

potassium, in an ounce of water every four hours, and thirty grains of bromide of potassium every night as a draught.

6th.—The tube has not been replaced; he sleeps very well. The draught of bromide of potassium was discontinued. The swelling of the thyroid is scarcely perceptible. Circumference of neck is 11 inches. Unfortunately the measurement was not taken on admission.

Dec. 27th.—The thyroid swelling has gone. He was sent home (nine miles away) well.

June 7th, 1890.—He came with his father to show himself. He has grown, and looks very well. Circumference of neck is still 11 in. No swelling of thyroid.

Remarks by Mr. FROST.—This boy's "croup," as it was called, was noticed before the bronchocele, probably because a little stridor could not be as easily overlooked as a small bronchocele. In Sept. 1889 the bronchocele was larger, and the dyspnoea was more constant, and after the operation they both disappeared. This seems sufficient to show that the bronchocele was the cause of the dyspnoea. Dr. Bristowe says: "Compression of the trachea involves stridor and dyspnoea, which is often paroxysmal, and is liable to end in sudden death." On the day of admission the stridor was tracheal, because he had not aphonia with it. I have looked up one or two authorities, and find that in operations involving incision of the enlarged thyroid or isthmus they lay emphasis on precautions to prevent hæmorrhage. I think they might add, which they do not, that the division of an enlarged isthmus may be attended by quite controllable hæmorrhage. A remarkably similar case is recorded in THE LANCET of March 15th last, of a boy with goitre requiring tracheotomy. To reach the trachea and avoid the thyroid the operator carried his incision downwards, so that at the bottom of it the aorta could be felt pulsating. A tube was passed into the trachea, but the boy did not recover. Now with a moderately large goitre, if tracheotomy should be urgent, the risks of one or the other of these methods must be encountered. Most likely, too, they must be encountered in haste and without assistance; yet in the one case, if the thyroid should be cut into or gripped with Spencer Wells' forceps more than is necessary, it may help to cure the goitre itself, whereas in the neighbourhood of, say, the left innominate vein, the knowledge that a slip is inexcusable would prevent one from running the risk.

ROYAL INFIRMARY, HULL.

A CASE OF CHOLECYSTOTOMY FOR SUPPURATION IN THE GALL-BLADDER AND GALL-STONES; RECOVERY.

(Under the care of Mr. CRAVEN.)

THIS case (for the notes of which we are indebted to Mr. Frank Savery, house surgeon) is a contribution to the list (an increasing one) of successful operations for the relief of distension of the gall-bladder, dependent upon blocking of the cystic duct by means of calculi. The symptoms were spread over a long period of time, and the patient was apparently almost worn out with the pain. The operation—that usually performed for the removal of gall-stones—disclosed the presence of suppuration in the gall cyst, a condition of which there were no signs before, and which is said to be uncommon in cases of multiple gall-stones. Dr. Depage,¹ who has made an analysis of seventy-eight cases of cholecystotomy, gives the following as the causes of a fatal ending in the unsuccessful cases: Hæmorrhage and collapse 5, acute peritonitis 3, biliary retention 2, effusion of bile into the peritoneum 2, secondary causes 4, undetermined causes 2.

Alice M—, aged forty-three, was admitted as an in-patient on Feb. 4th, 1890, under the care of Dr. E. O. Daly. The patient was a married woman, and had had fourteen children, the youngest being born in August, 1887. She was well nourished, had never had any serious illness, and enjoyed good health until November, 1887; then she had an attack of pain in the epigastric region accompanied by nausea and vomiting. The pain was gnawing in character, sometimes sharp, and was situated to the right of the middle line, passing backwards to the right lumbar region. This attack lasted about two days, and after

it she felt in her usual health. Since that attack she had had several similar in character every month or two, each one lasting two or three days. Between the attacks she was quite free from pain. In June, 1889, she fell heavily on her back, and a few days afterwards noticed a lump in her right side. In July, 1889, she had a very severe attack of pain in the epigastrium and sickness, and since this attack she had not been free from pain; it was gnawing in character, getting much worse at times. The patient had been accustomed to work hard. She had never had a good appetite; she took beer with her dinner and supper, occasionally spirits. She often felt sick in the morning. The bowels had always been constipated, and she had taken opening medicine for years. She had not been losing flesh during her illness, and never had jaundice.

On Feb. 4th, 1890, the patient complained of pain in the epigastric region; it was gnawing in character. She did not suffer from nausea, vomiting, or jaundice; the bowels were constipated. The abdomen was not distended. A lump could be felt under the margin of the right ribs in the position of the gall-bladder. It was tender on pressure, and was freely movable; it was not easily felt, owing to its mobility. The edge of the liver could be easily felt, and the tumour appeared to be continuous with it. The heart and lungs were normal. The urine was acid, sp. gr. 1012; no albumen; no deposit; no urinary symptoms. The temperature was normal in the morning; in the evening it was generally about 100°. Half a drachm of sulphate of magnesia, to be taken three times, was ordered. The tumour seemed to vary in size, sometimes being easily felt, at others with difficulty; its position also varied, being sometimes much lower down and further back than at others. The state of the patient did not vary much before the operation; she suffered continuous and considerable pain—in fact, she said her life was not worth living, and begging to have something done. Dr. Daly diagnosed the case as one of probable distension of the gall-bladder, and recommended an exploratory operation, the case being transferred to Mr. Craven.

Operation.—On April 15th, 1890, at 9.30 A.M., Mr. Craven operated, being assisted by Mr. Evans. A vertical incision was made three inches to the right of the middle line, commencing at a point one inch below the margin of the ribs and extending downwards for four inches. The abdominal cavity was opened, the liver coming into view. On passing the fingers into the abdominal cavity, the gall-bladder was found somewhat distended, and a stone could be felt near the neck. The gall-bladder was aspirated and two ounces of pus removed; sponges were then packed around the gall-bladder and a vertical incision three-quarters of an inch long made in the upper and anterior surface of the gall-bladder; thirty-seven stones were then removed, varying much in size, some being very small. The edges of the gall-bladder were then stitched to the abdominal incision with silk sutures, the sutures passing through the whole thickness of both. The abdominal wound above and below was closed and a drainage-tube put in the gall-bladder. The wound was then dressed. The patient rallied well from the operation and was a little sick. In the evening the wound was dressed again, a large quantity of bile being discharged.

April 16th.—Temperature 100°; pulse small (108). No sickness. The wound dressed; the discharge had come through the dressings.

17th.—Discharge much less. Temperature last night 100.4°; this morning 99°.

19th.—Temperature 98.4°. The wound has been dressed daily.

22nd.—The stitches were removed. The bowels acted for the first time since the operation, and the motion was normal in character.

31st.—Drainage-tube left out. Temperature quite normal. The patient has had hardly any pain since the operation.

May 10th.—Wound very small; about two ounces of bile passes into dressings daily.

July 1st.—Patient is in good health, with no pain over the gall-bladder. The wound is not quite healed, a small biliary fistula being left.

THE BRITISH ASSOCIATION. — This Association commenced its sittings on Wednesday at Leeds. Professor Milnes Marshall delivers the Presidential Address in Section D (Biology).

¹ Journal de Méd., de Chir., et de Pharm., Bruxelles, No. 24, 1889.