

of the original gland substance is contained in the cyst, especially in substernal fibro-cystic goitre, the risk is at its maximum; 11. The extirpation of cysts is always attended with great danger from hemorrhage; 12. Extirpation is, nevertheless, justifiable where (the symptoms being urgent) the cyst has attained an enormous size, and has a capacity of several pints, but is not directly connected with the trachea or œsophagus; 13. Extirpation is justifiable where such a cyst has already burst and the patient is in danger from an exhausting discharge. 14. Extirpation may also be employed for the removal of a small but distinctly pedunculated cyst, having, for instance, a capacity of two or three ounces, provided there be no large vessels in its peduncle.—*Brit. Med. Journ.*, May 16, 1874.

48. *The Contra-indications to the Removal of Melanotic Tumours, derived from the Examination of the Blood and the Urine.*—It is important to know before extirpating a melanotic tumour whether the viscera have also become the seat of the morbid growth or not; and M. NEPVEU (*Gazette Médicale*, No. 5, 1874, p. 59) has lately shown that this point can be settled with almost absolute certainty by examining the blood and urine of the patient microscopically. The white corpuscles are found, in cases of visceral implication, to be increased in number, so that with Hartnack (ocular iii., objective 7), fifteen, twenty, or even forty are visible in one field, and they contain, in addition, fine blackish granules of pigment. The serum shows small brownish-red granules, and also flexible granular casts without consistence, and analogous in form to those occurring in the urine in Bright's disease. These, M. Nepveu considers, are moulds of capillaries. The red corpuscles seen *en masse* may have a more or less distinctly pronounced sepia tint.

The urine is darker in colour than ordinary, and assumes a blackish hue if nitric acid or bichromate of potash be added to it. Under the microscope cylindrical masses are seen in the deposit, or else irregular accumulations of brown granulations, like the hyaline casts of Bright's disease in form. If the urine be allowed to evaporate in the air, clumps of fine grayish granules become visible, which surround crystals of various shapes, all of which have a dark hue.

As examples of the application of these facts to diagnosis, M. Nepveu relates two cases. The first was that of a man of thirty, from whose thigh a pigment mark had been removed because it had become irritated by the friction of his trousers. A few months afterwards the glands in the groin enlarged, and an incision was made into them, under the impression that there was suppuration; but instead of that a fungoid growth appeared, which rapidly increased in size, and extended up into the iliac fossa. The blood and urine were examined a little while before the patient's death, and found to have the characters previously described. At the necropsy, metastatic nodules of melanotic sarcoma, resembling the primary tumour, were found in the liver and lungs, in the bones of the cranium and sternum, and in some of the lower ribs. There was not a single nodule in the kidneys, but the whole organs had a slight sepia tint; with one or two pigment spots scattered here and there; so that melanuria does not point necessarily to implication of the kidneys themselves, but only to the presence of a great amount of pigment in the blood, and so to its generation in the other viscera. In a second case one melanotic tumour was removed from a man of fifty-one in December, 1871. In 1872 he had a relapse, and he died in November, 1873. His liver, spleen, kidneys, and osseous system were the seat of secondary deposits, and the diagnostic signs of visceral affection were previously found in the blood and urine.—*Med. Times and Gaz.*, March 28, 1874.

49. *Extirpation of the Spleen.*—Dr. WATSON showed, at a meeting of the Medico-Chirurgical Society of Edinburgh (*Edin. Med. and Surg. Journ.*, Feb. 1874), a spleen "weighing nearly 12 lbs., which, on the 1st November, 1873, he had removed by gastrotomy from a man who had noticed the tumour for more than two years. It filled a great part of the abdomen, displacing the organs. The patient was reduced to a most anæmic condition, and pressed the performance of the operation. The pedicle of the tumour was transfixed by a strong double ligature and tied in two halves. The vasa brevia from the stomach gave much trouble in securing them."