for a period of three months, and of loss of weight to the extent of 2 st.; that he found a largely dilated stomach; that he felt an oblong, rather large, swelling in the right umbilical region; that he had on one occasion seen half a chamber-pot full of vomited matter, and that he diagnosed pyloric tumour with obstructive dilatation of stomach. The patient's statement was briefly that her ailment, extending over a period of nine months, had been characterised at first by pain and flatulency after every meal, then by vomiting at varying intervals, the vomited matter consisting in the earlier stages of the constituents of a single meal, and latterly of the accumulations of several days' food, and by an ever-increasing loss of strength and flesh, represented by a fall from 10 st. to 7 st. 5½ lb. On inspection the stomach, in a state of visible peristalsis, was seen to occupy a space represented by fully one-fourth of the abdominal surface, and at its right end an oblong tumour could be distinctly seen and felt through the thinned abdominal wall.

First Operation.—I will mention only the salient points of the operation, which was performed on May 11th. The abdomen was opened in the middle line by an incision extending from 2 inches above to an inch and a-half below the umbilicus. The tumour was found in the pylorus, and was approximately the size of a tangerine orange, but extensively infiltrating the lesser curve of the stomach. The growth was isolated by passing elastic tourniquets round the stomach and duodenum, and was removed by scissors. Several bleeding points, especially in the omentum, required ligature. The large opening into the stomach was partially closed from below, and at the upper extremity of the wound an opening equal in size to the duodenal lumen was left. The wound in the stomach was oblique owing to the implication of the upper border. The duodenum and stomach were united by two continuous sutures, one for the mucous membrane and one for the peritoneum. No artificial aids were used. From first to last the operation extended over one hour and forty minutes.

After-history.—The following points only in the after-history are of any importance. For the first three nights ½ grain of morphine was injected. Sickness, which was singularly free from distress, lasted five days. On the second day soda-water and milk was given by the mouth. On the eighth day she sat up in bed. On the twenty-second day she ate lamb and mint sauce and green peas for dinner. Recovery was complicated by an attack of phlebitis in the left leg on the thirteenth day. On June 15th, five weeks after the operation, she returned to her home. On June 29th she reported herself as weighing 8 st. 5 lb., in the enjoyment of an ordinary diet, and daily gaining strength. On May 11th, 1897, the anniversary of her operation, she presented herself for my inspection. Her weight then had increased to 9 st. 6½ lb., and she had the appearance of a person in good health; but whilst an ordinary dinner was readily digested, she had occasionally vomited after eating fat ham. On July 7th this year, Dr. Foster, of Shipley, who was then in charge, summoned me because of a rapid onset of severe symptoms. For a month vomiting had been gradually on the increase, and for a fortnight had been very frequent, so that she had again fallen off very seriously in strength and in appearance. In the epigastrium we could feel a hard fixed lump of considerable size. It is interesting to observe that on one occasion the amount vomited measured a little over a pint.

Second Operation.—At the urgent wish of herself and her friends she was removed to Leeds for further operation, and on July 12th I again opened the abdomen. My expectation of finding a return of the disease was not verified. A tongue of liver, measuring approximately 2 inches long by ¾ to 1 inch broad, was found adhering anteriorly to the abdominal wall and posteriorly to the cicatricial union of duodenum and stomach, thus forming a tumour-like mass, in which, however, I could find no trace of growth. After separating the hepatic process from its peritoneal adhesion in front, I divided it with scissors, leaving its apex attached in its new position, and cauterised its cut surface to the arrest of hæmorrhage. This procedure allowed the stomach to descend in the abdomen; and as then, upon examination, it appeared that a sufficient release had been effected, and that the union between duodenum and stomach remained firm and efficient, I decided to close the wound. Two days later the patient sank.

REMARKS.

I will only detain you long enough to remark upon (1) the extent of the operation, which involved the removal of at least one-third of the stomach, besides a portion of the duodenum; (2) the simple method adopted of uniting the duodenum with the stomach, without the aid of plate or bobbin or button; (3) the rapid recovery from the first operation, and the readiness with which the stomach resumed its functions; (4) the absence of recurrence at the end of fourteen months; and (5) the encouragement the case affords in dealing even with extensive and advanced disease by radical means.

A CASE OF SPONTANEOUS DISAPPEARANCE OF A CONGENITAL CYSTIC LYMPHANGIOMA.

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An impression has long existed among members of the medical profession that cystic tumours of the neck may disappear spontaneously. But the impression, so far as I can ascertain, is based upon the rarity with which these tumours are seen in adults rather than upon the record of any individual instance where such a disappearance has been actually observed. The present case, therefore, is exceptionally interesting, for the tumour has absolutely and entirely disappeared without leaving any trace of its existence; moreover the progress of the child has been watched throughout by careful and competent observers.

