(3) The simplicity, ease, and safety of the enucleation operation as compared either with partial or complete thyroidectomy.

In reviewing the literature of the subject, I am able to find very few and imperfect references to the condition. Various text-books make the assertion that thyroiditis is rare, usually occurring in the course of typhoid fever or some other infection, that the condition is very uncommonly primary, that when it does so occur it usually goes on to resolution, and that suppuration in these cases is decidedly rare.

Tavel, of Berne, writing from Kocher's clinic, has issued a monograph (1) entitled "Uber Die Atielogie der Strumitis" in which he divides the cases into two groups:—(a) those depending on direct infection, (b) those of hæmatogenic origin. Doubtless my case was of the second-class, but the point of entry for the infection is more difficult to determine.

According to Lebert whose classical article was published in the Krankh. der Schild-druse (2), suppuration ensues in 60 per cent. of all cases of thyroiditis, and 25 per cent. of all cases are fatal. From the cases reported in recent literature, the proportion of suppuration would not seem to be so large. In this connection Kocher (3) reports twenty-four cases of strumitis, (presumably suppurative) in eleven of which aspiration, electrolysis, or interstitial injections had been carried out, and in six more other definite predisposing causes were present. In my case although aspiration was practised, still it was only under absolutely aseptic precautions, and the fact that the temperature range, before and after the aspiration was identical, precludes the possibility that the suppuration depended on the aspiration.

As an example of the hæmatogenic group above noted may be taken Oulment's (4) report of a case of suppurative thyroiditis, followed by pyæmia and death, occuring during the menstrual period; in which he expresses the opinion that the infection may have come from the uterus.

Cases of primary thyroiditis terminating in resolution are apparently more common. John H. Bradshaw (5) reports a case of this character which ran an afebrile course. Before the Societè Medicale des Hepitaux, M. Gallard (6) reported a case, also apparently of primary inflammation of the thyroid, accompanied by fever and rapid pulse. This case terminated in resolution, though there were several attacks of palpitation and tachycardia (128-140 per min.) subsequently. In the *Brit. Med. Jour.* is reported (7) the case of a child who had been suffering from a nasal catarrh, and who developed sudden enlargment of the thyroid, with a temperature of 103 degrees. Treatment by leeching, etc. brought about resolution. Here the infection may have been from the pharynx.