

Case 1.—A huge goitre in a girl, aged seventeen, which was causing very severe pressure symptoms, was easily removed. Twenty-four hours later, when I visited her, I found her extremely lively and clamoring for food. The nurse reported that the patient had been feeling so well all morning that it had been difficult to keep her in bed and impossible to keep her quiet. Six hours after my visit she suddenly sat up in bed, screamed once and fell back dead. No autopsy was allowed. The cause of death was probably pulmonary embolus. This result impressed me with the wisdom of insisting in all cases, and especially where the operation field has been very large, that the patient shall remain perfectly quite, so far as the head and neck are concerned, during the first forty-eight hours after operation.

Case 2.—An aged woman with the largest goitre I ever saw, weighing six and three-quarter pounds when removed. The anatomical relations behind the gland were much disturbed, and the adhesions were dense. In breaking down some adhesions, the much displaced and attenuated oesophagus was, unfortunately, torn across, and she died three weeks later of inanition. Here, again, the lesson was learned that, in all such extreme cases, a stomach tube should be passed and the oesophagus carefully outlined before the final steps of the operation are undertaken. Had this been done in case 2, the accident would not have happened.

Case 3.—A man, aged forty-five, from whom the right lobe and isthmus had been removed two and a half years ago for Graves' disease. The remaining lobe had been injured some months ago and increased in size quite rapidly, so that he now returned to have it removed owing to the severe pressure symptoms. The operation was difficult, owing to the cicatricial contractions and adhesions and the extremely vascular nature of the tumor. He did fairly well for thirty hours with the exception of some difficulty in breathing. At that time he suddenly became cyanosed, respiration quickly failed and he died shortly afterwards. It looked like failure of the respiratory centre, but no autopsy was allowed.

I am aware that this mortality of 4.54 per cent. is too large, but I feel sure that at least two of such deaths would never occur in one's practice a second time.

I should like to detail a few points in the history of the last named case, illustrating the effects of operation on a typical case of Graves' disease. Mr. W., aged 42, presented himself in September, 1904, with a very large goitre, both lobes being involved, the right being the larger. The vessels of the gland were enormous, the thrill and bruit being marked. Exophthalmos and tachycardia were extreme, the pulse rate being