greatly beloved by a wide circle of professional and private friends.

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ANDREW HOWDEN BALFOUR.

We regret to announce that Andrew Howden Balfour, Surgeon, died at Portobello on the 17th ult. An obituary notice will appear in next month's Journal.

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CORRESPONDENCE.

To the Editor of the Edinburgh Medical Journal.

Sir,—I would ask permission to draw attention to a paper which appeared in your Journal as far back as October 1885, and which I have only recently noticed.

Dr John A. Macdougall, consulting-surgeon to the Cumberland Infirmary, in the commencement of his paper "On Certain Cases of Rapidly Growing Bronchocele," quotes from the article on "Goitre" in Quain's Dictionary of Medicine, of which article I am the writer, and so distorts, apparently for his own satisfaction, the opinion given by me that I must put some of his quotations side by side with what does appear in the article. I am sorry that it should be necessary to have to do this, but not only do I resent having my writings unfairly depreciated, but I wish to show that Quain's Dictionary stands unassailed in its authority, even on the one point—fatality in goitre.

Dr Macdougall's paper commences: "Bronchocele or goitre is so prevalent and, as a rule, so unimportant a disease, that by the profession and the public alike it is regarded as one well-nigh unattended by risk. And this feeling of security is demonstrated, and of necessity largely increased, when we find a London specialist, who from his opportunities and his position has undoubtedly most intimate knowledge of the subject with which he deals, thus quoting from Quain's Dictionary:—

Dr Macdougall’s Quotation.

"The prognosis in goitre is very favourable. The occurrence of death from suffocation, due solely to the effects of a goitrous enlargement, is extremely rare. It occurs in those countries where little or no treatment is tried, the tumours being allowed to attain an immense size." And again, "all varieties" (of goitre) "are amenable to treatment, especially the cystic.”

Quain's Dictionary.

"The prognosis in goitre is very favourable. The occurrence of death from suffocation, due solely to the effects of a goitrous enlargement, is extremely rare. It occurs in those countries where little or no treatment is tried, the tumours being allowed to attain an immense size. The disease is more likely to endanger life when the gland passes behind the trachea and completely embraces it. All varieties of goitre are amenable to treatment, especially the cystic."
Dr Macdougall continues: "That these propositions do not always hold good, and that more often than we might expect bronchocele may give rise to very formidable symptoms and disastrous results, the cases I now relate will show."

The sentence which Dr Macdougall leaves out of the paragraph, and which I have now italicised, has more connexion with the histories of Dr Macdougall's four cases than any other sentence in the paragraph. Taken in conjunction with a previous sentence in the article on "Goitre" (see "Symptoms and Complications"), the connexion is still stronger. But Dr Macdougall, in making his story good, does not draw attention to it. It is as follows: "More serious symptoms are sometimes present, namely, dysphagia and dyspnœa. The former is rarely present, except when the tumour has reached an immense size, or when it presses on the œsophagus, as happens when the lateral lobes meet behind the gullet. Dyspnœa, a more common symptom, may be due to pressure from the goitre on the front and sides of the trachea (found more commonly in young people before the tracheal rings have gained much power of resistance), or on both recurrent laryngeal nerves, causing partial paralysis of the abductors of the vocal cords, or to a portion of the gland passing behind the trachea, or becoming enlarged beneath the sternum."

In Dr Macdougall's four cases the ages were 12, 14, 19, and 20 years. In one case he writes: "The examination demonstrated the extension of the tumour behind the sternum, and the pronounced way in which it encircled and directly compressed the trachea."

In another, "the calibre of the trachea was lessened in a most marked way by the pressure of the growth;" and in a third, "with such an unyielding growth embracing it, and in which the recurrent laryngeal nerves were pretty certainly involved, the suffocative symptoms had origin."

It will be noticed that Dr Macdougall's logic is defective. In one place he states that the disease is unimportant; in another, that goitre gives rise to disastrous results.

Apart from Dr Macdougall's misrepresentation of the opinion on the fatality of goitre given in Quain's Dictionary of Medicine, four cases of death are undoubtedly many for one surgeon to meet with even in twelve years, and though he be a consultant. It appears that the late Professor Spence said in 1875, when he was called in consultation by Dr Macdougall to one of these fatal cases, that he had only seen one such other case. Dr Spence, as the most noted tracheotomist in the North, should have met with other cases were the fatality frequent.—I am, Sir, yours faithfully,

W. Pugin Thornton.

18th October 1886.