a continuous suture of catgut. The wound in the abdominal wall was then closed by continuous catgut sutures, the peritoneum, muscles, and skin being each stitched separately.

The operation was very well borne. As the patient recovered consciousness she became very wild and restless. She soon began to complain of pain in the abdomen, and it became evident that labour had commenced. A healthy-looking male infant was born about 3 A.M., twelve hours after the commencement of the operation. The pulsation of the cord had ceased, and no sign of respiration was observed. The placenta was soon removed, and there was very little hæmorrhage. The wound was redressed, and appeared to be quite undisturbed. The patient was then quiet and comfortable. After this recovery was uninterrupted. The greatly stretched skin of the abdomen shrank into a flat, brown, rugged surface, the wound looking remarkably small and firm.

THYROID FEEDING IN EXOPHTHALMIC GOITRE.

By DAVID OWEN, M.R.C.S., L.S.A.,
Manchester.

Now that the use of thyroid gland in the treatment of disease is receiving so much attention, the following case may be of interest.

W. U., aged 46, a labourer, came under observation last May on account of an attack of diarrhœa, which had kept him awake the whole of the night before. He said that for twenty years he had had a swelling in the neck and a prominence of the eyeballs. Several doctors had noticed these peculiarities. During that time he had suffered much from palpitation and breathlessness, which rendered him unable to do a good day's work.

His face wore a very anxious expression, the eyeballs were very prominent, a wide ring of sclerotic being visible; the upper eyelids did not accompany the eyeballs in downward movement, and carrying the hand rapidly in front of his eyes did not cause blinking. There was visible arterial throbbing in the neck, and a fulness in the thyroid region protruding well in front of the anterior border of the sterno-mastoid muscles. Pulse 126. The apex beat was in the sixth intercostal space just outside the nipple line. The upper margin of the cardiac dulness was in the third intercostal space, the right margin at the left border of the sternum. No murmur was detected. There was no albumen in the urine.

The diarrhœa was checked by opium. Then quinine, iron, digitalis, and arsenic were given for a fortnight without benefit. He was then put upon raw sheep's thyroid (a quarter lobe per diem), minced and flavoured with a little salt and vinegar. His wife gave him, through a misunderstanding, $\frac{1}{4}$ lb. daily for two days. This caused dyspeptic symptoms—nausea, eructations, vertigo, and insomnia. His face and legs swelled, in consequence, he thought, of the "neckbergs," by which name thyroids are known to butchers in this locality. The thyroid was discontinued for a week, and the unpleasant effects of the previous mistake having passed off, was resumed in the quantity originally prescribed. He steadily improved, and for the last three months has been able to do heavy work without the slightest discomfort—an experience unknown to him, he says, for many years. The exophthalmos is now scarcely perceptible, and would not be suspected without close examination. There is now a depression in place of the previous fulness in the thyroid region. The pulse is 76. The area of cardiac dulness is unaltered. Arterial throbbing has disappeared. The patient is greatly surprised at the change which has come over him, and continues to take a quarter of a lobe twice a week. One cannot be sure that there is a connection between the treatment and the improvement, though the patient has no doubt on the matter.

MEDICAL STUDENTS IN SWITZERLAND.—The number of students in the medical faculties of the universities of Switzerland during the summer semester of 1893 are officially stated to have been as follows:—Zürich, 297; Geneva, 224; Bern, 224; Basel, 152; and Lausanne, 84.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

LARGE CONGENITAL MENINGOCELE.

On the evening of August 6th, 1893, I was called to Mrs. H. in her second confinement. On my arrival I found the head at the outlet. Some little delay occurred before the head was fully born. Immediately following the escape of the head was a tumour considerably larger than the head itself, depending from the back of the occiput to the shoulders. This proved to be a large meningocele consisting of a membranous bag nearly full of fluid, and measuring in circumference:

laterally 19 inches, and in the antero-posterior direction 12 inches. The child's features were peculiar and old looking, the nose much flattened; in other respects the child (a female) was a fine and well-formed one.

The mother had been delivered fourteen months previously of a fine healthy child, which is still living. She is unable in any way to account for the malformation in this case.

On August 8th a medical friend saw the child with me, and there being no likelihood of it surviving long, we agreed that nothing should be done to the tumour beyond supporting it in cloths.

The child took the breast well. The surface of the tumour soon became congested, and ulcerated in patches. On August 12th the ulcerated patches had become very thin, and appeared likely to give way at any moment. For several days the child had slight convulsions, and seemed much pained when moved. Under these circumstances I deemed it best to evacuate the tumour, which I did by puncturing it with a small trocar. Upwards of a pint of amber-coloured fluid was thus drawn off. The child was evidently much relieved by the tapping, and slept quietly for eight hours, and the convulsions ceased. On August 14th the fluid had reaccumulated to some extent; the child had become restless and continued to cry. I therefore again punctured the sac and withdrew nearly half a pint of fluid. On August 16th the sac, which had refilled, gave way at one of the ulcerated spots, discharging a considerable quantity of fluid. The child then became much worse; severe convulsions followed, and it died at 7.30 P.M. on August 17th, eleven days from its birth.

On *post-mortem* examination, it was found that a fissure existed on either side of the lower part of the occipital bone; that on the right side communicated with the sac, and admitted the passage of my forefinger. The fissure on the left side was closed by membrane, and appeared to have no communication with the sac. The photograph was taken the second day after birth.

Dover.

E. FENN, M.D.

THE late Mr. James Rea, who rapidly amassed a fortune in Belfast, has left his entire estate to Belfast charities, which will benefit to the extent of at least £100,000.