

## THE SURGICAL TREATMENT OF EXOPHTHALMIC GOITRE.

BY

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The treatment of Graves' disease by surgical measures is now considered by most surgeons and many physicians as the only rational method of procedure. If one believes the theory of Moebius, that the disease is due to excessive secretion and absorption of thyroid juice, then it is most logical to remove the cause. Koehler holds that the failure of cure after operation is due to the fact that not enough thyroid tissue has been excised. Physicians assert that in ten per cent. of cases the thyroid is not enlarged, and that in these cases surgical treatment would be of no avail, but the evidence is only based on visual observation and palpation. Now, in several cases on which I have operated, the thyroid has been apparently of a very small size, but on opening up the neck a large mass of thyroid was found beneath the sternum, and this was not suspected before operation. Again, cases of Graves' disease, where the gland has developed degenerative changes, have changed into myxœdema.

I do not advocate operation in every case; for instance, in advanced cases, where secondary changes have taken place and where there are tremor, vomiting, diarrhœa, great restlessness, excessive tachycardia, and considerable dilatation of the right heart, treatment by other than operative measures should be advised. No case should be operated on until the surgeon has had it under observation for some time and the patient has been carefully observed and the more urgent symptoms have been allayed by rest, ice-bags, etc. Crile believes that "psychic excitation" is the most dangerous factor in operations for Graves' disease, and is the chief cause of the hyperthyroidism from which patients suffering from this affection die after operation. To avoid this excitation, after having obtained from the relatives and friends leave to operate, he does not tell the patient he is going to operate, but some days before operation he makes the patient inhale every morning some essential oil (such as eucalyptus) in the inhaler, at the same time applying to the neck antiseptic dressings. On a given morning, having previously given a hypodermic injection of morphia and atropine, he substitutes an

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Read before the Canadian Medical Association, June 3rd, 1910.