

ture and pulse rapidly subsided, and the patient recovered completely. I heard from her on the 15th May. She says:—"I have begun to feel like a different person, and just wonder how I ever put in such a miserable existence as I did the last five years. You would scarcely recognize me as the same person. My heart does not palpitate as it did before the operation." (See accompanying plates.)

I think these cases sufficiently prove that increase of thyroid tissue can produce a group of symptoms very much resembling Graves' disease. Now, these symptoms in my experience only come on in encysted cases with solid cysts. In cysts with fluid contents I have never seen them, so pressure can be but a small factor in the production of these symptoms.

In cases of true Graves' disease the improvement after operation is not so great. During the past four or five years I have operated on several cases, removing one-half of the enlarged thyroid. Although in these cases there has been improvement, still it is not so rapid or so marked as in those cases where the disease in the gland is localised. In one of my recent cases, operated on in February last, the patient had all the chief symptoms of Graves' disease, such as tremors, tachycardia, pyrexia, etc., and a very large vascular thyroid. Operation relieved, and her general health was much improved, but she writes me (May 23rd) that the nervousness still continues, though the tachycardia and exophthalmos are much better, and the remaining half of the gland is much smaller. In cases of true Graves' disease operation is not without danger. It seems that the danger is chiefly due to the anæsthetic; so much is this so, that Köcher has given up general anæsthesia in these cases and resorts to local anæsthesia by cocaine. Even with local anæsthesia the operation is a dangerous one, and in Köcher's last 15 cases of operation in Graves' disease, two died.

It is my custom to advise operation in all rapidly growing goitres, especially if they be tumours of the solid form. If there be dyspnœa, the operation is urgently needed, but even if there is no dyspnœa it is well to advise removal of those which are of recent formation and rapidly increasing in size, by early excision, that the serious train of symptoms which is characteristic of Graves' disease will be avoided.

*Operative Procedures.* It is always well to be guided by the kind of case in choosing the form of operation. In the simple cystic case, where the cysts are large and not more than one or two in number, I invariably enucleate by the method I have described before, a simple incision over the cyst through skin and muscles down to the gland, tying the anterior jugular if it be seen. When the gland is reached, it is incised down to the bluish-white capsule of the cyst. The recognition of this capsule is most important, and when reached the cyst can