinary tumours, (*Clinique Chirurgicale*, t. i., p. 208,) he mentions, that, in the act of extirpating a lipoma or adipose tumour situated in the neck, he was enabled to see the deep seated vessels of the side of the neck. It is not improbable that the learned Baron may have been led into error on the point, from some confused recollection of this passage.

hydrobronchocele, besides being less concise, would convey false ideas of the nature of the disease. This latter part of his defence would have been much more complete, if he had not omitted either to ascertain, or, in detailing his cases, to mention, the exact point of the neck at which the tumours commenced. This important defect in the necessary evidence, however, is fully corrected by all the cases which I have detailed. In the first and second of these, it will be seen, that the tumour commenced in the posterior inferior triangle of the neck, and, of course, at a part very distant from the thyroid gland; that, in the third case, it commenced in the parotid region, which is nearly equally distant from this gland; and that in all of them, the gland is seen to have never been in the least affected.

The Baron next objects to M. Maunoir being considered as the discoverer of a new disease, such as he pretends this to be. The latter replies, that, so far from considering himself the discoverer of a new disease, his original memoir contained, first, a full admission that the disease had been often observed, but as often mistaken for bronchocele; secondly, references to such authors as appear to have seen examples of it; thirdly, a candid acknowledgment that his own claims were limited to his being the first to show the true nature of the disease, and its most effectual mode of treatment.

The third objection respects the practice of emptying the sac at once, instead of gradually. But M. Maunoir, amongst other arguments advanced in reply, urges the self-evident and conclusive fact, that it would be perfectly impossible to evacuate a tumour gradually, when the means necessary for its removal consist in passing a seton through its longest diameter.

The fourth and last of the Baron's series of objections consists in stating, that, as Albucasis and the most ancient authors have remarked, all tumours compounded of dropsy and goitre present some of the appearances of aneurism, particularly pulsation synchronous with the action of the heart, and communicated by the subjacent arteries, it is surprising that M. Maunoir

should have omitted to describe pulsation as one of the characters of the tumours in question. In making this charge, also, he plainly hints that this omission necessarily involves another of great importance, namely, that of a diagnosis between these and aneurismal tumours. In reply to these charges, the Professor goes at once to the point, and answers simply thus: "Too striking not to be remarked," he says, "I should not have have passed it (pulsation) over in silence, if it had presented itself to my observation. It must be that this symptom is not so constant as we might be led to suppose from reading the report; to the present time it is only known to me as an exception, of which I am forced to seek for examples in the experience of others."—(p. 125.) He might, however, have considerably strengthened his position, by quoting Heister's case, one of those to which he himself had originally referred, and by extracting from it these words: "et cum nullum arteriæ pulsum in ipso sentiret, malum quoque aneurysma non esse judicabat."—(Halleri Disputation. Chirurgic. tom. v., p. 434.) No sentence can possibly be more in point, or more conclusive against the Baron, than this is. But, like every advocate of truth, he has not appealed in vain to the future "experience of others," for no mention whatever is made of such a symptom as pulsation having been observed in the cases related by Delpech or Lawrence; while, in all of those which I have detailed, this symptom is pointedly noted as having been absent. In the case of Cassidy, the first which I have related, there was indeed pulsation, but the reader cannot have failed to observe, that it did not occur before, but after the sac had been punctured, and some of its contents evacuated. But this occurrence is easily explained. In every stage of the tumour, the sac is so filled, that little or no motion is permitted between the particles composing its fluid contents, and consequently, according to a received axiom in physics, these particles are incapable of transmitting, in any sensible degree, the impulse communicated to them by the beat-

ing of subjacent arteries, until a certain portion of the fluid contents shall have been evacuated.

We see, then, that all the learned Baron's objections are utterly inconsistent with every fact as yet known on the subject, and that, whether the name given to it be retained or not, it is scarcely possible to doubt the existence of a disease, which it is practically important to be well acquainted with, and to carefully distinguish from cases in which bronchocele has become converted from a solid to a fluid state. We may observe, also, that, in the former, the previous history and peculiar characters of the tumour are quite sufficient to mark the difference between it and all tumours of the latter description.

