



INDEX OF SURGICAL PROGRESS.

HEAD AND NECK.

I. Perforation of the Eyeball by the Knot of a Whip. By H. P. DUNN, F. R. C. S., (London.) P. C., an attendant at the Paris Hippodrome, received a severe blow on the left eye causing an inverted jagged wound of the globe, on the inner side at the corneo-scleral junction. This was found to be due to the penetration and lodgment of the knot end of a whip. Panophthalmitis set in almost immediately but the patient would not consent to enucleation until the second day. Enucleation was then performed, the after-treatment was strictly antiseptic and the case ran a perfectly normal course. No meningitis occurred. On dissection of the extirpated eye, the knot end of the whip was found embedded in the vitreous.—*Illustrated Medical News*, Nov., 1888.

J. ANDERSON SMITH (London.)

II. Fifty Excisions of Goitre. By DR. D. G. ZESAS (Berne.) These statistics are compiled from the material offered by the clinic of Dr. Niehaus of Bern. Of the fifty cases there were 27 females. Most of the cases occurred in females ranging from 10 to 40 years of age. There was only one fatal cases as a result of operation. There were no severe complications or injuries of nerves recorded. The typical symptoms of myxœdema, cachexia, etc., appeared in 3 cases, 32, 19, 55 years of age respectively, all female. There is nothing brought to light by these cases not already discussed in the literature. In some cases the isolated symptoms of cachexia appeared but after 3 or 4 months the patients for some unknown causes began to improve—have had no return of threatening phenomena. The method used in all cases was that of Socin. This was followed not only in cystic but also

in colloid and calcareous strumas. The success of the method depends on leaving enough healthy glandular tissue behind to continue the functions of the thyroid.—*Archiv. f. Klin. Chir.*, bd. 36, heft 3.

III. A Method of Partial Removal of Goitre Without Tamponade or Great Loss of Blood. By DR. EUGEN HAHN (Berlin.) This method, which has been carried out by Dr. Hahn on several patients affected with struma, consisted first of a median incision from the incisura jugularis to the cricoid cartilage. To this was added the lateral incision of Kocher for the division of the sterno-hyoid and sterno-thyroid with ligation of the superficial veins. The whole gland was thus exposed. The left upper lobe was then released and lifted forward, the left sup. thyroid art. tied with catgut. The thyroidea inferior was clamped and the arteria ima was tied by first exposing it in lifting forward the gland then passing catgut ligature about it. The superior thyroid on right side was ligated, the inferior thyroid of the right side was secured with clamp. After securing the above vessels the capsule was divided in its whole extent avoiding visible veins and the glandular tissue drawn forward with a hook. It was possible in this way to remove sections of the glands with scissors to such an extent as to leave but small portions of the gland behind. This was done without great hæmorrhage. The inferior thyroid arteries were only secured with a clamp, having a weak spring. This was done to avoid securing the accompanying nerve in a ligature. If disturbances of speech were observed after operation the clamps could be immediately removed. A weak clamp while controlling the circulation will not crush the nerve. The wound was then tamponed with iodoform gauze. After 24 hours the clamps were removed and secondary sutures applied. The advantages of this consist in the slight hæmorrhage, the facility with which portions of the gland can be cut away and this without laceration or ligation *en masse*, the diminution of danger of sepsis and that of tetanus. The remaining portions of the gland protect the patient against cachexia strumipriva.—*Archiv. f. Klin. Chir.*, bd. 36, heft 3.