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TREATMENT OF GOITRE.

Even in this country where goitre can not be said to be endemic the practitioner must meet with not a few cases of chronic enlargement of the thyroid gland. The fact that females suffer more frequently than males from this disease, and that the consequent disfigurement is more felt by them, renders treatment frequently necessary, and happily in the majority of cases this is successful, especially in the "acquired" form, which is the common form in America, and which rarely manifests itself until after puberty. Leaving aside the endemic variety, the chief causes of the sporadic form are, first, heredity, which is noted in the majority of cases; next, changes in the circulation connected with the sexual functions in females, such as menstruation, pregnancy, child-bearing; and, lastly, all occupations which favors stasis of blood in the veins of the neck, as carrying heavy weights on the head, etc. Any of these causes may be noted as active in the cases met, and as change of residence can not be looked upon as important in their treatment, the question of cure, becomes purely a medical and surgical one. Fortunately in the great majority of cases medication by means of the iodides, combined with counter-irritation over the gland, is sufficient to cause the resolution of the growth, but in not a few instances more active measures have to be undertaken, the swelling proving intractable to the measures mentioned above.

The remedy which has proved most efficient is

iodide of potash, in doses of five or ten grains two or three times a day. At the same time the swelling should be rubbed with some preparation of iodine, either the ointment or the tincture. Dr. Felix Semon recommends a combination of one part ung. iodi. to two to four parts ung. pot. iodidi

Another local application which has been markedly successful in India, is the ung. hydrarg. iodidi. rub., 15 grains to the ounce. This is to be smeared in for a few moments over the whole surface of the goitre, which is then to be exposed to the full rays of the sun as long as the patient can endure it. Within half an hour a blister forms, which should be treated in the usual way. It is said that the tumor will decrease day by day for weeks, when a second application may be necessary. Macnamara, Cunningham, F. Mouat and other observers, speak very highly of this method of treatment and its value seems to be beyond question. Other methods are the application of liq. epispasticus, B. P., as advocated by Sir Morell Mackenzie; the permanent application of cold by Leiter's tubes, to be worn twice in the twenty-four hours for a period of three hours. Various other remedies have been used with success, as strychnia, ammonium chloride, and fluoric acid. The latter given in doses of fifteen to sixty minims largely diluted, three times a day is said (Woakes) to have caused the disappearance of the tumor in seventeen cases out of twenty.

When all the above means prove useless, the parenchymatous injection of the gland with some irritant, or its excision, only remain to be attempted. The latter operation is, however, so often fatal, and if successful is so liable to be followed by myxœdema, that it is only to be undertaken when, other means having failed, the condition of the patient is such that the surgeon may hope to give a margin of life to the sufferer by undertaking it. It is said that leaving behind a small portion of the gland obviates the danger of a subsequent myxœdema. The operation of resection of the isthmus performed a few years ago by Mr. Sydney Jones, for the relief of the dyspnoea, dysphagia and cough of goitre, and which promised so well, the lateral lobes of the gland having been said to shrink after the operation, has apparently fallen into disuse, little or nothing having been heard of it for five or six years.