MacCORMAC, SIR WILLIAM.—Immediate Closure of Tracheal Wounds. *Lancet, February* 4, 1888.

THE author, in supporting some editorial remarks on the immediate closure of tracheal wounds, refers to a case published in the *Lancet*, January 2, 1886, in which the blade of a broken tooth forceps was extracted from the right bronchus. He thinks that, in this case, the suturing of the tracheal and external wounds contributed materially towards success by shutting out the cold air from the lungs, and preventing wound secretions from entering the trachea. **Hunter Mackenzie.**

JESSETT, BOWREMAN F. (London).—**Immediate Closure of Tracheal Wounds.** *Lancet, February* 11, 1888.

RECOMMENDS the practice. **Hunter Mackenzie.**

JONES, TALFOURD (London).—**Tracheotomy performed on an Adult, four years and a-half ago, for Intra-laryngeal Disease: Patient now alive and well, but still wearing Tracheotomy Tube.** *Lancet, February* 25, 1888.

THE nature of the laryngeal disease was not diagnosed.

Hunter Mackenzie.

NECK, &c.

HOVELL, MARK.—The Treatment of Cystic Goitre.

THE author advocates the treatment introduced by Morell Mackenzie in 1872, which consists in tapping the cysts, and, after the withdrawal of the fluid, injecting a solution of perchloride of iron through the canula of the syringe, and allowing it to remain for a certain time, in order to convert the cyst into a chronic abscess. The tube should be introduced into the most dependent part of the tumour, in order to insure proper drainage. The puncture should be made as near the median line as possible, in order to avoid vessels.

For a large goitre, a canula two inches long is sufficient. The most useful sizes are those corresponding to Nos. 7, 8, 9, English catheter gauge. When the canula is in the cyst, it should be secured by a tape passed round the neck. The plug being withdrawn, the contents are allowed to escape, and one or two drachms or more of perchloride of iron (two grms. of the salt to one oz. of water) should be injected into the cavity by the syringe vertically, and the plug should be introduced to prevent the solution from escaping. The syringe has its nozzle fixed at an obtuse angle, and being held vertically allows any air which may be in the syringe to rise to the top of the solution, and thus prevent its injection into a vein. By a button arrangement, the piston can be made about an inch shorter than the cylinder, so as to prevent emptying it. When the solution has been injected into the cyst, it should remain there for seventy-two hours. The cyst will re-fill, and inflammation will be set up. If, on withdrawing the fluid, it contained blood, or showed no sign of suppuration,

https://doi.org/10.1017/S1755145500161160 Published online by Cambridge University Press

the injection must be made as before, and repeated until suppuration is produced. Poultices should then be applied, and the plug be removed. When the process is complete, the cyst may be washed out with water containing some antiseptic. In the subsequent treatment of the case, thorough drainage must be kept up. The rise of temperature shows the canula is blocked. A piece of Ellis' drainage tube, introduced through the canula, ensures perfect drainage. The canula should not be removed until the cyst is contracted round the opening, and granulations have begun to block up its aperture. When this is the case, it should be replaced by a shorter (quarter of an inch) canula, and removed again when granulations block it. If no appreciable diminution in the size of the cyst takes place, and the discharge is thin, tonics and generous diet should be given, and the cyst injected with chloride of zinc (15—30 grs. to the ounce), and allowed to escape again. A multilocular cyst should be treated in the same way as a simple cyst. A cyst containing a large amount of calcareous matter in its walls can only be treated by excision.

The author then gives illustrations, and describes two cases successfully treated. He does not agree with the plan of shelling out nor with the method of antiseptic incision and stitching the edge of the cyst to the skin, scraping the interior, afterwards packing with zinc lotion, as proposed by Mayo Robson. Very little is said in surgical books as to the treatment of cystic goitre : each authority differs, and the practitioner could derive no help from text books. The plan here detailed is the simplest and most efficient surgical procedure, and is the one which has always been successfully adopted at the Throat Hospital.

Norris Wolfenden.

THORNTON, PUGIN (Canterbury).—**On the Treatment of Cystic Goîtres.** *Lancet, February* 18, 1888.

REFERRING to treatment by puncture and injection of iron, the author recommends the substitution of rubber for metal canulæ on the third or fourth day, so as to do away with the risk of irritating the walls of the goitre. **Hunter Mackenzie.**

ORMSBY, GEORGE H. (Slaidburn).—**Congenital Goître.** *Lancet, February* 25, 1888.

SHORT record of a case. **Hunter Mackenzie.**

CRAN, ROBERT (Upper Assam).—**An Enormous Goître.** *Lancet, February* 18, 1888.

A LAD of eighteen had a goître of the following dimensions :—From the lower edge of the jaw to the bottom of the goître, 15¼ inches ; round the thickest part of the goître, 20½ inches. No inconvenience, beyond a dragging sensation, was experienced. **Hunter Mackenzie.**

PAGE, FREDERICK (Newcastle-on-Tyne).—**Spasmodic Torticollis, following Injury to the Cervical Spine, successfully treated by Stretching the Spinal Accessory Nerve.** *British Medical Journal, February* 4, 1888.

THE title indicates the nature of the case **Hunter Mackenzie.**

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TRESILIAN, FREDERICK (Mon.). — **A Case of Myxœdema.** *British Medical Journal, March* 24, 1888

CONTAINS nothing new. **Hunter Mackenzie.**

LAYCOCK ROUTH, R. (Banbury).—**Hæmorrhage as a Symptom attending Myxœdema.** *Lancet, February* 4, 1888.

Hæmoptysis was the form of hæmorrhage. **Hunter Mackenzie**

REPORTS OF SOCIETIES.

Royal Academy of Medicine in Ireland.

PATHOLOGICAL SECTION.

February 17, 1888.

Dr. E. H. BENNETT.—*Rupture of the Trachea with Fracture of the Sternum and Rib.*

THIS specimen was taken from the body of a man who had been fatally crushed. There was no external wound, but blood had poured from the mouth. The trachea was ruptured transversely, and the fragments were separated by an interval of an inch. The œsophagus was bruised, but not torn; there was great effusion of blood around the trachea and œsophagus, but none of the great arteries or veins were ruptured. **Hunter Mackenzie.**

SURGICAL SECTION.

January 20, 1888.

Mr. FOY.—*The Surgery of the Thyroid Gland.*

CONDEMNATION was expressed of the many minor operations of setons, caustics, injections of irritants, and tapping. A case of successful removal of a cysto-adenoma from the right lobe of a young married woman was recorded.

The PRESIDENT (Dr. Corley) referred to the recommendation of Dr. P. H. Watson, that complete removal of the gland be practised.

Mr. KENDAL FRANKS did not think that the size of a tumour in the neck was a guide to operative procedure, for occasionally small tumours pressed backwards and downwards under the top of the sternum, caused great dyspnœa, and endangered life.

Mr. W. THORNLEY STOKER'S experience in operating was, that the operator must be prepared for terrible hæmorrhage. He condemned the passing of a seton through the gland. He had been unable, in his operations, to find the capsule of the gland.

The PRESIDENT had seen cases of acute goitre cured by quinine.

Mr. FOY, in reply, mentioned several conditions which justified the operation of removal. He considered Sir Morell Mackenzie's method of injecting perchloride of iron as most unsuitable. **Hunter Mackenzie.**

British Medical Association: Metropolitan Counties Branch: North London District.

March 28, 1888.

Mr. F. DURHAM.—*Tumour of Neck pushing Trachea and Larynx to Opposite Side.*

CASE shown.

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