It is not unlikely that some may be disposed to prefer the treatment by incision, and find arguments against that by seton in the cases here detailed. It may be urged that M. Maunoir's cases show, that the latter mode exposes the patient to infiltration and its alarming consequences; while such an occurrence cannot possibly attend the former plan. But the cause of infiltration taking place in one of his cases is evident. By puncturing the tumour with the common hydrocele trochar, the small size and triangular figure of the wound, aided by the contractility of the skin, enabled the external opening to become closed, before that made in the sac, and thus effusion of the contents of the tumour into the subcutaneous cellular membrane could scarcely fail to take place. It is from the same causes, also, that we are enabled to explain why, when he passed a single thread of silk through the tumour, both openings contracted so firmly as to prevent all discharge, and make it difficult to move the thread backwards and forwards. It is plain, therefore, that he erred in not making a free incision in the skin and sac, particularly in the former, and we see from some of his expressions, as well as from his having at length employed a bistoury in puncturing these tumours, that he became fully aware of his error in this respect. In proof of this being the correct view of the matter, I have only to adduce the fact, that infiltration did not

take place in any one of the three cases which I have detailed, and which were treated by free incisions in the integuments and sac. It is clear, therefore, that this cannot be received as a valid objection against the treatment by seton.

Again, it may be urged that the cases which Heister, Delpech, and Lawrence relate, and in which incision was successfully employed, occupied a considerably shorter time in their treatment, than those which are related here as having been treated by seton. But it should be considered, first, that in M. Maunoir's cases, the period of recovery was necessarily protracted in consequence of the objectionable mode which he employed in passing the seton; secondly, that the improved method of passing the seton has been tried but in one case, that in which I assisted Mr. Hayden, and which was necessarily unfavourable, from the circumstance of their being several distinct cysts to be removed. Admitting, however, the force of this objection to the fullest extent, and that future experience should make no alteration in the present state of the fact, I would still prefer the treatment by seton, simply on account of its not leaving a long cicatrix in the neck; an advantage of great importance, particularly to females.

Circumstances have convinced me that the operation which I have described, may be considerably improved. In assisting Mr. Hayden, I observed that when the point of the probe was made prominent at the most depending part of the tumour, and he attempted to cut upon the end of the instrument; the integuments glided from side to side, and so effectually evaded the shoulder of the lancet, that it was necessary to make several attempts before the incision could be completed. This was evidently owing to the fluid contents escaping at the upper opening, and rendering the tumour so flaccid as to enable the integuments to glide freely over the sac. In order to obviate this defect, which causes unnecessary pain to the patient, and an awkward kind of embarrassment to the surgeon, it will only be necessary to expose the sac, previous to

puncturing it, at the upper and lower extremities of the tumour, by raising and afterwards dividing a transverse fold of the integuments at each of these points. By proceeding in this way, the sac alone opposes the passage of the probe through the lower opening, and no difficulty will be found in cutting into it, so as to allow the instrument to pass, and the seton to be introduced.

After the seton has been passed, I am now disposed to alter my opinion respecting the applications of either a roller or water dressings. I believe that applying a simple dressing, or a light, warm, emollient poultice, would be better practice.

To conclude.—It is somewhat remarkable that, out of ten cases which have been related by Heister, Maunoir, Lawrence, and myself, and in which the side affected is mentioned, nine have occurred on the left side of the neck. The late M. Delpech, whose untimely and awful fate we must all deplore, does not, if Mr. Lawrence's extracts may be trusted, mention the particular side on which either of his two cases occurred. I have seen the first, but have not been able to procure the second, volume of this very distinguished French surgeon's work.

ART. II.—*Observations upon the Operation of Excision of the Cervix Uteri, with an Account of a Case of Abscess within the Cavity of that Organ, and a Detail of Two Cases of Uterine Excrescence.* By JOHN BROWNE, M. D., one of the Surgeons to Saint Mark's Hospital, and formerly Surgeon to the County of Meath Infirmary.

(Read at the Dublin Chirurgical Society.)

AMONG the numerous effects which we almost daily witness of the "*march of intellect*" and of the "*progress of knowledge*," there is not one more truly gratifying to the medical philosopher than the advancement which the obstetrical department