

perfect health. There was no trace of thyroid enlargement, and she told me the relapse lasted only a few months, and that with rest all the nervous symptoms disappeared. These temporary relapses are not uncommon, but they gradually become less severe and finally disappear altogether.

The cases referred to, in which operation had been performed, and in which the risk is considerable, are those which have always been first under the care of a physician and have undergone prolonged medical treatment, cases in which no one has any doubt as to the severity of the disease, and many of these patients are totally incapacitated from performing any work at all. These cases are the ones which give the surgeon grave cause for worry. In all such cases I have operated on (in the neighbourhood of 50), which recovered from the operation, a cure or great improvement resulted. In two cases in which relapse occurred, a second operation was performed with complete relief to the patient. Several relapsed and got well without operation. Others have after a year or more completely recovered and some have married and still remained well. Some of these cases have been operated on as many as 15 years ago. In no case have I seen any tetany, notwithstanding that in early cases the parathyroids have been quite disregarded. In some cases the parathyroids have been found imbedded in the gland or removed with one-half, and yet no ill results followed. I may perhaps have been fortunate, but such is the case that in the removal, partial or complete, of over 200 goitres, I have never seen tetany, and in only one case, and that one of carcinoma, have I seen myxœdema. In his operation for exophthalmic goitre, Kocher's latest statistics are : 9% per cent. of operative recoveries, with cure in 75 per cent., and improvement in the remaining 20 per cent.

Statistics as to the results of operation are very misleading, especially in Graves' disease, for there is a form of acquired or pseudo-Graves' disease, which Kocher calls *Struma Gravesiana Colloides*, where operation is quite safe, and these cases are often included in the brilliant results of the operative procedure for the cure of exophthalmic goitre. In this form the goitre has existed long before the nervous symptoms have developed; in fact, the symptoms of Graves' disease are, so to speak, grafted on the common form of colloid goitre. The symptoms are less severe than true Graves' disease, exophthalmos is often wanting, there is less dilatation of the heart, and altogether the disease is of a milder type. In such cases operation causes but little anxiety. I have operated on many such and always with resulting cure. I have no doubt, as the technique of operation for exophthalmic goitre becomes more perfected