greatly in severity. Kocher[6] classifies these types of varying degrees of intensity as follows:

Class A.—Vascular Goitre. This type develops rather suddenly as a soft and uniform enlargement of the gland. Exophthalmos is absent but Grafe's sign is probably present. Tachycardia, tremor, enlargement of the vessels of the gland with bruit and thrill are nearly always symptons of this variety of goitre from the beginning.

Class B.—Struma Gravesiana Colloides. Here an ordinary colloid goitre has existed perhaps for years when, suddenly or slowly, symptoms of Graves' disease make their appearance. Exophthalmos is often absent until the disease is well developed. All the other symptoms are present, but are not so severe as in a typical case of Graves' disease. It is suggested that in these cases the colloid material present may, in some way, counteract the toxic effect of the hypersecretion of the gland upon the sympathetic nervous system.

Class A.—Typical Graves' Disease. In this class the symptoms of the disease develop slowly or sometimes suddenly, frequently with a history of previous long-continued nerve strain or a severe mental shock. Exophthalmos is present and all the other symptoms are well marked and severe. If this type of the disease be not early recognized and treated, it runs a rapid course, and secondary changes soon appear in heart muscle and vessel walls which render impossible an operation, which, if undertaken at an earlier date, would almost certainly have effected a cure.

Including these three classes of Graves' disease, I have operated upon 13 cases, 4 males and 9 females. Ten of these cases improved steadily after operation and to-day consider themselves cured. In regard to the three deaths, all belonged to the typical class of Graves' disease. The first was a male in good mental condition prior to operation. He died in a severe maniacal condition 72 hours afterwards. In this case the operation was an easy one, the tumor was not large, though deeply placed, and there was but little manipulation of the gland, the smaller lobe being left *in situ* as has been my custom. I confess that this case has been a complete puzzle to me. The other two cases were females with the disease altogether two far advanced for operation. On neither of them, with my present experience, would I now operate. One of them died in an asylum three and a half months after the operation. There was a rapid recrudescence of the growth in the remaining lobe, and she died of exhaustion. The other case died six hours after the operation of heart failure. Now, although 13 cases of Graves' disease is but a small number from which to make deductions, yet the fact that 77 per cent. of them were cured has quite decided for me the question of the advisability of operation in these cases.