1904, and the sinus was scraped and cauterised two or three times, but without benefit. He came under my care on March 2nd, 1905, and I thought that the case was probably one of thyroglossal cyst. Under an anaesthetic a probe was found to pass upwards from the cricoid cartilage to a point just behind the body of the hyoid bone.

An oval incision was then made, including all the cicatricial tissue which was present, and the whole sinus was dissected out. The wound healed by first intention and there has been no return of the cyst.

The thyroid body is developed from the hypoblastic layer of the embryo by three separate portions, one median and two lateral. The former is developed as a median diverticulum of the pharyngeal hypoblast, opposite the ventral ends of the second visceral arches, the latter as diverticula of the fourth visceral cleft; eventually they all blend in front.

The median diverticulum, which gives rise to thyroglossal cysts, is early cut off from the pharyngeal hypoblast and becomes an island of epithelium, surrounded by mesoblast in most animals. In man, however, it remains for some time as a hollow bifid vesicle, which is connected with the upper surface of the tongue by a small duct or tract of epithelium. Later on this becomes obliterated and disappears; the only evidence remaining in the adult being the foramen cecum, which is situated in the angle of the V which marks the junction of the anterior and posterior portions of the tongue. It follows from this, that thyroglossal cysts or tumours will be found somewhere in this track, which is intimately connected with the hyoid bone and thyro-hyoid bursa, and is originally connected with the isthmus and lateral lobe of each side.

A NOTE ON THE ADVISABILITY OF ALLOWING WATER IN LARGER QUANTITIES THAN IS AT PRESENT CUSTOMARY TO CASES AFTER OPERATION.

By Major F. J. W. PORTER, D.S.O.
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In the Lancet for July 8th, 1905, Sir Wm. Bennett advocates the free supply of water to cases of intestinal obstruction, and after abdominal operations. In support of this, he relates three remarkable cases, all of whom he is quite certain would have died had the usual custom of limiting the amount of fluid supplied been adopted. Since reading this article, I have kept notes of the last twenty-five cases. They include three cases of removal of appendix, in one of which there was perforation and peritonitis, and several radical cures of hernia in which the omentum had to be ligatured. I find that in ten cases no vomiting took place whatever, and one of these was the appendix case above referred to.
In four cases there was vomiting once, in six cases twice, and in the remainder more frequently. The vomiting has been quite without effort, and there has been an entire absence of that painful dry retching, with perhaps a little acid and irritating fluid which often comes up. There is also none of that trying thirst which one used to see, especially in the abdominal cases, which were limited to a teaspoonful of water. All the nursing staff are quite satisfied that the patients are very much more comfortable under the new system.

The average amount of water drunk during the first twelve hours after the operation has been about two and a half pints. One man drank nearly five pints.

TWO CASES OF VON RECKLINGHAUSEN'S DISEASE.

By Major H. P. JOHNSON.

Von Recklinghausen’s disease, or general neurofibromatosis, has always been considered to be a somewhat rare pathological condition, but the fact of my having discovered two cases in one regiment almost simultaneously would appear to imply that the affection has frequently been overlooked, and that the symptoms have been diagnosed as Molluscum fibrosum.

The disease is characterised by: (1) Tumours of the skin of a fibrous character; (2) subcutaneous tumours situated on the superficial nerves, which occasionally grow to a large size and require removal; (3) fibromeuromata of the deep nerve trunks, causing pain and pressure effects; (4) patches of pigmentation of the skin—either freckles or large plaques—of a deep brown colour.

It is rare for all these phenomena to be present at the same time, or even to occur in the same patient; and it will be noticed that neither of my cases presented the third symptom. Von Recklinghausen also considers that the affection is usually accompanied by gradual loss of intellectual power and difficulty in speaking,1 but both in Rolleston's case2 and in my two, the patient's mental abilities were not impaired to the slightest extent. It would thus appear that there are two main types of this disease: the first, associated with pain, paralysis and impairment of the mental functions, due to the involvement of the deeper nerve trunks in the neurofibromatosis; the second, and commoner form, presenting no signs of serious disease and shown only by the skin conditions and the presence of small tumours on the subcutaneous nerves.

There are two theories as to the causation of the disease: that of

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1 "Die multiple Fibrome der Haut, &c.," Festschrift, Berlin, 1882.