question of treatment will depend on their situation. It may be impossible to use other means than that pointed out for the thoracic variety, or the other methods of temporary or permanent ligation may be resorted to, according to the conditions revealed by the exploration.—Dr. Bristow, in *Brooklyn Med. Jour.*

REMARKS ON GOITRE, WITH REPORT OF CURES.

John Beattie, aged 46, a stonecutter by trade, consulted me in December, 1894, about his eyes. I prescribed the needed glasses, and noticed he had a very large goitre which I took to be a fibro-cystic enlargement of the thyroid gland, from a very cursory examination. There were several cysts, one in the right and two in the left lobe of the gland. I asked why he did not have it treated, and his reply was that he was so discouraged by the failures in the past, he had given up; although it was steadily increasing in size. It had begun about fifteen years previously, as far as he could recollect, and for over twelve years had been a marked deformity. He had tried iodine injections, tapping sac with an aspirator, the constant current and, as he expressed it, the "electric needle."

On June 27, 1895, he returned and asked me what could be done with the goitre, as it was becoming an impediment to respiration because of compression of the windpipe. Having had very satisfactory results with iodide of potassium by cataphoresis in goitrous cases, I commenced treatment with this plan. Up to Wednesday, July 17, I had used cataphoresis twelve times, with some slight diminution of the tumor and improvement to respiration. On July 17, I opened the central cyst at the bottom, and drained off a quantity of dark-brownish, muddy fluid, similar to what is seen in ovarian cysts, etc. The sac was washed out until the returning liquid was clear and a small quantity of iodine injected. The opening was kept free by packing with gauze. For several days the sac was washed out and packed daily, with considerable improvement.

On July 27, I cut into the left cyst from the top and passed the knife across and out at the opening made in the lower part of the central cyst, which was followed by a discharge of the same fluid and venous hæmorrhage. Iodine was injected and a silver drainage wire was inserted, entering one opening and out through the other; antiseptic gause was packed into the cyst. The next day he was unable to come to my office, being confined to bed. He was visited twice daily, and the sac was washed out with peroxide of hydrogen and bichloride of mercury.

On the 31st, his neck was enormously swelled, especially on the right side, all the lymphatics being involved, and deglutition was almost entirely arrested. I at once cut into the right cyst and drew off a great quantity of fluid. This sac was connected with the others and a drainage wire, with packing, inserted. Every day the sacs were washed out, disinfected and packed. Quinine and stimulants were used internally. On August 4 his temperature rose to 104°, pulse 126; and on the 5th and 6th, 101°; and in a few days normal. He was put on iodine of potash, which was increased to 60 grains three times a day. By September his neck was reduced almost to its normal size. Some little thickening of the parenchyma of the gland remained, although the cyst had entirely disappeared. For this, cataphoresis was continued, and you saw his conditions two weeks ago, when he presented himself to this Academy. From wearing a 17 inch collar, he was wearing a 14½ inch. The contour of the neck was perfectly natural. The thyroid cartilage was prominently defined and, with the exception of the scars of the incision, there was little or no sign of trouble of the thyroid gland.

The above case is an interesting one in its results, and on account of the prominence which the thyroid gland has assumed in medical journals the last year or so, especially in relation to the use of the extract of the thyroid glands of animals in the treatment of myxedema; although the subject of goitre itself seems to have received but little attention. I find, in looking over the medical journals of the last year or so, that very little is said in relation to this matter; most references to the thyroid gland being in connection with the treatment of myxœdema. Goitre, however, whilst receiving but a short chapter in most text-books on surgery, is a subject of considerable importance. We have different troubles of the thyroid gland, such as acute thyroiditis; bronchocele, or goitre of different forms, such as follicular, fibrous, fibro-cystic and cystic; and that peculiar complex of symptoms known as exophthalmic goitre.

I have no doubt that the reason that we only occasionally find writings upon this subject in the regular medical journals is due to the lack of knowledge of the functions of the thyroid gland, and the difficulty of explaining etiologically the various changes that take place. Some recent investigations into the functions of the gland by Hurthle, Eulenberg and others, may result in a better understanding of the pathological alterations. Hurthle reports that the colloid substance in the follicles is produced by the protoplasm in the epithelial cells, and that the secretion of the gland consists in the formation of this colloid substance. It is supposed that pathological changes in the gland are due to some deterioration of this normal secretion. Probably some evidence of this is found in the fact that the same