THYROID GLAND, NECK, &c.

Symonds.—*Eight Cases of Cysts and Adenomata of the Thyroid treated by Extirpation of the Growth.* "Lancet," December 21, 1889.

Six of these cases occurred in women and two in men; one, a woman, was fifty-four years old; the others were under thirty. In one of the cases recorded the entire thyroid was removed with a tumour that lay partly beneath the sternum. The lobes were empty, and Mr. Symonds regretted that he had removed them. The operation was undertaken early in 1883, before the cachexia following removal of the whole gland was generally known, and the wide oozing surface left after removal of the growth seemed to promise hæmorrhage. In the next case there was a solid tumour behind the right lobe, causing dysphagia so complete that the patient had to be fed with a tube. The lobe and tumour were removed by an incision to one side of the median line over the growth. Some difficulty was experienced in obtaining sufficient room, and this was due to the incision being lateral. On dissecting this tumour, it was found to be encapsuled and to be situated behind, and might easily have been enucleated. Consequently, in subsequent operations Mr. Symonds decided to first search for the capsule and then enucleate. In four subsequent cases this was done, and the growths, in one case solid, in the others partly cystic, were removed without the loss of any blood, and with great facility. As a rule, at most these small vessels required ligature. In one the lobe had to be raised up before the cyst could be reached. In the remaining case the lobe was removed because it appeared to be blended with the cyst; it turned out subsequently not to be the case. All the patients recovered with primary union, and most required but one dressing subsequently to that made at the operation.

The method employed was detailed, and may be thus summarized: To make in every case, no matter where the tumour be situated, a median incision; it gave more room and left less scar, and when the deep fascia was opened the largest growth could be brought to the median line. To expose certainly and definitely the cyst or adenoma—*i.e.*, its fibrous wall—and then to dissect off the gland. If the wall be followed closely no bleeding or trouble was encountered. If the white glistening wall of a solid tumour or the bluish wall of a cystic one was not seen at once, then the edge of the gland must be sought and raised up till the capsule was seen. If a dissection were commenced outside this, severe bleeding would be encountered. In the case of a cyst, Mr. Symonds advocated opening it early, after sufficient of the wall had been exposed to secure with forceps, and dissecting back the thyroid just as in ovariotomy. By this means the operation could be performed through a smaller opening, and the resulting scar was slight. The similarity in anatomy between these cysts and adenomata and those of the breast was pointed out to explain why it was that the growths

could so easily be turned out. All the cysts contained in the wall a variable amount of gelatinous glandular material, which showed the usual veins lined by cortical or columnar epithelium, and this structure was exactly the same as in the solid forms. As to diagnosis, it was pointed out that the cases suitable for operation were those in which the growth was localized, well defined, and limited to one side. In no case were there two tumours, though multiplicity was not considered to negative operation, there being no reason why two or more localized encapsuled growths should not be extirpated at the same time. It was impossible to decide between cystic and solid forms without exploration. It was held that excision gave more speedy recovery, and was freer from danger than any other method, while the small scar resulting from injection seemed to the author to be counterbalanced by the prolonged treatment and the often severe hectic that followed. Mr. Symonds also pointed out the necessity of the strictest antiseptic precautions in these cases. He had employed the spray, except in four cases, where the wound was kept full of sublimate solution. But more particularly he called attention to the necessity of surrounding the neighbourhood of the wound with towels wrung out of lotion, and of operating with the arms of the assistant as well as the surgeon bare, and of wearing a clean linen apron or a towel pinned over the waistcoat from the neck downwards. These subsidiary precautions he considered of far more importance than the spray. He further added that in all the cases except one there were symptoms sufficiently important to demand operation. The exception was that of a lady, who requested that the growth might be removed. He deprecated operation where symptoms were absent. Two patients were exhibited: one, from whom an adeno-cystoma, measuring three inches by two inches, was removed through an incision one inch and a half long, presented only a very small scar; the other still exhibited the ocular symptoms of sympathetic paralysis, which had antedated the operation performed nearly three years ago. In the discussion which followed—

Mr. HEATH said he had treated a fair number of cases by injection, and though some of them had had afterwards a high temperature, he had not seen that great constitutional disturbance which Mr. Symonds had spoken of.

