

Partial thyroidectomy, or strumectomy, as some call it, is recommended by many authors for follicular and fibrous goitre. Strom of Christiana has reported quite a number of operations with success. He also advises enucleation of the cyst for cystic goitre.

Morris, in the *Lancet*, January 5, 1895, reports two cases of multiple cyst of the thyroid gland, such as the case before reported, in which he also practiced incision with satisfactory success.

Marsh, in the *Birmingham Medical Review*, reports five cases of bronchocele operated on for urgent pressure symptoms (all the cases being of comparatively short duration), in which he had good results, and he advises removal of the isthmus and as much of the lateral lobes as may be needed to relieve pressure, which is followed by atrophy of the rest of the gland.

Brooks reports two cases of partial thyroidectomy followed by success.

Operation has also been suggested and performed by quite a number of authors for exophthalmic goitre on the ground that it is a hyperplasia of the gland structure, and that the nervous symptoms are due to the toxic effects of the altered secretions, and a number of cures are reported. Greenfield's article in the *British Medical Journal*, December, 1893, is probably the best of these contributions. All operators, however, have come to one conclusion, that complete removal of the gland is unjustifiable, and that all operations are more or less dangerous, death on the table having resulted in a number of cases from collapse. It is doubtful that any deaths have resulted from hæmorrhage, although in some cases the bleeding is hard to control because of the difficulty of applying ligatures to the vessels, whose walls are in such a condition that ligatures will tear loose. To arrest the bleeding by packing is not satisfactory and may be dangerous. I have no doubt that during operations on the thyroid gland some of the fatal results were due to prolonged pressure on the pneumogastric nerve. If proper care is taken in performing the operation, the bleeding arrested as the operation proceeds, and the field kept as aseptic as possible, I believe the operation of partial thyroidectomy would be comparatively safe. Care must also be taken not to injure the recurrent laryngeal nerve. This operation has been successful in a great many instances, but there have been some failures, as is the case with all operations in surgery.—J. A. White, in *Maryland Med. Jour.*

IODINE was discovered in 1812 by Courtois. It is found in several marine plants, and extracted by a simple process. Its use in medicine is said to date from about 1825, when it was first employed in the hospitals of London and Paris.

## CHRONIC HYPERTROPHY OF THE PROSTATE GLAND.

This disease or pathological condition is essentially seen in the last half of life, rarely before the person reaches the age of fifty, and it with its consequences has carried to the grave many useful citizens whose lives might have been lengthened had the properly directed efforts been observed. Until recently it has been a disease of *noli me tangere*, but, thanks to the ingenuity of Dr. J. Wm. White, we have now at our command a means by which the enemy can be conquered and our old men afforded relief from their suffering and their lives prolonged.

Sir Henry Thompson found that one man in every three over fifty-four years of age, examined after death, showed some enlargement of the prostate; one in every seven had some degree of obstruction present, while one in every fifteen had sufficient enlargement to demand some form of treatment.

Coming on insidiously, as it does, our patient is unconscious of its existence until some sympathetic condition arises to call our attention to it.

What, then, is hypertrophy of the prostate gland? What its morbid anatomy? It is the development of circumscribed tumors in the fibromuscular tissues and atrophy of the glandular structure to such an extent at times to convert the prostate into a homogeneous mass of fibromuscular tissue. The development may be central, unilateral or bilateral, with no positive limit as to size or shape. Thompson has seen it  $4\frac{1}{2}$  inches in transverse diameter, and 12 ounces in weight has been reached.

The part most frequently involved is the posterior median part, or "third lobe," as it is improperly termed, when it is known as centric median hypertrophy, and constitutes one form of bar at the neck of the bladder, first described by Guthrie in 1836, in his work on the "Anatomy and Diseases of the Urinary and Sexual Organs."

The etiology of this condition is yet unknown, and the numerous hypotheses advanced by scientific men do not cover the ground, and need not be discussed in this paper. It is not excessive use of the organ, for it occurs in very temperate men, nor can it be attributed to sedentary habits, nor active habits, for it is found in both classes of men; it is not due to venous stasis, for this is a sequence to the disease.

From its analogy to the uterus in its anatomical construction, it corresponds with that organ in the tendency to the development of fibroid tumors. I am inclined to the opinion that the colored man is more liable to the development of these fibro-myomas, as is the case with the