

THYROID, Etc.

Daniel, P. L.—*Some Rare Cases of Sarcoma of the Thyroid.* "Lancet," July 19, 1902.

The four cases recorded confirm the statement that most cases of malignant thyroid are, unfortunately, seen at too late a stage for radical treatment. Extirpation was possible in one only, and this case indicates clearly the uncertainty of diagnosis and prognosis, and the difficulty of removing the disease once it has become extracapsular. In one case tracheotomy was performed. Malignant disease of the thyroid is said to be more common in glands which have been the seats of previous non-malignant growths. This may be correct generally, but there is no definite history in either of these cases to suggest the presence of any form of simple growth, and in only one of the four cases was there a probability of any previous disease of the thyroid, and this was not of the nature of a growth.

The onset of malignant disease of the thyroid is late in life. Berry in his investigations limits practically its earliest appearance to forty years of age. In these four cases the ages were respectively fifty-seven, fifty-nine, sixty, and sixty-nine years. The two younger patients were males, the two older females. The patient who was sixty years of age had the symptoms of myxœdema, and the one who was aged sixty-nine years had the affected lobe extirpated. The histological varieties of sarcoma found in the thyroid are either spindle- or round-celled; in three of the following cases the cells were round and of medium size. In the fourth the structure was that of a giant-celled sarcoma. The duration of life in malignant thyroid is variable—from nine weeks to two and a half years being the limits—although in those cases grafted on to pre-existing simple growths the date of origin of malignancy is uncertain, and its duration may be considerably longer. These four cases terminated fatally in eight, nine, twelve, and seventeen months respectively from the period of earliest observation of the growth, and, being primarily malignant, the history is fairly accurate. The immediate cause of death in each case is recorded as follows: The first patient died suddenly from heart and respiratory failure five or six hours after tracheotomy; the second from syncope on the day upon which he was prepared for tracheotomy; the third five days after extirpation from exhaustion; and the fourth from general suppurative peritonitis, pleurisy, and pericarditis. The sarcomata grow more rapidly than do the carcinomata.

The Seat of Origin of Sarcoma.—Whether one lobe is more prone to involvement than the other one cannot say, but the isthmus is the least frequent site of origin. Sarcoma generally is more prone to involve one lobe and to grow rapidly; carcinoma early to involve the second lobe and to grow more slowly. Involvement of the lymphatic glands is variable, and is too late to be of diagnostic value. In three cases the cervical glands were involved and palpable, but when they became the seat of new growth it is impossible to say. In the fourth case—the (?) giant-celled sarcoma—no secondary glands were found.

Secondary Growths.—In the earliest case, although the primary growth was most extensive, and involved the walls of veins, the fasciæ, and the pleura, no embolic deposits were found. In another case there were malignant ulcers of the stomach and intestine, malignant infiltration of the pancreas, and the cervical glands were involved.

Deviation of the Trachea.—In three of these cases deviation was not marked, such slight deviation being the usual condition found in malignant disease. The greatest was 1 inch. In the fourth case—the (?) giant-celled sarcoma—the deviation of the trachea from the midline was 2 inches. Pain was not a prominent sign in either of these cases; two patients complained of slight neuralgic pain situated in the neck, and radiating up towards the ear and down towards the chest. Dysphagia and dyspnoea were present in three cases.

Ingrowth into the Trachea.—This is comparatively common, and takes place usually from $\frac{1}{2}$ to 1 inch below the cricoid cartilage. In the second of these cases the larynx had been invaded and the mucous membrane was ulcerated. In the fourth (the myxœdematous) case there was distinct infiltration of the submucous tissue of the larynx and the trachea. This extended for a distance of $1\frac{1}{2}$ inches, and resulted in a fusiform elevation; it extended above and below the cricoid, and seemed to have enveloped, if not to have destroyed, the cartilage. There was no obvious loss of tissue—*i.e.*, ulceration—over it.

The consistence of sarcoma generally is softer than is that of carcinoma of the thyroid. One of these cases was described as stonily hard, one as firm and elastic, and the other two as hard.

Complete fixation of the mass to deep structures was found in three cases.

The Carotids.—In two cases the carotids were embedded in the growth. In the third case the vessel lay at the posterior border. In the fourth case the vessel lay at the outer border, below the growth.

StClair Thomson.

E A R.

Mounier.—*Suppurating Glands of the Neck simulating Otitis.* "Archives Internationales de Laryngologie," etc., May–June, 1902.

The author describes a case as follows: A child, two years old, recovering from scarlet fever, had pain and swelling over the mastoid, causing the ear to be very prominent, also discharge from the ear.

After cleaning out the external meatus the membrane was found intact, but in the anterior inferior wall an opening was found which communicated with some suppurating glands of the neck.

The treatment, which cured the patient in about a fortnight, was gentle pressure on the source of the suppuration to expel the pus and repeated antiseptic washing.

Anthony M'Call.

E. W. Roughton.—*Exploration of the Cerebellum and Drainage of a Cerebellar Abscess during Artificial Respiration.* "Lancet," July 26, 1902.

The reason for calling attention to this case is that the diagnosis of cerebellar abscess is still a matter of difficulty, and the localization is of still greater difficulty. The whole operation was performed during the maintenance of artificial respiration, and the necessity for the performance of the latter was abolished as soon as the abscess was opened. The interesting points of the case are as follows:

1. *The Difficulty of Diagnosis.*—For ten days the patient was under