while he was taking the tablets that he felt stronger and more energetic with his work.

I have selected the above cases from many as types of the cases which are benefited by orchitic extract. I have not given the symptoms of each case in full, as the complaints of nervous women are difficult to put down in writing. Suffice it to say that all cases of nervous diseases, without organic lesion which are benefited by bromide of potassium, will receive ten times the good from orchitic extract. In old men who have led a quiet life, who have not been in the habit of having connection with women, the testicles from want of use atrophy, and the system suffers from the want of the orchitic extract which would be reabsorbed if the testicles were active. It was this latter theory that Dr. Brown-Séquard held when he prescribed orchitic extract for old men—the system lacked the vital fluid secreted by the testicle, and reabsorbed into the blood in a new form. I have found the extract supplied to me by Messrs. Duncan and Flockhart, Edinburgh, always excellent. I give it in tablets, one, three, or four times daily, directly after meals.

ON SOME TUMOURS OF THE THYROID GLAND.¹

By ALFRED SQUARE COOKE, M.R.C.S., L.S.A.,

Surgeon to the Stroud General Hospital.

I propose only to give a few notes concerning three cases of operation on the thyroid gland, which I have performed or assisted in performing during 1894. It is well known that goitre is very prevalent in the neighbourhood of Stroud; but, notwithstanding this, I have never yet come across a case of either malignant, tuberculous, syphilitic, or hydatid goitre. In that neighbourhood, at least the great majority of cases are cystic in character, yet extremely varied in their minor characteristics.

Apart altogether from the great inconvenience and unsightliness of these tumours, they acquire an importance which compelled attention to them from the fact that they were a constant danger to life. This danger was caused by the lateral pressure which they exercised at times upon the trachea, narrowing it even to occlusion.

CASE I.—The first case is an example of this. It was a case of a small hard round cyst (the cystic goitre of Berry) occurring on the right side of the neck of a girl, aged 16. It caused her such urgent and frequent dyspnoea that an operation was imperative. The tumour was carefully and slowly dissected out; the numerous vessels were first exposed by dissecting with a director, and then divided between double ligatures. The stump of the divided isthmus was firmly ligatured, and then left protruding through the otherwise approximated edges of the wound. The patient made a rapid and good recovery; the dyspnoea was completely relieved, and there had been since no sign of the tumour re-enlarging.

CASE II.—This case was one under the care of my colleague, Mr. Storry, to whom I am indebted for the following notes: It was one of general enlargement of the entire gland (the fibrous goitre of Berry) in an elderly woman. Both lobes were much increased in size, and were connected by a greatly enlarged pyramid, rendering tracheotomy impossible. The circumference of the neck was 16 inches. The condition is shown in Fig. 1.

Mr. Storry commenced the removal of the right gland by incising the skin, and then carefully reflecting the superficial parts so as not to injure the greatly enlarged veins. From this point onwards the operation was similar to that on the goitre last described, except that after the ligature of the stump containing the inferior thyroid vessels, the ligature slipped, and furious hæmorrhage occurred. This, however, was easily and quickly controlled by a Wells ovarian clamp, which was left *in situ* for seven days. The half removed weighed 13½ ounces. The case did well, and the patient

wished for the other half to be removed. Her condition after operation is shown in Fig. 2.

Fig. 1.—Patient before operation.

Fig. 2.—Patient after operation.

CASE III.—The last case was that of a cyst simple in character, but very exceptional in size, occurring in a woman, aged 50. Two years previously this patient had been seen, and even then she suffered from such urgent dyspnoea that relief was only obtained after the insertion of a trocar and the evacuation of 8 ounces of thick pultaceous material. The relief, however, was only temporary, the cyst filled again, and the patient's troubles recommenced. In October last the

¹ A paper read before the Gloucestershire Branch of the British Medical Association.

neck measured 22 inches in circumference, and an operation was decided upon. The condition at this time is shown in Figs. 3 and 4.

Fig. 3.—Case III. Before operation; front view.

Fig. 4.—Case III. Before operation; profile.

At the operation the incision made extended from the chin to the sternum, that there should be no lack of room or working in the dark. Every vessel was then carefully divided between ligatures, and during the operation each cyst was tapped, and some of its contents removed, a proceeding which greatly facilitated the completion of the operation. Three

hours were occupied in the operation, but the patient did not lose one ounce of blood. The tumour weighed about 3 lbs. The patient's subsequent condition is shown in Fig. 5.

Fig. 5.—Case III. After operation.

As the result of my experience in these cases I would suggest that the observation of the following seven rules would greatly facilitate the successful completion of an operation:

1. Give chloroform as ether engorges the already enlarged veins.
2. Observe scrupulous cleanliness, have plenty of assistance, and many forceps and ligatures handy.
3. Take plenty of time.
4. After exposure of the cyst use only directors and fingers for dissecting, and keep close to the cyst wall.
5. Keep the fingers and wound moist with an antiseptic solution sufficiently weak not to irritate the sensitive and important nerves sometimes exposed, and, as far as possible, keep the parts in their normal position.
6. Partially evacuate a large cyst before removal to assist the later stages of the operation.
7. Insert a small drainage tube before sewing up for fear a collection of serum should press upon and occlude the trachea.

The possible dangers which must be kept in mind and guarded against are three in number; they are:

1. The wounding of large distended vessels.
2. The wounding of large nerves.
3. Cellulitis after the operation.

The after-treatment is quite as important as the operation. It also might be summed up under three heads:

1. Dust the wound with antiseptic powders, and apply gentle but firm pressure with a pad of antiseptic wool over the cavity left.
2. Keep the head and neck absolutely at rest for some days by pillows, sand bags, or splints.
3. Keep a careful watch that no retained serum causes pressure upon the trachea.

I consider that the following are the indications that the tumour need removal:

1. If the tumour be steadily increasing in size.
2. If there be troublesome pressure upon the trachea, oesophagus, or nerves.
3. If the tumour be so placed as to render impossible a possibly necessary tracheotomy.
4. If the patient strongly urge its removal because of its unsightly appearance, or its interference with the movements of the head.