BRITISH MEDICAL ASSOCIATION.

Meeting, 1895. ("Brit. Med. Journ.," Oct. 12th, 1895.)

President—Sir W. MACCORMAC.

SECTION OF SURGERY.

A DISCUSSION ON THE SURGICAL TREATMENT OF CYSTS, ADENOMATA, AND CARCINOMA OF THE THYROID GLAND AND ACCESSORY THYROIDS.

Mr. H. T. BUTLIN, after some preliminary remarks, stated that he had never seen a tumour of an accessory thyroid, all those which appeared at first sight to have such an origin proving to be truly connected with the thyroid gland. This statement did not extend to thyroid tumours at the base of the tongue. He had, moreover, never seen a case of malignant disease of the thyroid in which there appeared the smallest likelihood of successful radical operation; but, nevertheless, he could not doubt but that in rare instances such cases were amenable to operation.

Almost all, if not all, partial enlargements of the thyroid gland were produced by separate and separable tumours, whether cystic, adenomatous, or combinations of cyst and adenoma; innocent in character, enclosed in distinct capsules, and for the most part growing in the midst of sufficiently healthy thyroid gland tissue. These tumours were to be enucleated by a simple and easy operation, without any special precaution against hæmorrhage, or any fear of injury to important structures. No satisfactory explanation had been given of the nature of hæmorrhagic cysts, though the readiness with which they bled might be due to the vascular intra-cystic growth which they frequently contained.

The great objection to operation was the resultant scar, and the author in consequence frequently made use of the method of Morell Mackenzie, which he believed to be excellent in suitable cases. The object was to convert the cyst into an abscess, which should discharge through a small canula until healed from the bottom, the resultant scar being almost imperceptible. The failures and dangers attendant on the procedure were, he believed, to be ascribed to improper selection of cases: parenchymatous enlargements were quite unsuitable for the method, which was also contra-indicated in strumous and delicate subjects, and in instances of very large and very thick walled cysts, cysts with calcareous walls, compound cysts, and cystic tumours. The author would not willingly inject a cyst containing a large mass of solid growth.

Mr. CHARTERS J. SYMONDS had had forty-four successful cases of operation. Carcinoma was inoperable. Scarcely any hæmorrhage resulted from incision into such growths. He employed the median incision for cysts. The troublesome method of Kocher was unnecessary in ninety-nine out of a hundred cases. Extirpation was uncalled for, and

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enucleation was free from hæmorrhage as a rule. Hæmorrhagic cysts were those containing vascular growths. On puncture, hæmorrhage was alarming, but was best treated by rapidly turning out the growth and plugging, a procedure which immediately stopped the bleeding. Pure cysts did well with injection, but those containing solid growths did badly, as the wall was usually thin in these cases, and suppuration was liable to extend through it. Chloroform or A. C. E. should be employed.

A. W. MAYO ROBSON, Dr. W. W. KEEN, and C. B. KEETLEY also joined in the discussion.

Mr. JAMES BERRY considered that operation should only be undertaken for some definite reason other than the mere presence of a tumour In thirty-one of his thirty-six cases dyspnœa afforded such a reason.

Localized tumours, however superficial, were always covered by a layer of thyroid tissue, often much stretched and atrophied. Such a layer should always be incised before enucleation.

In the main it was correct to say that unilateral tumours should be enucleated. Large solid fibro-adenomatous tumours, involving the whole of one lateral lobe, and usually met with in middle-aged women, required extirpation; and the same method was necessary where one lobe was occupied by a number of solid or cystic tumours. Globular shape and smooth surface usually indicated enucleation.

The position of the tumour was important as a deciding factor in the question of operation, and a cyst the size of a tennis ball, and causing great dyspnœa by reason of its situation behind the sternum, was exhibited. The cyst had been enucleated by the speaker, with excellent results.

With regard to hæmorrhage, extirpation kept this under complete control, all vessels being seen and ligatured. In enucleation, hæmorrhage was sometimes met with, and was best met by rapid completion of the procedure, and temporarily drawing the bottom of the wound to the surface.

Mr. A. E. J. BARKER recounted two cases of malignant growth successfully removed. The first had been pronounced malignant six years before operation. The growth was enucleated, and the infected glands behind the clavicle removed. Recurrence took place in a gland, which was removed two years later. Four years had since elapsed without further recurrence. In the second case, in which the right side alone was affected, the scalenus anticus had to be removed. Five years had elapsed without evident recurrence, though dyspnœic attacks suggested mediastinal growths.

Mr. JORDAN LLOYD had experienced the occurrence of severe hæmorrhage in two cases of enucleation. He considered the malignancy of Mr. Barker's cases was very unlike that usually met with in thyroid tumours. Possibly there was a kind of malignancy peculiar to the thyroid, of which these cases were examples.

Mr. THELWALL THOMAS recounted two cases of tumour in the accessory thyroids. In one instance tumours of thyroid structure were found behind the sterno-mastoid and under the angle of the jaw. In the other a tumour, situated above the clavicle in the posterior triangle, and

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cystic in character, had been present from childhood. Incisions should be made parallel to lines of cleavage in the skin.

Mr. R. C. CLUCHEN believed that difficulty in operation was usually caused by previous application of strong medicaments to the skin. Atrophy occurred in large unilateral growths after removal of the isthmus.

Mr. C. W. CATHCART drew attention to the gradation in malignancy, there being an intermediate stage between malignant and innocent tumours.

Mr. BUTLIN considered that the account given of Professor Kocher's procedure showed that in England the surgery of the thyroid was much ahead of that of Continental operators. He had met with but one adherent thyroid tumour.—*Abbreviated from "Brit. Med. Journ." Report.*

Ernest Waggett.

AUSTRIAN OTOLOGICAL SOCIETY.

Meeting, May 28th, 1895. ("Monatsschrift für Ohrenheilkunde.")

President—Prof. GRUBER.

Prof. URBANTSCHITSCH. *The Favourable Influence of Extraction of the Malleus on the Auditory Function of the Opposite Ear, secondarily affected.*

The patient, aged thirty-four, had suffered since his fourteenth year from left-sided otorrhœa, and to this was superadded ten years later gradually increasing dulness of hearing on the right side. All treatment was without effect, until the patient could not hear a loud whisper with the right ear further than two to three paces. On the 5th February, 1891, the healthy malleus was removed from the left ear with the view of curing the suppuration in the attic; the discharge soon diminished and is now almost absent. After the operation the left ear, as far as hearing was concerned, was the same as before; but, on the other hand, the right ear immediately underwent a striking degree of improvement—whisper heard at four paces; this increased within the next few days, until a clear whisper was heard at from ten to twelve paces. After the lapse of four years it remains equally good.

2. *Extraction of the Malleus producing no improvement in the sound Ear, but removing the Vertigo and arresting the progressive Deafness.*—In this case, at the site of the extracted malleus there remained in the membrane a callous cicatrix, giving the impression that manubrium was still there.

3. *Irregular Tumour of bony hardness in the Right Auditory Meatus.*—The growth quite filled the lumen of the passage, and appeared to be attached to the front of the mastoid process. It was to be removed by operation; the result will be communicated later.

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