worthy steward of the hospital. Life was, however, saved, which was very satisfactory. During the operation eight ligatures were used; three of these came away on the 20th of June, three on the 21st of June, and the last two on the 14th and 15th of July. Even after this there was slight hemorrhage, to the extent of four or five ounces, which occurring during the night, was promptly attended to by Dr. Roddick, the house surgeon, without sending for Dr. Fenwick. There was not any skin sacrificed, and, as might be imagined, there was considerable redundancy of it when she left the hospital; but, as she intends returning some time during the present fall to the city, he intended removing a portion of it, so as to give her a better appearance.

Dr. Hingston asked what was it that induced Dr. Fenwick to perform the operation. The patient had consulted him, being sent to him by a medical friend in the country, and, as he found her the picture of perfect health, and not suffering any inconvenience, he had advised her to go home, and not bother her head about it. The operation was certainly performed with a coolness and a steadiness worthy of all praise, and he congratulated Dr. Fenwick on having got through without fatal hemorrhage.

Dr. Trenholme remarked that Dr. Hedenus, of Germany, had operated six times in very much the same manner as just described by Dr. Fenwick. Dr. Howship mentions a case where the jugular passed through the gland, and caused great suffering from congestion of the head. The great difficulties met with in performing the operation, especially where the jugular vein passes through the gland, has inclined Mr. Holmes Coote to rank this operation, except in extreme cases where their presence was threatening life, as scarcely admissible in modern surgery; and Dr. Trenholme was inclined to coincide with this opinion. With regard to ex-ophthalmic goitre, although not directly connected with the subject of the paper just read Dr. Trenholme remarked that it had been ingeniously suggested by Dr. Graves that the "globus hystericus," so commonly accompanying nervous palpitation, was probably due to this gland being congested and pressing upon the trachea, and therefore that this affection was not entirely a nervous sensation. In the treatment of this last affection, iodine and its compounds were found useless. As it is a disease dependent upon an impoverished state of the blood and associated with uterine derangement, change of air, tonics, especially strychnine and iron, were indicated, and had been followed by the best results where employed. Iodine, or its compounds, were of service only in the adenoid form of this disease, or goitre proper.

Dr. R. P. Howard (President) confessed that he could not conscientiously advise the performance of the operation, except in cases where, like Dr. Green's, the tumor placed life in jeopardy. While he said this he quite agreed with the other view, that if we were always to stand where we are, we would not progress. He would, however, add that operations that were once condemned are now performed, simply in the interest of life, principal among which was the operation for ovariotomy. The cases are, however, not parallel. Bronchocele seldom proved fatal. The operation of Dr. Fenwick was a brilliant one; it required a cool head and a steady hand. Although he was opposed to it, it was right to mention that others of the consulting staff of the hospital, who had more experience than he had, supported it. With regard to the causes of goitre, pathology left us in the dark; it was a puzzle. The more generally accepted idea was that it was due to lime water. If, however, this was correct, why was it so common in females. This fact was against either the theory of locality or water. The disease generally began at puberty, and stopped growing at about forty-five. It was a singular and an interesting fact, this connexion with the development of the sexual function. It was a disease seldom seen in boys, and still more seldom in men. As regards its treatment, he thought that iodine was of essential service in the simple form of the disease.

Dr. Fenwick said, in reply to Dr. Hingston's question, as to why he had performed the operation, he did so, for two, perhaps three, reasons. First, because of the effect the tumor was having upon the voice; it was changed, completely altered; it was squeaking in its character. This induced him to believe that the function of the re-current laryngeal nerve was affected, and the trachea pressed upon. The second reason was, that she insisted upon the performance of the operation; but the third reason was the conscientious belief that the tumor would be far better away, and that, if left much longer, it would seriously interfere with the act of swallowing. The operation, to a certain extent, proved that this idea was correct, as fully two inches of the œsophagus was left bare when the tumor was removed. No matter what the result of the operation might have been, he would have felt that he was perfectly justified in performing it.

Dr. Roddick said that, when asleep, the patient's breathing was so stertorous as to awake patients in the ward, who thought she was choking.