

IV. Total Extirpation of Goitre. By PROF. VASILY RAZUMOVSKY (Kazan, Russia.) A somewhat anæmic and meagre woman, æt. 35, was admitted with a parenchymatous goitre of 10 years' standing, and with complaints of the tumor occasionally causing severe paroxysms of dyspnœa at night, and generally interfering with her breathing on any household work. The goitre was fairly movable and uniformly elastic and had the size of a man's fist and an irregularly roundish shape. It reached from the hyoid bone down to the sternum and involved the whole thyroid gland; the isthmus and the right lobe, however, were much more enlarged than the left one. A total extirpation of the goitre was performed after Kocher's method under chloroform and antiseptic precautions, the operation lasting 2 hours. About 30 ligatures were tied, hæmorrhage being but trifling. The aftercourse was most satisfactory, the highest temperature being 38° C. On the 8th day the woman got up to walk in the hospital garden. The wound soundly healed about the 30th day. For the first 24 hours after the thyroidectomy there was observed a singular intermittency of the patient's pulse; a strong beat was rapidly followed by a series of accelerated and faint pulsations and then by a long interval, after which a single strong beat could be felt again and soon. On the next day, the curious phenomenon disappeared spontaneously, but the pulse remained quickened (110 to 120 per 1') for 8 days. The tumor removed contained numberless small cavities with colloid matter. When seen 1½ month after the operation the woman was free from all former symptoms as well as from all signs of cachexia strumipriva.—*Dnevnik Kazanskaho Obshtchestva Vratchei*, Dec. 27, 1887.

VALERIUS IDELSON (Berne.)

V. The Operative Treatment of Congenital Lymphangioma of the Neck. By DR. STORCH. (Hamburg). The surgical therapy of congenital lymphangiomata of the neck has undergone many changes and is not as yet definitely settled.

In the beginning of this century, Wutzer and his cotemporaries condemned any operative interference. About 30 years later Hawkins proposed puncture in cases of cysts of the neck, but the fear of sup-

puration and its complications restricted this treatment to those cases where the child's life was in danger from interference with the respiration. In 1839, Hawkins cured one case by extirpation of the cyst. Weinher, in 1843, condemned this procedure, as one which no careful surgeon had a right to undertake. Silk setons were then tried, but they set up such violent reaction that they had to be abandoned. In 1855, Gurlt spoke in favor of extirpation, notwithstanding his poor successes. Trendelenburg used puncture, followed by an injection of iodine, and his excellent results placed this method among the radical operations. With the advent of antiseptic surgery extirpation was again put in the foreground; still in 1882, König and Riedel judged this method as dangerous and applicable to only a few cases. Wölfler advocates incision and drainage of the tumor and stuffing the sac with iodoform gauze.

The author then reports a case of a 21 days old child which was brought to him in Feb, 1886, at the Jewish Hospital in Hamburg, suffering from a large tumor of the neck, which did not cause much interference with the nursing of the child. The tumor was about the size of a man's fist, soft, elastic, having a smooth surface, yielding on aspiration a clear, yellow, serous fluid which coagulated on standing.

On Feb. 24, 1886, the author enucleated the tumor, and found it to be adherent to the sheaths of the large vessels which had to be laid bare in order to complete the operation. The tumor was found to have a long pedicle which ran along the sheaths of the vessels into the thorax.

The wound was closed by sutures, drained, and dressed with iodoform gauze.

The patient made a successful recovery.

The macroscopical examination of the tumor showed it to consist of various sized cavities lying close together, and filled with a serous fluid. All the cavities seemed to intercommunicate by various sized apertures. The cyst wall itself was smooth and closely resembled the pericardium. Microscopical examination showed the cyst wall to consist of connective tissue, interlaced with fibrous and elastic tissue, and containing in some places many, and in other places few smooth muscular fibres.

Examination of a fresh specimen with silver gave clear endothelial markings.

The fluid contained lymph corpuscles and endothelial shreds.

The case is interesting in so far as it has seldom been tried to extirpate tumors at such an early period of life, (21 days). The author winds up his remarks by stating that an attempt at enucleating these tumors should be made, and if it was found impracticable the Wölflers proceeding should be tried.—*Deutsche Med. Wochenschrift*. No. 42.

F. C. HUSON (New York).

VI. Forcible Dilatation in Malignant Stricture of the Gullet. By DR. V. I. DUBROVA. (Voronej, Russia). An extremely emaciated and cachectic woman, æt. 52 years, sought Dr. Dübrowa's advice on account of absolute inability to swallow—even fluids—of a week's duration, the first symptom having appeared about a twelvemonth previously. An impassible malignant stricture of the gullet, situated just above the cardia, was diagnosticated and a gradual dilatation by œsophageal sounds at once resorted to. An olive, no. 1, could be forced through with but a moderate amount of violence, and from the next day the patient could be fed *per os*. The sounding was repeated every two days, the woman's health steadily and markedly improving for two and a half months. By the end of that period pulmonary symptoms (agonising cough, infiltration of the right lung under the scapula) supervened, and the patient commenced to rapidly lose ground. Exactly three months after the beginning of the treatment, she suddenly expectorated a basinful of blood and died a couple of hours later. No autopsy was allowed. Dr. Dübrowa draws attention to the facts that (1) his patient survived three months after the commencement of the treatment, and about fifteen months after that of the disease; (2) that the average duration of the disease treated by dilatation is eight months (after Morell Mackenzie; but only five and a half months after M. E. Krusenstern; *vide* the *London Medical Record*, March, 1887); (3) that an average duration of the disease treated by gastrostomy is seven months, the patient surviving the operation on an average for twenty days (Morell Mackenzie); (4) that, therefore, dila-