

As a rule, goitres involving the whole of the gland compress the trachea in such a manner as to cause lateral rather than antero-posterior flattening. The operative measures for the cure of parenchymatous goitre, excluding injections, the use of setons and ligature of the thyroid arteries, which the author regards as worthy of discussion, are the following :

1. Division of the isthmus with or without removal of a portion of it.

2. Resection as recently introduced by Mikulicz of Cracow, which consists in removing all the goitre except a small piece on each side of the trachea.

3. Extirpation of one-half or more of the gland.

Division of the thyroid isthmus was first performed in this country by Mr. Holthouse, at the Westminster Hospital, in 1874; but for some years it attracted little or no attention until revived by Mr. Sydney Jones, of St. Thomas' Hospital, in 1883, since which it has been extensively practiced. Mr. Jones pointed out that the operation not only gave relief to the dyspnoea, but caused a remarkable diminution in the size of the goitre by inducing atrophy of the lateral lobes. Dr. Berry does not endorse the view that the relief to the dyspnoea is due to the mere mechanical separation of the two halves of the gland, but to the shrinking of the lobes which follows the operation, consequent on the oozing away of the viscid colloid secretion contained in the vesicles of the gland. He has noticed that division of the thyroid isthmus in truly fibrous goitre gives little or no relief to dyspnoea, and is not followed by diminution in the size of the growth as in the more common colloid variety. The relief afforded by the division of the isthmus in the colloid variety may be permanent, but frequently the goitre reappears when the wound has healed and the secretion is again pent up in the gland. In many cases where very urgent dyspnoea is present a mere division of the isthmus will not afford relief sufficiently quickly. It is then necessary to do some further operation, either tracheotomy or the removal of a considerable portion of the goitre, the latter being the more advisable.

Resection, as performed by the Polish surgeon, Mikulicz, is