

Let us now ask ourselves the question: Of what value to the operating surgeon is this somewhat vague and indefinite knowledge of the situation and function of the parathyroids? Here I think we must all agree that in operations upon the thyroid, we should endeavor to leave intact a part, and, if possible, all of the parathyroids, as it has been shown that the severity and danger of the tetanic condition resulting from their extirpation is in direct proportion to the amount of parathyroid tissue removed. The only difference of opinion will be as to how, during an operation, the safety of the parathyroids may be best conserved.

It has been suggested by Park<sup>1</sup> that this end might be most effectually attained by opening up the thyroid capsule and enucleating the gland, thus leaving behind the capsule and, of course, the parathyroids in contact with it. To this method I must object for several reasons, some positive and others negative:

1. The hemorrhage resulting is always severe and makes the operation an unsatisfactory one.

2. In thyroidectomy I almost invariably leave one lobe intact and, consequently, at least two of the parathyroids are preserved, and in man it seems fairly certain that two normal parathyroids are sufficient.

3. While the parathyroids in dogs are quite often found within the thyroid capsule, I have never found it so in man, nor so far as I know have others of much greater experience and opportunity of observation.

4. It would seem that by exercising care during an operation upon the thyroid, the parathyroids may often be distinguished, avoided, and their blood supply preserved.

5. Finally, by working very close to the outer surface of the thyroid capsule, and by ligating the vessels at a point as close as possible to the gland, it would appear very probable that the parathyroids would be preserved even though not recognized during the operation.

#### GRAVES' DISEASE.

As has been pointed out by Kocher<sup>2</sup> the term exophthalmic goitre is misleading, inasmuch as the exophthalmos is not as a rule present at the beginning of the disease, and, indeed, may not develop until the very life of the patient is threatened. Now, as the cure of the patient depends very largely upon an early diagnosis by the physician, it would seem wise to discard the term "exophthalmic," at all events in connection with the earlier symptomatology of the disease. Every surgeon interested in this class of work has encountered cases differing