OBSERVATIONS
ON A PARTICULAR FORM OF
ENCYSTED TUMOUR,
WHICH OCCURS IN THE NECK, BUT IS NOT NECESSARILY
CONNECTED WITH THE THYROID BODY.

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THE object of this communication is to lay before the Society the details of two cases of encysted tumours of large size, occurring in the necks of persons advanced in life, and having only a secondary connection with the thyroid body. In both of those cases the tumours originated at some distance from the thyroid body, but in their progress, they became somewhat intimately attached to it; and upon this point alone can we rely, to enable us to distinguish between this variety of encysted tumour and that which originates in the substance of the thyroid body itself. They contain a serous fluid, holding in suspension much albuminous matter, and presenting much variety in colour; in some cases being as dark as coffee-grounds, in others being of a light straw-colour. They are of slow growth,

often requiring a long period to attain great size. These tumours are not of unfrequent occurrence : they have been described by Mr. Hill of Dumfries, Maunoir, O'Beirne and others, but in most instances they have been confounded with thyroid tumours.

About two years ago I was requested by Mr. Maclure to see Mrs. White, who was about 65 years old, and had been for many years housekeeper to Lord Limerick. She had a large tumour extending from the jaw to below the sternum, and occupying particularly the front and right side of the neck. This tumour, which had been gradually increasing for many years, began to interfere seriously with respiration. When the hand was passed over it, it was firm except at a middle point, which projected in front of the sternum, and where there was an obscure sense of fluctuation. Into this portion of the tumour a grooved needle was passed, and a thin, bloody fluid followed the puncture. In appearance it was too much like arterial blood to make it prudent that much of this fluid should flow, lest her already debilitated frame might be still further broken down. A small piece of lint was held upon the point for two or three minutes, and the bleeding ceased. In two days afterwards, the lint was accidentally rubbed off, and the escape of similar fluid again occurred ; on this occasion Mr. Maclure had more difficulty in restraining it, and eventually applied lunar caustic to the orifice, for the purpose : for the time this plan succeeded, but when the eschar came away, the orifice was enlarged, and the

discharge of a bright reddish fluid continued. From day to day it reduced the size of the tumour, but at the same time it reduced the strength of the patient. Many weeks passed in this way, when the discharge became of a mixed character, part being sero-purulent, part blood-like ; the proportion of sero-purulent and ultimately purulent fluid increasing. At this time Sir B. Brodie saw this case, and advised that she should be kept quiet, and swallow ice. This course was pursued, and gradually the quantity of red fluid lessened until it became very small, when her strength gradually improved. The tumour had very much lessened, but the thyroid body was somewhat enlarged. At this time she got an attack of bronchitis, from which she died. No opportunity of examining the body was afforded.

— Scully, aged 66, was admitted into the St. Marylebone Infirmary, apparently *in articulo mortis*. She had an enormous tumour depending from the front and left side of the neck, and containing fluid. The history of the case was, that the disease had commenced twelve years before, and that it had very gradually acquired its present dimensions ; that she had been a patient in the Middlesex Hospital ; that while there the tumour had been twice punctured, and, fearing it might be done again, she had requested her discharge.

On the occasion of the first puncture, she stated that about a pint of a reddish watery fluid escaped ; on the second, only a very small quantity. When she was admitted at the infirmary, her great pros-

tration did not seem to depend on any serious interference with respiration or deglutition by the tumour, and for that day I was content to leave her to the influence of brandy. The tumour, when she lay her head upon the pillow, presented very much the appearance of a small pillow in front of the neck. On the following morning I proposed to have a cast taken from it, but during the night a small crack took place in the covering of the tumour, and about three pints of a reddish serous fluid escaped. When I examined it in the morning, there was no slough or inflamed point visible, and it was very difficult to discover the point through which the fluid had passed. The tumour had then very much of the character of a bladder, still half full of fluid. Her condition had materially improved, and it was determined to give her a day or two before any thing further was done. On the succeeding night there was a further escape of similar fluid, to the extent of upwards of three pints, and on the following morning, when I saw her, very little fluid remained in the cyst.

Spirit lotion was applied to the part, and in a very few days the cyst was empty. A sero-purulent discharge took place from it for many weeks, indeed, up to the moment of her leaving the infirmary, when her health was quite restored. There was an inconsiderable enlargement of the thyroid body, which yielded to some extent to the internal and external use of iodine.

About twelve months from the time of her dis-

charge, she was again admitted. Her general health was again bad, but there had been no further accumulation of fluid in the sac. The enlargement of the thyroid body still continued, and a small fistulous communication with the sac remained.

The preceding cases seem to me to belong to a class which was described by Maunoir as *Hydrocele du Cou*.

This memoir was read at the Institute of France, in 1815, but it does not appear to have attracted any attention. And after the adverse report made upon it by the Baron Percy, in 1817, it was utterly extinguished ; for although M. Maunoir, some years afterwards, published it, with a defence against the report of Percy, a large number of well-informed men are at this moment unaware of its existence.

I by no means wish it to be understood that M. Maunoir was the first to observe or to describe the affection, because we find many cases scattered over the older authors ; but his merit consists in showing that, in many of these cases, the thyroid body itself is scarcely at all affected, and that the disease frequently does not originate in the structure of that organ.

The cases which I have detailed, as well as those described by the authors I have named, justify me in stating, that there is a class of unilocular or multilocular encysted tumours developed in the neck, which contain a serous fluid, varying from a light yellow to a deep coffee-colour ; that in its nature this fluid is albuminous, coagulable by heat ; that those tumours are generally developed, quite inde-

pendently of the thyroid body, though in their progress they may become intimately connected with it, but that the connection does not usually involve any change of structure in that organ ; that they are most frequently developed at, or after, the middle period of life ; that they occur almost indiscriminately in both sexes ; that they are almost always of slow growth, and that they often attain a large size ; that they do not usually prove troublesome, until they are of sufficient size to interfere with respiration or deglutition. That the treatment by simple puncture, so as to evacuate their contents, is usually insufficient to cure the disease, because the opening is apt to close up and the cavity to refill ; that puncture, with injection, has not succeeded better, and for this reason, either the fluid is too stimulating, and produces violent inflammation, with spasmodic action of the organs of respiration and deglutition, or it does not exercise sufficient action to modify the surface of the sac ; and it is not easy to ascertain the just medium ; that the treatment by making an incision of sufficient extent to expose the greater part of the interior of the sac, and stuffing the cavity, has been followed by too much local and constitutional irritation to render it prudent to adopt it as an ordinary method of cure ; that the plan which has succeeded best is that to which Mr. Hill, of Dumfries, resorted, and which has been employed by M. Maunoir, Dr. O'Beirne, and Petrale, namely, puncture and seton. Whether an ordinary tent passed through the long diameter

of the sac, after puncture, might not answer the purpose equally well, we have not yet the necessary experience to determine, but I see no reason why it should not succeed.