CYST IN THE THYROID GLAND: REMOVAL: CURE.¹

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In July, 1894, Dr. Barlow, of Prescott, sent Mrs. S. T., aged 30, to the infirmary, on account of a swelling in the neck which resisted local treatment. She was very anæmic, and had noticed the lump for two years; it steadily increased in size, and for twelve months caused severe pain during the swallowing of solid food. There was no history of any tumour in her family.

Fig. 1.—Cyst of the Thyroid.

On July 27th, the day of her admission to the infirmary, the swelling occupied the lowest part of the neck, chiefly between the two sterno-mastoid muscles, but lifting slightly the muscle of the left side. It was about two inches in diameter, firmly attached to the trachea, moving with it during deglutition. Fluctuation was distinct. The diagnosis of cyst in the thyroid isthmus, encroaching on the left lateral lobe, was made out, and removal decided upon. There were no signs of Graves's disease.

The next day an incision, three inches long, was made in the middle line over the tumour, and the sterno-thyroid muscles separated. After a little scratching through cellular tissue and a thin layer of pinkish thyroid material, the bluish-white wall of a cyst was exposed. This was freed from its surroundings by means of the finger and closed dissecting forceps, and removed whole. Only two small vessels required ligature. A few sutures were placed in the upper part of the wound, but the lowest inch was left open and some loose cyanide gauze inserted as a capillary drain, under a cyanide dressing. The wound healed by first inten-

tion, in the upper part; in the lower, by granulation. She was discharged on the tenth day.

The patient was shown at the Liverpool Medical Institute on October 18th, 1894. The scar was slightly keloid. The cyst was a perfect sphere (the walls one-eighth of an inch thick), filled with brownish fluid, in which floated large flakes of cholesterol. On allowing the sediment to settle in a glass vessel, it occupied quite one-fourth of the whole. On section, the wall appeared fibrous, no lining epithelium could be found.

The case illustrates what has been recently made out, namely, that all local swellings in the thyroid gland, be they in the lateral lobes or in the isthmus, are composed of adenomata, simple or cystic, and are encapsuled, like an adenoma of the breast; and further, that in the cystic

Fig. 2.—Neck after removal of Thyroid Cyst.

variety the wall is not vascular. In the non-cystic adenomata the wall is very vascular, so that by carefully working around the capsule no serious hæmorrhage need be feared; they thus differ from the true parenchymatous goitre, in which the vessels are greatly enlarged and very thin, bleeding very readily on slight interference.

MECHANICAL AIDS TO BATH TREATMENT.—Electricity is much more used as a motive power in America than in this country. Among other unique things in the new House of Relief just opened in New York is a ward for sunstroke patients, which has been fitted up with electric appliances found in no other hospital even in that country, by means of which the patient, placed in a hammock-like net, can be hoisted from his bed and conveyed to the bath in the centre of the room, and then back again to any bed in the ward.

On the recommendation of Dr. R. W. Philip, the Acting Committee of the Victoria Hospital for Consumption and Diseases of the Chest, Edinburgh, have appointed Dr. Ralph Stockman, Assistant-Physician to the Royal Infirmary, to be Assistant-Physician to the out-door department of the hospital.

¹ Case shown in Liverpool Medical Institution.