

was greatly shattered, and was amputated. There was fracture of the neck of the radius, with dislocation of its head.

Dr. Fenwick then read a valuable paper on Bronchocele, in which he stated that for fully fifty years little or no advance had been made on the subject, the latest contribution being a paper by Dr. Mackenzie, which was published a few months ago in the *London Lancet*. He mentioned that Erichsen gave four divisions of the disease, viz., simple hypertrophy, cystic bronchocele, pulsating bronchocele, and acute bronchocele, while Mackenzie gives seven varieties or stages of development of the same disease, he excluding exophthalmic goitre as a distinct disease. Although he did not call in question this division, he considered that it did not at all simplify matters. He next alluded to the localities where goitre generally was found most prevalent, such as in valleys, surrounded by high hills, where the sun only entered for a small portion of each day. The treatment of goitre was then rapidly passed in review. When small, and of recent formation, and the patient was anemic, the best thing to do was to improve the general health. Iron and iodine internally were useful sometimes, as was also the application of tincture of iodine externally, in the simple form of the disease. Iodide of lead ointment was also a useful external application; and within a few years, comparatively, in India, the biniodide of mercury ointment was recommended to be applied, and the patient be exposed for some time to the rays of the sun, and was said to have had very beneficial results. He mentioned that authorities generally advised non-interference, but it sometimes had to be done, and there was now in the Museum of the London College of Surgeons, a specimen, where the lateral lobe of the tumor so pressed on the trachea that a small probe could not be introduced. Dr. Fenwick stated that if examination was given to the subject, it would be found that all the major operations of the present day were, a few years ago, condemned. He felt confident that, if the subject was earnestly taken up, it would be found that the operation for the extirpation of goitre would not only be justifiable but would be recommended. Dr. Roddick, who had but just returned from a visit to Edinboro', had informed him that when there Dr. Patrick H. Watson had told him that he had operated upon three cases of bronchocele, and that they all succeeded. This, he thought, strongly strengthened the position he had taken. He then detailed the case at length, but the following contains the pith of the case: Marie L., aged twenty-one years, was admitted into the Mon-

triel General Hospital on the 23rd of last May, with an enormous fibro cystic tumor of the neck. She is a stout, healthy-looking girl, and is the second of twelve children. Her father is a butcher, which, according to the clinical clerk who reported the case, was the cause of her being so well nourished. She was, in fact, the picture of health, and if she had not been in first-class health, she would never have survived the terrible operation through which she passed. The tumor began to grow when she was three years of age, and continued to increase in size till she was sixteen years of age. Since then it had apparently been stationary. It consisted of four lobes, two large lobes on the left side, one in the centre or isthmus, and one very large lobe on the right side. It measured seventeen inches in circumference. There was much pulsation through the mass, the veins being very large, and the entire mass was raised by the larynx in the act of swallowing. After a careful examination he came to the conclusion that it might be removed, but at great risk. On the 29th May the middle lobe was tapped, and about two ounces of bloody serum obtained, after which four drachms of strong tincture of iodine was injected into it. Two punctures were made on the border of the right lobe, but very little fluid was got. Into each of these punctures about one drachm of tincture of iodine was injected. She had sharp symptoms of iodism, but soon got perfectly well and left the hospital. She, however, returned on the 8th of June, and on the following day the operation was performed. She was placed under the influence of chloroform, and the operation commenced. Following the plan of Professor Green, of Portland, an incision was made in the median line, commencing at the upper portion of the tumor and extending down its full length. Getting on to the tumor, the fascia propria, as he calls it, was divided. Scarcely any muscular structure was to be seen, the muscles being spread out, and all but absorbed from pressure. It was so in Professor Green's cases, and it was likewise so in the present one. He found a plexus of veins running over the tumor which were thin and brittle. They tore readily and bled freely. He dissected with his finger and the back of his knife, in fact enucleated the tumor, with little difficulty getting to its pedicle, which was as thick as two thumbs. It was transfixed, and the tumor removed. There was fearful hemorrhage, but the results of the operation have been very satisfactory. She was, as might have been anticipated, prostrated to such an extent that brandy and champagne had to be given in quantities really so enormous as to amaze the