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GOITRE AND ITS TREATMENT.*

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Four years ago at the request of the Committee on Papers I made a report to this Association based upon my experience with thirty-three cases of goitre operated upon. This year in casting about for a subject upon which to address you, I thought it might be useful to omit those questions of medical politics which have been so thoroughly threshed out by my predecessors in this chair, and to detail very briefly a second report on goitre and its treatment founded on a series of eighty-two operations in all.

As pointed out by C. H. Mayo,¹ the rapidly increasing number of cases operated upon during quite recent years does not mean that goitre is on the increase, but that nowadays, it is recognized that a comparatively early operation for goitre is, as a rule, followed by results most gratifying to both surgeon and patient, and is accompanied by an extremely small mortality rate. Indeed, I would now go so far as to say that in cases where as yet no pressure symptoms have developed, the patient, in view of future development, and even for aesthetic reasons, has a perfect right to claim the benefits of an operation which, in careful hands, should be as free from danger as appendicectomy.

*The President's Address, Ontario Medical Association.