

The Canada Lancer

VOL. XL.

JULY, 1907.

No. 11.

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 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 PARATHYROIDS.

The anatomy and functions of the parathyroids and their relations to the thyroid gland have been matters of keen interest to the surgeon of late years, and much experimentation has been carried out. But much remains still to be done before the riddle of these curious bodies shall be interpreted aright. First noted by Sandstrom in 1880 and described by Horsley in 1884, many experimenters have since labored to ascertain their functions. They found that the thyroid and parathyroids were separate and distinct entities; that while complete removal of the thyroid interfered with assimilation and metabolism producing a chronic condition known as myxoedema, on the other hand complete removal of

*The President's Address, Ontario Medical Association, 29th May, 1907.