

to determine the exact site of pressure upon the trachea, which, in many cases, are not made out by means of the laryngoscope when pressure is exerted on more than one place.

J. G. ADAMI, M.D. With Dr. Birkett I feel that this occasion should not pass without expressing our gratitude for this evening's paper. Through Dr. Shepherd's work and through the frequency of goitre on the Island, Montreal has become one of the great centres for operation on the thyroid. We in Montreal feel that the work that is done here on this condition is second to none. I was extremely interested to hear from Dr. Shepherd that he has now given up very largely this process of enucleation of thyroid cysts and that because, while as Dr. Shepherd says, there is here the formation of a cyst wall and it is possible to enucleate, yet from the nature of the development of these thyroid cysts the cyst wall is a false one, that is to say, thyroid tissue may be recognized lying within the cyst; the wall, as shown in Dr. Bradley's studies, is merely condensed thyroid stroma; in fact there is really no sharp line of demarcation, even in those cases that are calcareous. It has always seemed to me that there was this danger, that these cannot be enucleated with the same sureness as a hydatid cyst or an ovarian dermoid can be enucleated. Another point is Dr. Shepherd's very positive statement that he has on several occasions removed the whole thyroid without any absolute harm. This is rather a moot point, and I would like to ask Dr. Shepherd if he believes that in these cases he has got the whole gland out, or are there any accessory glands away from the site which may have been left in. With regard to the malignant thyroid, there is a good deal of interest now being shown in regard to the sites of the secondary development; I would ask Dr. Shepherd what his experience is as regards recurrence in bone, such as has been described by not a few authors.

F. J. SHEPHERD, M.D. I wish to thank you very much for the attention you have given me this evening. It is a subject in which I have been very much interested. With regard to the complete extirpation of the gland I think that I took everything away, and if the parathyroids were in their ordinary position they certainly went with the mass. In at least ten cases I removed the whole thyroid and no bad results occurred. I have never seen a case of tetany, and I have operated on 200 cases, and only one case of myxœdema developed and that was in a malignant case. As to cancer of bone in malignant cases, I have never seen it; it seems to have been all in the lung, as evidenced by the spitting up of blood, etc.

#### CASE OF DIABETES MELLITUS.

W. F. HAMILTON, M.D. The report of this case will be found in a later issue of the JOURNAL.