Mr. SILCOCK showed a cyst of the thyroid which he had recently removed. He was unable to delimit the cyst from the gland substance; he made, therefore, a median incision, and removed the whole lobe without the least hæmorrhage; he dissected it from the middle line, tying the vessels as he came to them. In one case after injection he had seen diffuse suppuration of the neck, and an abscess in the anterior mediastinum.

Mr. PARKER had observed a considerable diminution in the size of the thyroid after division of the isthmus.

Mr. BATTLE said that in one case he had to pack a cyst with gauze to arrest hæmorrhage.

Mr. BERRY said the common course was that when one lobe was removed the other diminished at first in size, and then afterwards re-enlarged. The hæmorrhage came mainly from the vessels along the

upper and lower borders of the isthmus. Socin, of Basle had successfully enucleated forty-seven tumours from the gland, and his results had been published in a small pamphlet by Dr. Keser.

Mr. GODLEE said that for the removal of small parts of the thyroid body he made a small incision and scooped out the contents of the gland. The only hæmorrhage came from the capsular veins, the pulp not bleeding at all. He had known of disasters from the injection of perchloride of iron.

Mr. SYMONDS, in reply, said that he had not encountered any hæmorrhagic cysts. If one kept free of the capsule, there would be but little bleeding. *R. Norris Wolfenden.*

Fitzgibbon, Henry (Dublin).—*Removal of the Thyroid Gland.* "British Medical Journal," May 11, 1889. Royal Academy of Medicine in Ireland, March 29, 1889.

A PAPER was read having reference to the case of a man, aged sixty-two years, in whom a tumour of the thyroid had been growing for thirty years; for the last five months very rapidly. It had pushed the trachea and larynx upward, and to the right, so that the larynx could be felt at the angle of the jaw, and the carotid beat on the mastoid process of the temporal bone. The tumour was removed: it proved to be purely thyroid glandular structure. The two laryngeal nerves had been interfered with, with consequent aphonia. The onset of delirium on the ninth day (which yielded to full doses of opium) was by Mr. Thornley Stoker referred to removal of a gland (thyroid) which there was reason to believe had some functions in connection with the circulation of blood through the brain. Complete recovery ensued, but the aphonia persisted. *Hunter Mackenzie.*

Hutchinson, P. S.—*Two Cases of Malignant Disease of the Thyroid Gland.* "British Medical Journal," July 18, 1889.

THE record of two very interesting cases which have been already recorded in this Journal. *Norris Wolfenden.*

Waugh.—*Pulsating Bronchocele.* "Times and Register," October 12, 1889.

THE author presented at his clinic at the Medico-Chirurgical Hospital, a case of pulsating bronchocele. The left lobe was much larger than the right. The upper central part presented a heaving pulsation, a thrill, and a bruit heard on auscultation, which he described as typical of the signs of aneurism. They came, however, from a part of the goitrous mass, which rose upon the patient's swallowing: and there were none of the pressure symptoms of aneurism present. The lecturer stated that there was probably a dilated condition of the arteries present; probably an anastomotic aneurism of this portion of the gland. He recommended the use of iodine internally and externally, and the inunction of an ointment of biniodide of mercury in lanoline to be applied twice a week, the patient to expose the neck to the rays of the sun for an hour afterwards. The condition of the blood vessels rendered the use of coagulating injections dangerous, while removal of the tumour would probably be followed by the occurrence of myxœdema. He considered the safest treatment to be that he then prescribed. *R. Norris Wolfenden.*

Abercrombie.—*Myxœdema in a Young Subject.* "Lancet," November 16, 1889.

A GIRL, aged fifteen, had developed symptoms between the ages of eight and nine. It came on after an illness, which was said to be Bright's disease, and, from being a bright child, she had become apathetic, the skin had grown coarse, and the features altered. The girl suffered a great deal from cold. She had been late in teething and walking, but otherwise had been a normal child. Her growth was stunted, the features typical of myxœdema, and the hands spade-like. *R. Norris Wolfenden.*

Paltauf (Vienna).—*The Thymus Gland and Sudden Death.* "Weiner Klin. Woch.," No. 46, 1889.

FORMERLY, hypertrophy of this gland used to be considered a frequent cause of sudden death in children, but the possibility of such an occurrence has, during the last twenty years, been often denied. The author endeavours to elucidate this question, and relates come cases of sudden death in which he has made autopsies.

