SEPARATION OF THE EPIPHYSIS OF THE SECOND METATARSAL BONE.

BY JAMES MASON, L.R.C.P. ED.

THIS accident, though anatomically fairly likely to happen, as a matter of fact seldom takes place—at least I can find no written note concerning a case. On this account chiefly I think the following worthy of recording.

A girl, aged seventeen, came to me complaining of pain and swelling over the root of the second toe of the left foot. She stated that the "lump" had been there for some time; it occasionally disappeared when she put her foot in a certain position, but immediately she tried to walk it reappeared. I found on examination that it could be easily reduced, but it as readily returned to its old position when pressure was removed. The movement at the joint was perfect. Well-marked crepitus could be felt about a quarter of an inch behind the joint. The fragments were put in apposition and a pad applied. A strange feature is the patient having been able to walk about for so long a time. She could not remember having received any injury or twist, and considered it simply an "enlarged joint."

Kingston-road.

A Mirror

OF

HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

TWO CASES OF DISEASE OF THE THYROID: ONE TREATED BY EXCISION, THE OTHER BY INJECTION OF IODINE; RECOVERY; REMARKS.

(Under the care of Mr. HENRY MORRIS)

For the report of these cases we are indebted to Mr. Roger Williams, surgical registrar:—

CASE 1. Hypertrophic goitre; thyroidectomy; recovery.—The patient, a moderately nourished, fair-complexioned, and cachectic-looking girl, aged fourteen, from Dorking, was admitted on June 27th, 1884, with a large swelling in the thyroid region. She complained of being subject to very severe attacks of dyspnoea and of difficulty in swallowing. At night she was often disturbed by dyspnoeal attacks. There were no signs of Graves' disease. Both tonsils were somewhat enlarged, and the lymphatic glands of the neck were normal. The swelling on the right side of the neck was the size of a very large orange, and reached from just below the hyoid bone to the sternum; that on the left side was not larger than a Tangerine orange. These lateral enlargements were connected by a swelling over the front of the trachea in the region of the thyroid isthmus. The mass moved with the windpipe during deglutition. It felt elastic, lobulated, and circumscribed, but there was no sense of fluctuation. At the upper part of each lateral swelling a large pulsating artery could be seen and felt. She gave the following history. Four years ago a swelling was first noticed in the site of the present disease, chiefly on the right side. It had since steadily increased, but more rapidly of late. During the last year she had been subject to severe dyspnoeal attacks, especially during the night and after making any exertion. For some months she had suffered from increasing difficulty in deglutition. Her previous health had been good, with the exception of an attack of bronchitis four years ago. Her mother and sister, when young, both suffered from thyroid enlargement, which at length subsided. The sister's was frequently painted with iodine. Father, aged fifty, healthy. The family (five in number) are all healthy except the patient.

The symptoms becoming aggravated after the patient had been in the hospital a few weeks, it was decided to excise the thyroid. This was done on July 12th in the following manner: The patient being anaesthetised, an incision through

the skin and fascia was made in the median line of the front of the neck, from the pomum Adami to within a little of the top of the sternum. The thin fascial investment of the gland was kept intact. The right superior thyroid vessels were exposed by reflecting the structures overlying them, and were ligatured with their sheath just as they entered the thyroid. The fascial investment was then cut through and the gland enucleated, the vessels at each of the other angles being seized by forcipressure forceps and divided in the course of the enucleation, not before it. The vessels were of great size, and there was considerable venous hæmorrhage, quickly controlled, immediately after ligaturing the first set of vessels. Great care was taken not to drag upon the larynx and trachea, and there was no dyspnoea or suffocative effect throughout the operation. The growth proved to be a hypertrophic goitre. The wound was dressed with lint steeped in terebene oil and carbolic gauze.

The evening after the operation the temperature went up to 102.2° F.; on the following morning it was 100.8°; subsequently it remained nearly normal. The recovery was very rapid. She left the hospital convalescent six weeks after the operation, free from any impairment of voice, respiration, or deglutition. She was seen by Mr. Morris in January, 1885, quite well, and better than she had been for a long time previous to the operation. In June of this year (1887) Mr. Horace Chaldecott, of Dorking, reported that he had seen her frequently about the neighbourhood, that she looked and was quite well, and that she certainly had no symptoms whatever of myxœdema.

CASE 2. Hypertrophic goitre; repeated injection of tincture of iodine; recovery.—Jessie O—, aged seventeen, a short, dull and heavy-looking girl, was admitted on Sept. 10th, 1884, with a simple hypertrophy of the thyroid. She first had difficulty in swallowing, and noticed a swelling in the thyroid gland ten months ago. It had been growing very fast just previously to admission. No other member of her family has bronchocele, and she knows of only one other person in the neighbourhood in which she lives (Bovey Tracey, North Devon) with a similar swelling to her own.

On admission there was a large and regular swelling of the thyroid gland. Each lobe was equally enlarged, was solid, but semi-elastic to the touch. The swelling reached almost down to the sternum, and the circumference of the neck at the most prominent part of the swelling was fourteen inches. When she swallowed, the tumour rose with the larynx. She had some pain in swallowing, and had not taken any solid food for three months. Her speech was very low and indistinct. She had occasionally some dyspnoea, generally worse at night. There was a little albumen in her urine. She had menstruated regularly since fourteen years of age. The treatment adopted was the injection into a different part of the goitre of fifteen minims of tincture of iodine every other day, from Sept. 18th up to Oct. 17th; after this, twenty minims every third day till she left the hospital on January 14th, 1885.

On April 23rd, 1885, Mr. Goodwyn, of Bovey Tracey, South Devon, wrote in regard to the patient: "She now suffers from no pain or difficulty in swallowing. Her goitre is decidedly diminished in size, hard, and non-pulsatile. The right lobe is somewhat bigger than the left. The circumference of the neck at the level of the seventh cervical vertebra, and over the most prominent part of the goitre, is twelve inches and a half. She is not obviously anæmic, but she had hæmic bruits over the base of the heart, and suffers from breathlessness on exertion. She seems to have brightened up mentally from her stay in London."

Remarks by Mr. MORRIS.—These two cases, which happened to come under observation within a few months of one another, illustrate the very different treatment required for different instances of the same form of bronchocele. Both of them were cases of simple hypertrophy, which is the form of goitre least prone to give rise to serious symptoms, and most amenable to improvement from internal and topical remedies; which sometimes contracts and becomes transformed into a firm fibrous or calcified fulness; or which may spontaneously and completely subside down to the dimensions of the normal thyroid. In both these cases the disease had reached a stage at which it had been for some time seriously affecting the health of the patients, and that, too, at an age when simple hypertrophy is not generally wont to be more than a disfigurement at most. In spite of treatment by their respective medical attendants, these young girls had continued to grow worse—to suffer increasingly from dyspnoea,