

The enlargements of the thyroid to which I allude as suitable for treatment by enucleation are the cystic and colloid forms, —the latter is usually encapsulated, though the capsule may at times be of the thinnest. The fluid tumors usually contain a dark yellowish-brown material, which on microscopical examination shows large numbers of cholesterine crystals, and large round cells containing fatty globules. Sometimes the color of the fluid is light yellow and glairy in consistency, and other times the fluid is very dark in color, containing coffee-grounds-looking material, due, no doubt, to hæmorrhages.

In the solid tumors the material is mostly colloid and almost colorless. On microscopical examination it is found that the solid and semisolid tumors have a distinct fibrous capsule, and are composed of vesicles filled with colloid matter, and these vesicles are usually lined with cubical epithelium. There is often evidence of the coming together of vesicles by atrophy of the intervening wall. The cyst wall is often made up of several layers between which atrophied gland tissue is found. The cystic forms, which are by far the most numerous, were formerly treated by injections, setons, and even incisions.

Mayo Robson,<sup>1</sup> a few years ago, in a paper on "Cysts of the Thyroid," advocated antiseptic incision and stitching the edge of the cysts to the skin, scraping out the interior of the cysts and draining, and after-packing with zinc lotion and lint.

He reported two successful cases treated in this way. Injections were always dangerous, and severe phlegmonous inflammations often followed; setons frequently led to septic infection, and both forms of treatment were very uncertain.

These cases are much better treated by enucleation, as recommended by Socin. The operation can be made aseptic, and usually only requires the skill which a general surgeon, used to various operations, easily acquires.

All cases, however, are not simple, and any one who has operated often will occasionally come upon a difficult case, and for this he must always be prepared; the most simple cases often proving most troublesome from unexpected hæmorrhage, etc.

<sup>1</sup> Lancet, January 22, 1887.