1. A girl, nine years of age, died suddenly with dyspnœa. The autopsy proved the presence of a large cyst in the thyroid gland which caused lateral compression of the trachea.

2. A new-born child died a few days after birth, and a congenital parenchymatous goitre was discovered compressing the trachea.

3. A girl, seventeen years old, died suddenly from impaction of a piece of potato between the vocal cords.

4. A boy, nine years of age, died suddenly, and at the autopsy was found obstruction of the trachea by a caseous gland which had perforated a bronchus. *Michael.*

Treves, Frederick (London).—*Treatment of Scrofulous Glands.* "British Medical Journal," May 4, 1889.

THE author believes that scrofulous glands are essentially tuberculous. He was averse to any local treatment other than excision. Dr. Symes Thomson believed that, in cases of lung disease, the glands might be removed with benefit to the patient. Mr. Treves (Margate) had employed most of the older methods with absolutely no good results. He believed strongly in excision, and in the subsequent employment of pressure. He operated only when the internal organs were sound. Mr. Thornton (Margate) had seen some very bad results from poulticing. Mr. Christopher Heath had seen great improvement from the local application of the Kreuznach waters, and from the use of the waters of the Woodhall Spa. The President (Dr. Buzzard) mentioned a case of a girl with chronic tonic torticollis, which resisted treatment based upon a neuro-muscular theory of the disease. In the end a deep strumous gland suppurated, and on its healing, a cure of the torticollis resulted. He suggested that in such cases, it might be desirable to cut down and seek for an irritating strumous gland. As preventive treatment, he recommended the liberal use of milk, and adequate exposure to fresh air. *Hunter Mackenzie.*

Hulke.—*Suicide apparently began by an attempt to Cut off the Head from behind. Several Stabs on the front of the Chest—Cut Throat—Death on the seventh day.* "Lancet," June 22, 1889.

THREE deep incised wounds crossed the junction of the occiput into the nape of the neck, a similar one in front partially divided the sterno-mastoids, the depressors of the hyoid bone and the thyroid cartilage, the latter passing between the ventricular bands and vocal cords. On the left side of the chest two wounds penetrated the pleural cavity.

Norris Wolfenden.

Little.—*Suicide Apparently by an Attempt to Cut Off the Head from Behind.* "Lancet," October 19, 1889.

THE case was that of a woman, aged thirty-six, who had, in 1879, been discharged, apparently cured, about a week before from Garland Asylum, where she had been an inmate about three months, with the symptoms of puerperal insanity. "About 8 a.m. on July 2, 1879, the daughter of the patient came to the author, saying that her mother had attempted to commit suicide, and on arriving at the house he met a ghastly spectacle. She had a knife in her hand, and on the back of her neck was a huge wound, which had apparently taken half her head off. It had gone through skin, muscles, ligaments, the very bone itself, and had opened into the spinal canal, but had not touched the cord. The head itself, having lost all its connections at the back, was bobbing about in a manner that would have been ludicrous had it not been so ghastly. The instrument was a blunt and rusty table knife, with which she had been peeling potatoes. Such treatment as was possible was applied, but she died on the sixth day from septicæmia. No post-mortem was obtained."

The chief interest of the case lies in the fact of the wound having undoubtedly been committed by herself, and in the very determined manner in which she had set to work apparently to decapitate herself.

R. Norris Wolfenden.

ASSOCIATION MEETINGS.

American Rhinological Association.

Seventh Annual Meeting, Chicago, October, 1889.

DR. L. B. GILLETTE, of Omaha, read a paper entitled, *Report of a Case of Brain Abscess emptying into the Naso-Pharynx.* The patient, aged twenty, farmer by occupation, strong and healthy, while working on an embankment in September last with a wheel scraper, in driving along with it loaded, it in some way become unlatched and the handle in flying up, struck him forcibly under the chin, knocking him down a sixteen-foot embankment, where he lay unconscious for thirty minutes. A week afterward he noticed that something was wrong with his eyes. About October 15th he went to work in a brick-yard, worked three days, and then complained of being nervous, and of having a slight headache. On the evening of the third day he got soaking wet in a rain, went home cold, had a chill, followed by fever. A physician was called and pronounced it malarial fever. Dr. Gillette being subsequently called to see the case found the patient suffering with intens