

had a goitre of two years' duration, involving the right wing and isthmus.

Case 3. Mrs. B., aged thirty-five, consulted me in the summer of 1882, giving the following history: About three years previous she had noticed a slight enlargement on the left side of her neck, which grew in about six months to the size of an ordinary walnut, and occasioned no serious inconvenience. It remained this size for about two years, when it began to slowly increase, and three months before I saw her began to grow very rapidly, so that by the time she came to me it extended from the median line of the neck to a point beyond the outer border of the sternocleidomastoid muscle, and projected at least two inches, occasioning so much dyspnoea as to prevent her lying down—very tender to the touch and producing considerable dysphagia. She had been advised to have an operation for its removal.

Case 4. A young lady school teacher. In this case the goitre was of recent date, having existed only about six months, and involved only the isthmus.

Case 5. A married lady, the mother of a large family. This goitre involved both wings of the isthmus, and was of six years' duration, during which time it had grown slowly but steadily, at times becoming exceedingly painful; and during the last year her sleep had to be taken while sitting in an easy chair. There was considerable dysphagia.

Treatment: These cases were treated uniformly, except as regards the first. In that case the local treatment only was used; for, notwithstanding her age and manner of living, her general health was very good. This is not usually the case, for goitre is generally found in anemic subjects, especially if it be of long standing. The local application consists in applying twice a day with a camel-hair brush, over the whole extent of the swelling, a ten-per-cent solution of iodoform in collodion. In a few days after the coating begins to detach itself, the skin becomes very tender, when the application will have to be discontinued for a time. After this there is usually no more tenderness. In case 1 the treatment effected a permanent cure in two months. In the other cases I gave internally, three times a day, in addition to the local treatment mentioned, a pill containing three grains of iodoform and one grain of iron by hydrogen. This frequently, if continued for several weeks, produces slight nausea, which necessitates the discontinuance of the medicine for a day or two at a time.

The improvement as a rule, evidenced by a diminution in the size of the goitre, commences in about three weeks, and after that is steady. In case 2, the patient being very anemic, treatment was not discontinued for four months.

In case 3 the improvement was very marked. The tenderness was entirely gone by the end of the first week, and the swelling considerably diminished by the end of the third. At the end

of the third month the goitre had entirely disappeared, and the treatment was discontinued.

In case 4 the goitre being very small and recent, the improvement was very rapid, the patient being discharged as entirely well at the end of the sixth week.

Case 5 was under treatment for a longer time than any of the preceding ones, being under constant medical supervision for six months; but at the end of that time was entirely free from any appearance of goitre.

These are typical cases of those we most frequently meet with, occurring both in young adult life and in old age. In none of them has there been the slightest return either of the goitre or of tenderness of the parts. The treatment, while very simple, is very effectual, and promises a very sure means of relief from an affection which seems to be rather on the increase, and certainly deserves a thorough trial in each case before resort is had to any operative procedure—*Dr. U. E. Bem, in N. W. Lancet.*

LEVIS' METALLIC SPLINTS, FOR FRACTURE OF LOWER END OF THE RADIUS.

We take the following description from an article by R. J. Levis, M.D., Surgeon to the Pennsylvania Hospital, and to the Jefferson College Hospital:

"In the usual and very characteristic fracture of the carpal end of the radius the primary line of the fracture is, with little tendency to deviation, *transverse* in direction. Associated lines of fracture are generally those of comminution of the lower fragment and are caused by the upper fragment being driven vertically into it and splitting it, usually in directions towards its articular surface. The displacement of the lower fragment is towards the dorsal aspect of the forearm its articular surface is inclined in the same direction abnormally presenting backwards and upwards.

"The mechanism of the fracture is its production by falls upon the palm of the hand, which, with the carpus, undergoes extreme extension, and the fracture is caused by an *act of leverage or transverse strain*. This direction of force has also been called *cross breaking strain*. In this fracture actual displacement of the lower fragment may not exist at all, or it may be to the extent of complete separation from contact of the broken surfaces, varying with the amount of force applied and with the retaining influence of the surrounding dense structures.

"The first essential of the treatment of fracture of the lower end of the radius is the *complete reduction of the displacement*. The action of replacement must be directed to the lower fragment itself. The reduction of the fracture can usually be thoroughly effected, under *anæsthesia*, by *strong extension applied to the hand, associated with*