

Reports of Societies

TORONTO CLINICAL SOCIETY.

The regular meeting of the Toronto Clinical Society was held in St. George's Hall, Elm Street, Toronto, on the evening of the 6th of November, and in the absence of the President, Dr. J. F. W. Ross, the Vice-President, Dr. Edmund E. King, occupied the chair.

The following fellows were present : Drs. Pepler, J. A. Temple, Ryerson, H. B. Anderson, H. J. Hamilton, Peters, Fotheringham, Baines, Small, McIlwraith, Orr, King, Elliott, Bingham, Harrington, Bruce, Boyd, Lehman, Rudolf, Garrett, Nevitt, Oldright, Primrose, Parsons, Aikins, Thistle, and Fenton.

THYROIDECTOMY.

By Drs. George A. Bingham and J. T. Fotheringham. This occurred in a female aged thirty years. Several years ago she noticed an enlargement in the thyroid region, to which she paid no attention. Her health then began to fail, and she lost flesh from 167 pounds to 120 pounds in four or five years. The eyes were prominent; breathing embarrassed; heart action very rapid. The thyroid gland was enlarged, and the whole mass circumscribed. Dr. Bingham advised an operation, which was performed, an oblique incision being made from the left mastoid process to the sternum. The inferior thyroid was tied off close to the tumor and the whole mass removed. Chloroform was only fairly well borne, so normal saline solution was introduced into the rectum during the operation. The cavity was obliterated by several rows of catgut sutures, by quilting. Subsequent to operation tachycardia developed, with an elevation of temperature—103; pulse, 170; respiration, 46. The ice-pack was used over the precordia with good results. On the eleventh day pulse, temperature and respiration became normal. Vocal phonation was lost entirely. Electrical treatment was begun under Dr. Wishart. One night she woke up suddenly from her sleep and found she could talk. As to her present condition, she has not felt so well in five years. The following points are interesting : One source of danger in the operation is the anesthetic,—and if we dispense with general anesthesia we remove this danger. Another source of worry has been the yawning cavity behind the sternum and clavicle. This can be entirely overcome by a careful resort to the method of quilting in these cases. Aphonia is not necessarily pronounced, and may result from hysteria