

spoon (*Jour. A. M. A.*, July 25th, 1903) advises that after exposing the anterior surface of the gland, that heavy mattress sutures be passed from side to side through it, and when these are tied, the forceps catch better, and there is not the same risk of hemorrhage from any slight glandular laceration. The isthmus, which is usually broad and vascular, is next ligated with silk. After the wound is rendered dry, the deep fascia and any cut muscles are brought together with fine cat-gut, and finally the skin is stitched with a subcuticular horsehair suture. If there has been much manipulation of the tissues, causing subsequent oozing, or if deep planes have been extensively opened up, drainage must be provided for the first forty-eight hours, by passing a small tube from the lowest part of the wound through a puncture in the skin just above the suprasternal notch (Cheyne); otherwise experience has shown drainage to be unnecessary.

(c) Operations on the sympathetic nerves. In 1859, Alexander, of Edinburgh, resected the superior cervical ganglion for epilepsy. In 1896, Jaboulay, of Lyons, first divided the sympathetic for Graves' disease, and later in the same year, Jönnesco, of Bucharest, excised both the superior and middle cervical ganglia for exophthalmic goitre, chronic glaucoma, and epilepsy. The results were, however, insufficient, and the operation was extended until complete bilateral resection of the entire sympathetic with its three ganglia was advocated. Kocher, in some cases, combined sympathectomy with partial removal of the thyroid or ligature of the arteries. Sympathectomy is highly spoken of by Curtis and Deaver (*Annals of Surg.*, Aug., 1903).

This operation is performed on the supposition that nervous influences are responsible for Graves' disease: the tachycardia to irritation of the sympathetic branches which supply the cardiac plexuses with accelerator fibres; the goitre, to stimulation of the vaso-motor nerves to the thyroid gland, supplying the arteries and the secreting epithelium; the nervous and digestive phenomena, to permanent cerebral anemia caused by continuous excitation of the vaso-constrictor fibres of the cervical sympathetic passing to the brain mainly with the vertebral arteries. Section of these fibres produces cerebral congestion.

The sympathetic is approached by a long incision, either along the anterior or posterior border of the sterno-mastoid muscle, which, with the great vessels of the neck, are displaced forward and the nerve dealt with.