

In the cases I have operated on there has been no mortality, the great majority recovered and went out of hospital within a week.

The simplest cases for operation are those where the cyst is single; where there are several cysts which are situated in both lobes, then the difficulties increase, for after enucleating a large cyst or solid tumor one frequently finds there are several others deeper down, which can only be reached by cutting the posterior wall of the cavity from which the last one has been taken. This occurred in Cases IV, IX, and XII.

Again, in some cases the cyst wall is so thin and friable that it cannot be enucleated, but has to be picked off, piece by piece, each tearing of the sac opening up large veins, which bleed furiously, such a case I had in No. XI, and to stop the hæmorrhage I had to tie the inferior thyroid artery and vein. In other cases the cyst wall is so adherent to the surrounding gland tissue that shelling it out without tearing large blood-vessels is exceedingly difficult, and sometimes impossible.

In these cases I have found that if the tumor be cystic, tapping the cyst and evacuating some of the contents, whether fluid or semisolid, allows it to be drawn out, and then the cyst wall can be peeled off from the gland tissue with the fingers or a raspator, much as an adherent ovarian cyst is peeled off from its surrounding structures; should a vessel come into view, it is easily tied. Thus the operation is made one which is almost entirely external to the neck.

In my first three or four cases I was astonished at the ease with which enucleation was accomplished, and with what slight hæmorrhage, and I thought the operation was a very simple one; but in my next case the cyst wall was strongly adherent to its surrounding gland tissue and intimately associated with large blood-vessels, which were torn every time a piece of cyst wall was peeled off, with the result that the loss of blood was considerable, and the time required greater than before; then it was that the idea of partially evacuating the cyst occurred to me.

My next case was one of colloid tumor with adherent capsule. I tried to shell out the cyst with my finger, but only succeeded