doubt as to the safety and efficiency of Barnes's bags.¹ Barnes's bag properly chosen and adapted was not liable to slip into the uterus or out into the vagina. Champetier de Ribes said he produced a twin pregnancy, one of the twins

Fig. 2.

being reduced to the head; but this sudden duplication of pregnancy was not free from danger. In conclusion, Dr. Barnes could not help expressing his gratification at having invented a method of inducing labour which had been so largely adopted, and often modified; even to the extent of re-inventing the original form which he had discarded as faulty.

Dr. MURPHY had obtained the bag some months ago from Mathieu, but was not impressed with it and had not used it. Barnes's bags had the great advantage of being capable of being introduced at an earlier period. The risk of bursting could be obviated by remembering the number of syringefuls required to fill the bags. As regards the completeness of the dilatation that was dependent on the size of the bag.

Dr. MURDOCH CAMERON, judging from the description and appearance of Champetier de Ribes's bag, did not think it was in any way superior to the old form introduced by Dr. Barnes, and in fact its size made it at once unsuitable and difficult to introduce, whilst its excessive distension within the uterine cavity would both displace the presenting part and prevent the uterus from exerting its full force in a proper axis. Many expected too much from a single Barnes's bag, looking for a small size to do the work of a large one. In placenta prævia he held that Barnes's bag was the much better form.

REPLY.

Dr. HERMAN said that the bag he had himself used was of such thin material that it took up less space than two fingers. The bags now exhibited were thicker and took up more room. This might make them more durable, but he did not think it an improvement.

Dr. HERBERT SPENCER in reply said that the bag as made by Collin, of Paris, could be introduced without any dilatation in multiparæ. The forceps would be improved by being made flatter and blunter at the extremities of the blades, which were

¹ It may be of interest to record that a modification of Dr. Barnes's bag was made and used effectively by a friend of Dr. Holman of Reigate to deliver a valuable cow. The instrument was made by Weiss, and was also exhibited at Nottingham.

apt to cut the rubber. Dr. Barnes's bags were essentially different, being over-distensible. Professor Pinard had used the bag with success by introducing it into the amniotic cavity in cases of placenta prævia. Barnes's bag was apt to slip out, and in larger sizes to cause œdema of the vagina. The stitches in the new bag were a drawback, but he did not fear them.

MYXŒDEMA, WITH ENLARGED THYROID, TREATED BY SUBCUTANEOUS INJECTIONS OF THYROID EXTRACT: RECOVERY.

By J. G. G. CORKHILL, M.B.,
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THE patient, whose case is related below, came under observation early in May, when she enjoyed good health, but later, after over-taxing of the nervous system, debility and anæmia with a very much enlarged thyroid, developed suddenly in forty-eight hours, becoming so tense as to cause a sensation of suffocation.

At that time I thought I had to deal with a case of exophthalmic goitre, so large was the thyroid. There were then no signs of myxœdema. There then seemed to be no difficulty in accepting the overtaxing of the nervous system by the excessive bodily fatigue which immediately preceded the onset as the cause. The nature of the enlargement was entirely vascular; there was a *bruit* audible everywhere over its surface, and when the patient was emotional or worried it invariably increased in size. There is great difficulty in establishing the relation of the swelled thyroid to the other symptoms; since, though the swelling was very tense, I cannot think that this would altogether suspend the functions of the gland. Should this be impossible, then we are forced to the conclusion that a vascular enlargement of the gland may take place, masking the true condition of the gland proper, and in fact occur accidentally, and having no relation whatever to the disease.

Treatment.—Subcutaneous injections of the extract of thyroid gland (obtained from Messrs. Brady and Martin) of m xv each were given, three times a week, in the interscapular region, and no precautions were taken after the first two or three minims had been injected. No untoward result, generally or locally, occurred.

Mrs. I. B., aged 32, married, complained of a painful swelling in the neck, great weakness, irritability, disinclination for work, loss of memory, and slowness of speech, and swelling all over her body, arms, and legs. The family history was very good, and her previous history was generally good. She had had ague two years and a-half ago, and a premature confinement. Twelve months later she had a healthy child at term. Her general health was very good until May, 1892. Then she became very fatigued, grew pale, and the legs swelled. In the course of two days a sensation of tightness came on in the throat, and a large swelling appeared in the neck. She was unable to walk more than a quarter of a mile without great exhaustion. She grew steadily worse, and palpitation was very bad.

On September 20th she presented the usual symptoms of myxœdema, much pallor, with slight blush on the cheeks, swelling of both eyelids; the whole of the triangular spaces of the neck were filled up, especially in the suprascapular region; the hands, feet, and legs were very much swelled, with no pitting on pressure anywhere. The hair was thin and falling out, and the scalp scurfy. The thyroid gland was almost four times the ordinary size; speech slow, and she "required time to think." Digestion good; the heart normal; the urine pale, specific gravity 1020, it did not contain albumen nor sugar.

On September 24th the neck over the enlarged thyroid was painted with lin. iodi , and the first injection of the extract of thyroid gland was given. A steady improvement took place, as indicated by the loss of weight: September 23rd, 9 st.; September 30th, 9 st.; October 8th, 8 st. 8 lbs.; October 14th, 8 st. 4½ lbs.; October 21st, 8 st. 2½ lbs.; October 28th, 8 st. 2½ lbs.; November 4th, 8 st. 1½ lb.; November 11th, 7 st. 13½ lbs.; November 18th, 7 st. 13½ lbs.

On November 18th the whole of the swellings had entirely disappeared, and the skin had resumed its normal softness; she was now quite bright and quick as before the attack; the hair still thin, though the scalp was free from scurf. The thyroid was about half its previous size, though still enlarged. She looked healthy, and was no longer anæmic.

HONOURS FOR MEDICAL MEN IN BELGIUM.—The King of the Belgians has nominated Professors G. Dewalque, of Liège; T. Smolders, of Louvain; G. Thibiergehen, of Brussels, Commanders; and Professors V. Masius and E. Van Beneden, of Liège, with several other members of the medical profession, Officers of the Order of Leopold.