

recorded. The successful treatment of this complication by penicillin instillation and repeated aspiration is described. The therapeutic result in the local treatment with penicillin depends upon whether it proves possible to maintain permeation with an adequate concentration of the drug. There are special difficulties in dealing with the infected pericardium. It is difficult to be certain that, when aspiration is done, adequate drainage in fact has been achieved. With extensive infection of the superficial wound of the chest wall it is hard to ensure that the pericardial sac is not contaminated with secondary invading organisms which are penicillin-resistant.

In the case of empyema thoracis similarly treated it is common to get a residual grossly thickened pleura and a rigid chest wall. Rib resection may be necessary to remove extensive fibrinous deposits from the empyema cavity. The end-results in pyopericardium, in which the scope of surgery is more limited, are likely to be less satisfactory. Attention is particularly directed to the long period during which the reaccumulation of sterile pus in the pericardium persisted.

Medical Memoranda

Impacted Foreign Body in the Bronchus of an Infant, causing Collapse and Obstructive Emphysema

The case here recorded is thought worthy of publication because of the occurrence of both collapse and obstructive emphysema in the same lung after impaction of a foreign body in the bronchus of an infant. The obstruction was successfully removed by bronchoscopy.

CASE REPORT

A male child aged 1 year attended the out-patient department of Belgrave Hospital for Children on Nov. 17, 1944, with a history of wheeziness and cough following a choking fit after eating some nut chocolate five days previously. On examination he was found to be healthy-looking and well nourished. There was diminished air entry with an impaired percussion note, as well as much diminution of breath sounds below the right clavicle over an area corresponding to the right upper lobe. The percussion note was hyperresonant over the lower part of the right side. There was some mediastinal displacement towards the right. The left side showed no signs. No abnormal physical signs were found in any other system. His temperature was 99°, pulse 154, respirations 48. He was admitted to the wards. A radiograph taken on admission showed complete collapse of the right upper lobe, with mediastinal displacement to the right and very well marked emphysema of the right middle and lower lobes. On Nov. 20 a radiograph showed increased collapse of the right upper lobe and increased emphysema of the right middle and lower lobes. He was transferred to the London Chest Hospital and bronchoscoped the same day by L. G. C.

Bronchoscopy Report.—Foreign body seen in the right main bronchus projecting into and completely blocking the right upper lobe bronchus but only partially obstructing the main stem bronchus. The foreign body was removed; it appeared to be a piece of nut.

A radiograph taken on Nov. 21 showed that the collapse of the right upper lobe had almost completely cleared, the mediastinum was nearly central, and there was no emphysema in the remainder of the right lung. On Nov. 23 the patient returned to Belgrave Hospital, where he made an uneventful recovery except for an attack of tonsillitis. On Dec. 28 radiographs showed that both lung fields were normal in appearance and the mediastinum central. He was discharged on Jan. 3, 1945, without any physical signs; pulse, temperature, and respiration were normal.

We wish to thank Dr. Norman Hill and Mr. V. C. Thompson for permission to publish this case.

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A Case of Aberrant Suprahyoid Thyroid Tumour

Aberrant thyroid tumours are recorded from time to time, but the occurrence of two separate tumours, one lying above the hyoid and the other just below the left cornua of the hyoid, is unusual.

CASE REPORT

A spinster aged 30 attended the out-patient department and was found to have a solid tumour, the size of a small hen's egg, lying in the midline between the mandible and the hyoid bone. She was a nervous, mentally deficient but pleasant young woman, who weighed

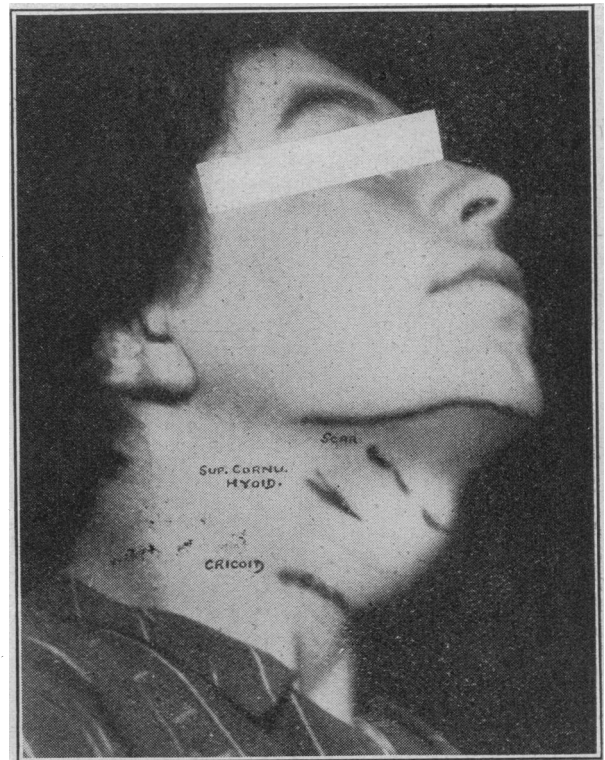
over 9 st. and had a large fat face with prominent eyes. The fat was found chiefly on the trunk and face, and the legs and arms were thin in proportion to the rest of the body. She was of rather short stature, and her skin was dry, soft, and smooth. Menstruation was normal. Radiographs of the thorax did not reveal the presence of any thoracic tumour. A provisional diagnosis of a subfascial lipoma was made and the patient was admitted to hospital for operation.

Operation.—Under local analgesia a plum-coloured tumour was exposed and easily removed. It lay entirely above the hyoid, deep to the mylohyoid muscles, and there were no connexions which suggested remnants of the thyroglossal duct. About one inch from the left lower border, at the level of the superior cornu of the thyroid cartilage, there was a separate tumour the size of a small walnut, which appeared to be normal thyroid tissue. As the rings of the trachea could be easily palpated, and no thyroid gland could be felt, the second tumour was left alone. The patient was discharged seven days later.

The specimen had the appearance of a cystadenoma, into which haemorrhage had occurred. The pathological report, from Dr. Popjak, was as follows: "Atypical epithelial hyperplasia in ectopic thyroid. The tissue consists of solid masses of polygonal or cuboidal epithelial cells, having a pale-staining slightly granular cytoplasm and round nucleus, or small acini free of colloid. The latter are lined by a high columnar epithelium. At the periphery of the specimen there is a good deal of fibrosis and at the centre hyaline degeneration. There was no definite evidence of malignancy."

Post-operative History.—The patient was seen at intervals, and in a year lost 8 lb. in weight. The remaining tumour has enlarged and is now the size of a plum. Its consistency suggests cystic changes, and its removal may be necessary.

Moritz and Bayless (1932) state that the large majority of aberrant thyroid tumours are found in females in the third decade, and this case conforms with their findings. Lazarus and Rosenthal (1933) believe that 75% of aberrant thyroid is neoplastic, while Ward (1940) found 9 out of 12 of his cases to be malignant. Probststein and Agress (1936) consider that median tumours are usually simple and the laterally placed tumours malignant.



The photograph shows the situation of the present tumour, and the facies and distribution of fat.

I wish to thank Dr. Popjak for his report, and Mr. de Rynck for his kindness in taking the photograph.

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