

THE SURGICAL TREATMENT OF EXOPHTHALMIC GOITRE.*

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The surgical treatment of Graves' disease has attracted considerable attention during the last quarter of a century, mainly because the results of medical treatment, whether hygienic, dietetic, medicinal or electrical, have never been entirely satisfactory. A host of remedies have been recommended, but they merely relieve the symptoms, or hold the disease in check, and only in exceptional instances bring about a cure. This may be explained by the fact that we are yet ignorant of the underlying causes of exophthalmic goitre. The theories which have from time to time been advanced will not satisfactorily account for the many and diverse manifestations of the disease.

Our medical authorities consider the prognosis serious and, when the disease is well established, hold out little hope of recovery. Osler is of the opinion that operative measures seem to offer the greatest relief. It is not my intention, however, to advocate surgical treatment for every case of Graves' disease, regardless of all conditions, both local and general, but only in well selected cases and especially where internal medication and other therapeutic measures have been given a fair trial but without success. All the various phases of each individual case must be given every consideration, and the general rules which govern the surgeon in operating upon any part of the body must be strictly applied. Until we have the desired pathological knowledge of Graves' disease, we cannot hope to treat all cases on a rational basis, but in the meantime, our past experience must, to a large extent, be our guide and the treatment must be more or less empirical.

The different surgical measures for the cure of exophthalmic goitre have all the same object in view, namely, to lessen the size of the thyroid gland. Whether the gland is responsible for all the symptoms is subject to much debate. There is one case on record (Hinchman) where, on autopsy, the thyroid was found absent, although a parathyroid may have been present. Kocher, of Berne, states that he has never seen a well-developed case of Graves' disease without a goitre,

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