L. E. was born in January, 1888, and the hygroma was noticed directly after his birth. It was attributed by his mother, a most sensible woman, and herself the daughter of a medical man, to a maternal impression received during the third month of pregnancy. The tumour remained stationary for a time, but it began to grow when the child was 6 months old, and when he was 14 months old he came under the care of Mr. Edmund Owen, who published an account of the case in his *Harveian Lectures*.¹ The growth at that time (Fig. 1)

Fig. 1.—L. E., aged 11 months.

occupied the whole of the left side of the neck, reaching upwards behind the pinna of the ear—the lobule of which it had invaded—and extending across the middle line of the front of the neck. Mr. Owen recommended that the tumour should be tapped, and this was done by his ordinary medical attendant about 150 times in the course of the next seven years. The tumour, however, underwent very little change (Fig. 2) in size, and though it did not increase proportionately with the growth of the boy it got no smaller.

The patient was brought to me in August, 1896. The skin over the swelling was then quite healthy, except for the minute scars of innumerable punctures. The tumour beneath it consisted of an elastic

and slightly lobulated tissue, to which the skin was closely adherent. It clearly contained many cysts varying greatly in size and density. With a full appreciation of the difficulties to be incurred I advised that the tumour should be removed, and in due course I extirpated so much

Fig. 2.—L. E., aged 3 1/4 years.

of it as lay in the left posterior triangle of the neck. The wound healed by first intention, and without any trouble except for a sharp attack of lymphangitis about a fortnight after the operation, due to a long railway journey home in frosty weather.

Two months after the operation the posterior triangle was found to be free from growth, but the tumour extended obliquely from the lobe of

Fig. 3.—L. E., aged 9 1/2 years

the ear, which it still involved causing it to tilt upwards, across the neck to the level of the second or third ring of the trachea on the right side. The swelling was greater at the lower than at the upper part of the neck

Five months after the operation the boy had a second attack of lymphangitis in the tumour, and in the following month he had a third attack. After each attack the swelling seemed smaller. He was brought to see me nine months after the operation when the whole tumour had vanished (Fig. 3), the left anterior triangle being so soft that the beating of the carotid artery was easily felt. The disappearance was quite gradual, and, except for the two attacks of inflammation, the boy's health did not seem to vary in the least whilst the change was taking place. The patient's neck was diligently rubbed every day with belladonna liniment from the time the scar was soundly healed until the swelling had completely disappeared.

The tumour was by no means easy to remove, as it was incorporated with the skin and it had infiltrated the whole substance of the left sterno-mastoid muscle. It consisted of many cysts, varying in size from a millet seed to a large kidney bean, the larger cysts lying more deeply and being filled with blood, the smaller and more superficial ones containing clear fluid.

The piece of tumour after removal looked very much like a piece of ragged sponge. It was hardened, and afterwards examined microscopically. The epidermis and rete mucosum were healthy, and the corium was represented by a layer of dense fibrous tissue in which lay the hair bulbs and the sweat glands. The cysts were only present in the deeper layers of the corium where the fat was situated. The smallest cysts were mere dilatations of the connective tissue spaces in the adipose tissue. The larger cysts were more deeply placed in the subcutaneous connective tissue, and they were separated from the corium by dense scar tissue. The walls of the cysts were lined with a single layer of endothelium. Tags of fibrous tissue seemed to project into the cysts, but this appearance was due in all probability to a shrivelling of the cyst wall as a result of the hardening process to which it had been subjected.

Many of the cases in which congenital cystic tumours have remained to adult life show that the lymphangioma has undergone such internal changes as have led to its conversion into a soft fibroma, causing a more or less unsightly growth which afterwards had to be removed. The practice of repeated puncture may, I think, have something to do with this change. The cysts in these cases continue to be formed for some years. Blood is effused into those which have been tapped, whilst the younger ones, or those which have escaped puncture, contain lymph. The blood remains and undergoes changes of disintegration usually associated with alterations in the surrounding tissue. Such blood cysts are capable of being absorbed, but they are much less likely to disappear spontaneously than cysts which only contain lymph. In the present case I believe that I acted wisely in removing a portion of the tumour, and with it a good-sized piece of skin, even though it was impossible with safety to remove the whole growth. The reparative changes thereby set up, coupled with the unstable nature of the growth itself, were followed by a complete disappearance of the cysts. It is impossible to state with any certainty what was the nature of the changes which the tumour underwent. It is obvious that they were not due to a condensation of the fibrous tissue leading to a strangulation of the lymphatic vessels, for if this had occurred there must have been considerable induration of the affected area, whereas the skin and the underlying tissues on the left side of the neck remained as soft and pliable as those on the right side. It is not so certain that the disappearance was the direct result of the operation, but it is remarkable that the tumour, hitherto indolent, was afterwards subject to repeated attacks of inflammation, and that after each attack it diminished markedly in size.

REFERENCES.

¹ The *Illustrated Medical News*, January 18th, 1890, p. 68, and *Selected Subjects in connection with the Surgery of Infancy and Childhood* (Messrs. Baillière, Tindall and Cox), 1890, pp. 27 and 28, Figs. 6 and 7.

SURGEON-CAPTAIN T. H. J. C. GOODWIN, A.M.S., has been recommended for the Victoria Cross for the gallant action described in the following terms in the despatch of Brigadier-General D. R. Elles, C.B., referring to the engagement near Shabkadr on August 9th: "I would bring to very special notice the gallantry of this officer, the only medical officer present with the force. He was attending to the wounded wherever the fire was hottest, and showed great devotion to his duty. He was himself knocked out of time by a stone or spent bullet, but refused to leave his work."