an extent that every one noticed it. It was usually excited by some ridiculously inadequate emotion; a question being addressed to her, or the name of a friend being mentioned. With this tendency to flush scarlet over the whole face and ears, was associated extreme coldness of the extremities; her fingers became, as she described it, "like carrots," red and cold. Her feet were always chilly, but not so much so as her hands. I found her pulse very soft and compressible. She had never herself suffered from gout, and had never had chilblains. The symptoms of which she complained had been present, more or less, all her life, but had much increased of late. She loved warm weather, and never found it too hot.

(To be continued.)

A CASE OF EXCISION OF THYROID CYST.

Abstract of paper read before the Medico-Chirurgical Society of Nottingham.

By RUPERT C. CHICKEN, F.R.C.S. Eng., Nottingham.

I FIRST saw the case December 5th, 1884. The patient was a tall anæmic young woman, aged 29. The tumour was central, regular and elastic; the surface was smooth; it was very movable. It disappeared behind the left sterno-mastoid when the patient lay down; it moved with the thyroid cartilage freely on swallowing. On the following grounds, I recommended excision: 1, other methods were inefficient; 2, the growth was increasing; 3, it was an annoyance to the patient. I consider that these reasons are sufficient to justify excision.

The operation was performed on February 3rd, 1885. A central incision was made down to the fascia propria of the tumour; the cutting by knife was now done. A finger was inserted into the wound, and the tumour separated from the surrounding parts; whatever impeded enucleation was tied in two places and divided. The vessels were, in this way, easily recognised and secured. Every band that could not easily be broken was so treated until the tumour was free. The cyst was about the size of a Tangerine orange, and had a broad thick base, as thick as the thumb and forefinger combined. A strong double silk-ligature was passed through the middle of this, and the pedicle tied in two halves. The ends of all ligatures were left long; the wound was closed, and dressed with aseptic sponge. The patient lost perhaps a dessert-spoonful of blood. The smaller ligatures came away in a few days, but the two on the pedicle held firmly for eleven weeks, when chloroform was again given, and they were removed with a fine tenotomy-knife. The wound healed immediately, and has left only a very small scar. Up to the present date, there has been no bad symptom, either of the nervous system or in the wound itself.

REMARKS.—In the simple central hypertrophy of tumours of the thyroid body, excision is the most satisfactory treatment that can be adopted. All methods, no doubt, would bring forward their record of cures, but none are so clean and sure as the knife. Iodine, mercury, conium, setons and tapping are, at the best, tedious, dirty and irksome. The perchloride of iron, too, is especially apt to be followed by unpleasant results. Of electrolysis, I have had no experience in thyroid cases. These are the three objections to excision which we have to overcome.

1. The sentimental and unwarrantable condemnation of the operation by existing authors, mostly copied out of one book into another. They sanction the operation only as a means of snatching the life of a patient from imminent danger; for the relief of deformity—never.

2. The long-after results of the operation, where the gland has been completely removed; myxœdema, idiocy, etc.

3. The real practical anatomical difficulties. These are of two kinds, connected with the parts which must, and the parts which may inadvertently be, divided. I have never seen a case of simple hypertrophy or cystic disease where it would be necessary to remove the whole gland. If only a small bit of healthy gland can be left, there will probably remain as many of those mysterious ductless cysts as will suffice to carry on the occult functions of the organ, and thus prevent the occurrence of the unknown and unexplainable neurotic sequences, which often follow extirpation of the whole body.

The most troublesome tissues which must be divided are the numerous inosculating veins, which arrange themselves into plexuses in the superficial thyroid region; the thyroid arteries and veins; and the little thyroidea ima, sometimes swollen to large proportions.

The enlargement being central and the capsule of fascia being simply stretched and pushed between other organs, enables it to retain its power of mobility. There is no necessity, but danger, in using the

blade of the knife in separating the tumour or gland. The tissue around the thyroid is particularly loose and very easily broken down with the finger. The more mobile the gland is, the better are the prospects of excision. In separating the growth, an artery or vein even is easily recognised by the touch, tied, and divided between the ligatures. If this be properly and firmly done, hæmorrhage is only exceptionally possible. If the knife be not used, nothing can be cut: if the finger or blunt instrument be used with only moderate force, nothing of importance can be torn. But let this emphatically be borne in mind: that, after the first incision, nothing is to be cut until it has been first tied in two places. The pedicle may be ligatured in as many portions as is desirable.

By these means, the special dangers are reduced to a minimum, and there remain only the other things common to all surgical operations. I would draw attention specially to the after-dressing by a large soft sponge, kept thoroughly aseptic.

If the operation can be done—(as it is only too often done)—satisfactorily when the patient has been worn down with hard breathing and anxiety, his spirits depressed with suffering, how much more safely and satisfactorily ought it to be performed when the growth is small, and the patient in comparatively good spirits? The mass to be removed is smaller, the shock is less, the blood-vessels are smaller, and the anatomical relations of the growth are fewer and less important. If the prospects for the patient are better, so, also, is the operation for the surgeon; the connective tissue is softer and more easily broken down, and the small vessels are plainer to the touch than where there has been a long course of counterirritants and absorbents.

If the operation is easy for the surgeon, and of better hope for the patient, so, also, is the treatment more pleasant. What can be more disagreeable than doing a long term of penance with a seton in the neck, varied by occasional constitutional disturbances and constant discharge, or the unsavoury companionship of liniments, plasters, and ointments?

A CASE OF MYXŒDEMA.

By C. E. ABBOTT, M.R.C.S.,

Medical Officer of Health, Brintree Rural District.

Read before the Essex District of the East Anglian Branch.

MRS. C., aged 42, the wife of a working man, consulted me first on August 20th, 1882, for general weakness, numbness, unsteadiness in walking, etc.

Previous History.—Her father was alive, aged 78; her mother died four years ago from fits; she has three brothers and three sisters, all alive and well except one sister, who suffers from "womb affection."

Illnesses.—There are no signs or history of syphilis, or of intemperance. About thirteen years ago she had small-pox, and since then, she states, she has never felt well. She had "fever" when she was 6; this left some disease of the bones of the forearms and hand; cicatrices remain on both forearms and hand. There is no history of any previous mental disturbance. About ten years ago, considerable mental strain was caused by her eldest son, who suffered from chorea, and after this caused much anxiety; and at this time there was other illness in the family. The patient states that this trouble affected her, and she expresses herself as being broken-hearted. Some weight is to be attached to this statement, from the fact that one of the assigned causes of this disease is anxiety and domestic worry (Dr. Ord). The patient went to live at Stratford about nine years ago, but returned to her native place on account of the change not suiting her. She has been engaged in the usual domestic duties since marriage.

The catamenia began at 13, and have since been regular, but somewhat profuse; there has been the usual cessation during pregnancy, and much "loss" after the birth of each child.

She has been married fifteen years, and has had eight children, five boys and three girls, and two miscarriages (first miscarriage after fourth child, and second next pregnancy). Instrumental delivery was required in five labours. The youngest child is seven years old; three children died; the causes of death being convulsions, injury at birth, and teething. The patient has suckled all her children. It would seem that the youngest child was born about the time the present illness began. The patient is not able to state the part of the body in which œdema first occurred.

Her physiognomy is peculiar; the features are expressionless, the lips large and pendulous, and the connective tissue round the eyes is puffy, but does not pit on pressure. The face is pale and "waxy"; on each cheek there is a red blush. The lips are red. The fauces and uvula are translucent from œdema. The tongue is much larger than normal. Speech is characteristic; it is somewhat slower