A CASE OF MALIGNANT GOITRE.

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IN the JOURNAL for June 23rd appeared the account of a case of large bronchocele, for which an operation had been performed by Mr. Bennett May, at the Queen's Hospital, Birmingham.

Ten days before this, there had been admitted under my care into the Northern Hospital, Liverpool, a case which must have presented such similar appearances, that a short history of it appears worthy of publication, if only for the sake of comparison; for my case may, to a certain extent, be described in Mr. May's own words.

The patient, a married woman, 55 years old, had been the subject of a (goitrous?) swelling in the front of the neck for many years, without much discomfort. Last Christmas, it began to grow suddenly; but as for years past it had appeared to her sometimes to increase, and then to diminish, she delayed seeking advice until she presented herself at the hospital, on June 13th, on account, principally, of increasing dyspnoea. The tumour presented all the appearances of an unusually large bronchocele, filling up the neck completely in front, so that neither thyroid bone, thyroid cartilage, nor trachea could be felt. On the right side, the outline of the tumour could be well defined posteriorly, and the carotid artery was felt pushed outwards by it; but, on the left side, no defined margin could be made out, and the great vessels appeared to pass deeply behind, even if they were not involved in it. On this side, moreover, the tumour overlapped the clavicle, and the skin over the lower part was dusky red, tense, and adherent. She was unable to lie down on account of dyspnoea. During the day, she was tolerably easy; but at night, or rather early in the morning, she had severe paroxysms of dyspnoea, caused, apparently, partly by direct pressure on the trachea, partly by implication of the laryngeal nerves. Her voice was faint and husky.

The history of the case, and the appearance of the tumour, led to the diagnosis of malignant disease arising in an ordinary bronchocele; but the question of treatment was more difficult. There appeared to be three methods of active treatment to consider: (1) the removal of the tumour; (2) the tapping of it with trocar or aspirator; and (3) tracheotomy; the last two courses being, of course, only palliative measures for the relief of dyspnoea. The first course was considered as precluded, not so much on account of the evident extent of the growth, as because of the impossibility of estimating the limit of the disease; its almost certain malignancy, the infiltration of the skin, and probably of deeper parts, rendering it likely that such an operation, if not immediately fatal, would in no way improve the condition or comfort of the patient. With regard to tapping, there was reason to fear that, although fluid might be drawn off, it would come from some vascular cavity which would speedily fill again, and, perhaps, give rise to troublesome oozing; the result being no relief, but rather the reverse. Tracheotomy did not appear urgently demanded; and it was a question whether it was even possible. A little to the right of the middle line of the neck, there was a slight depression, apparently marking the interval between the two lobes of the thyroid gland, but no trachea could be felt; the isthmus of the gland was clearly enlarged, and filled up this space completely. It was impossible to feel sure where the trachea was, or whither it might have been pushed. In one place, somewhat to the right of the middle line, something like the prominence of the thyroid cartilage was felt, and below this a line was drawn with marking-ink, for guidance, in case threatened suffocation should demand an attempt at relief. But, as regards present treatment, it was decided that operative measures were not desirable. Frequent doses of the ethereal tincture of lobelia were taken by the patient with considerable apparent advantage.

The woman gradually became weaker, but the dyspnoea became no worse, although the left lobe of the tumour increased in size. But on June 24th, her condition became much worse; dyspnoea was rather more troublesome; but, in addition, she seemed to have lost the power of swallowing, and her voice had completely gone; her face was rather dusky in hue. Towards the evening she gradually became unconscious, and died quietly and painlessly, probably from slow asphyxia, without any of those distressing symptoms which accompany suffocation from laryngeal obstruction.

At the *post mortem* examination, the first incision made was as for tracheotomy, along the line marked out before death. On dividing the deep fascia, thick creamy fluid oozed out, and no trachea could be felt. The fact that tracheotomy would have been a hopeless failure having been demonstrated, the mass was dissected out,

together with the larynx, trachea, oesophagus, and large vessels, in the course of which process a large cavity in the left lobe gave way, and some ounces of thick chocolate-coloured fluid escaped. On the right side, as anticipated, the mass could be fairly well enucleated, but on the left the growth was found adherent to, or even blended with, muscle, cervical fascia, and the periosteum of the clavicle, and so overlapping and surrounding the large vessels of the neck, that it would have been impossible to clear the growth from them. It was evident that any operative measures could only have "made bad worse."

The contents of the tumour being principally semi-fluid, or soft solid, the mass was, without further examination, immersed in spirit, and sent to the museum of the Royal Infirmary School of Medicine, in order that it might be thoroughly examined by the curator, Mr. Frank T. Paul, to whom I am indebted for the accompanying report. Some secondary growths which were found in the lungs were also forwarded for examination.

"The tumour consists of two principal masses, the larger of which is very soft throughout, and has, in its centre, broken down, thus giving rise to a large ragged cavity. In front are some portions of the muscles of the neck adherent to it, and the anterior jugular vein is seen filled with new growth. Posteriorly, the left carotid artery is somewhat flattened by pressure, but not infiltrated, but the internal jugular vein is entirely filled with soft growth. The pneumogastric nerve does not appear to have suffered. There are several cervical glands slightly enlarged. The lesser mass is encapsuled, and has the appearance of soft sarcoma, and can be apparently dissected free, or almost free, from the right lobe of the thyroid, which it indents. The larynx and trachea are bowed to the right, having been displaced about three inches from the middle line of the neck. The pharynx and oesophagus are similarly displaced, but none of these parts are infiltrated by the growth. The growths in the lungs present the same soft sarcoma-like appearance."

"The larger mass of the tumour may be supposed to represent the primary growth in the left lobe of the thyroid, and the lesser a more recent infiltration of the isthmus. The specimen is not yet in a suitable condition for thorough microscopical examination; but a recent section taken from the lesser mass shows it to be freely vascular, and to consist, over the greater part of its area, of elongated cells, which have a general tendency to become broad and spindle-shaped, with large nuclei, and often with two nuclei. But at one part there is a small area consisting entirely of distinct carcinoma, composed of delicate vascular fibrous alveoli, filled with cubical epithelial cells, larger than those of the normal thyroid; and near this is a tract of healthy thyroid tissue."

"There is no doubt that all these elements are present in the growth, but further details cannot be given until sufficient time has elapsed for the preparation of good sections."

REMARKS ON CASES OF MULTIPLE SYNOVITIS,
FOLLOWING INJURIES TO JOINTS.

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AMONG the almost endless variety of consequences and complications that may follow sprains and other injuries to joints, there is one which, so far as I can ascertain, has not yet been described; and yet it is difficult to see how it has hitherto escaped. It can scarcely be from its rarity; for, since my attention was first drawn to it by a series of five or six occurring in rapid succession, I have frequently met with others, though I admit that the whole number from which they were selected was very large, perhaps some hundreds; and certainly it cannot arise from any deficiency in features of interest; for, if its existence as a distinct variety should be established, it will be found to be as good an example as one could wish of those perplexing affections, which are due to what used to be called the sympathy of one organ with another. I can only conclude, if my conjecture that it has not yet been described be correct, that this variety has hitherto been lost in that vast collection of troubles known as gouty or rheumatic, to which is referred much that is hard to explain.

The uniformity in the essential features of the cases was so close, the differences so slight and so individual, that it is not necessary to give more than a description that will answer for them generally, without dwelling on special peculiarities. The patients were nearly all young adults; with one exception, men of the class which naturally furnishes to the hospitals the majority of the cases of acute