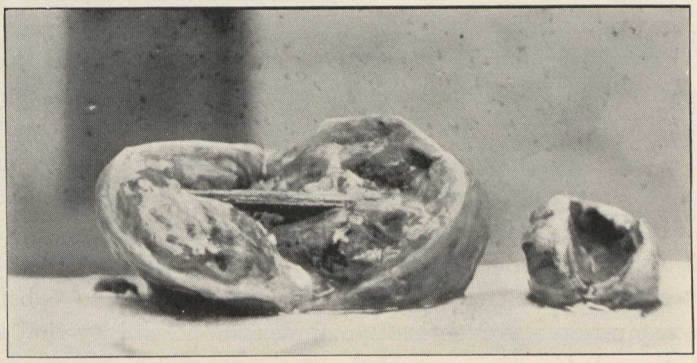
muco-pus was withdrawn. The cyst was then thoroughly laid open under cocain anaesthesia, the pus—about an ounce and a half in quantity —evacuated, and the cavity swabbed out with pure carbolic acid followed by alcohol. The temperature immediately fell to normal, where it remained, and the cyst cavity rapidly filled up with granulation tissue.

After treatment.—As there was still quite a large multicystic mass present, which caused some dyspnoea especially on exertion, and as there was slight prominence of the eye-balls, though none of the other symptoms of exophthalmic goitre were present, the removal of the cyst was decided on, and was carried out two weeks later under chloroform anaesthesia. The method adopted was that of enucleation of the cyst from the surrounding capsule of gland substance as described, and so successfully carried out by Dr. F. J. Shepherd, of Montreal. The opera-



Multiple Cystadenoma of Thyroid. In larger collection of cysts note caseous debris, filling the old abscess.

tion presented no especial difficulties, the enucleation being easily brought about, and the haemorrhage from the capsule slight and easily controlled. The " dead space" was packed lightly with iodoform gauze, which was removed in forty-eight hours. The wound healed throughout by primary union, and the patient was discharged on the tenth day.

I had the opportunity of seeing the patient again about two months afterwards, and the result was exceedingly gratifying. She had gained ten pounds in weight, suffered no more from the palpitation and dyspnoea, and the exophthalmos was entirely absent.

The specially interesting features of the case were :

(1) The apparently idiopathic nature of the inflammation. There was absolutely no history of trauma, nor was there any evident point of entrance for the pyogenic organisms.

(2) The remarkable similarity between the symptoms and those of a severe case of early typhoid.