and the patients looked and felt much better afterwards. The operation is apparently a simple one, but occasionally, when the cyst is adherent, the hæmorrhage is tremendous and most difficult to control: these are cases where external applications have been used, or where there has been at one time an inflammatory condition. This condition is comparatively rare, however. The simplest cases for operation are those where the cyst is single. This cyst may be in either lobe, the isthmus, or in the pyramid or middle lobe. Or the cysts may be multiple and involve all the lobes. The difficulties increase with the increasing number of cysts. When the cysts are on both sides I make two incisions, one over each lobe. The great difficulty of the operation is to know when the proper cyst wall is reached; but after the experience of a few cases, the operator soon gets to know it.

The operation performed by me is as follows*:—The neck having been thoroughly cleansed, an incision some three or four inches long is made directly over the tumour. After cutting through the skin and fascia, the depressor muscles of the thyroid cartilage are reached; but these, if the tumour be large, are so thin as hardly to be noticed. At this point we frequently see a very large anterior jugular vein, which should be divided between two ligatures. As soon as the depressor muscles are cut through, the gland is reached; it looks very much like muscle, and bleeds freely when cut. A small incision should be made through the gland tissue, and at a greater or lesser distance the capsule of the tumour will be seen; it is recognised by its bluish-white colour, but it requires some experience to know when the proper layer is reached. Reverdin says, truly enough, "Whenever you are doubtful, you are not on the growth." When the capsule of the tumour is reached the incision in the gland should be enlarged and the tumour enucleated with the finger. Owing to the hæmorrhage, which so frequently occurs at this stage, it is my custom to puncture the cyst and let out some of its contents; in this way tension is relaxed and the gland comes out of its bed, and as the cyst is delivered it is peeled off from the surrounding gland tissue, any large vessels being

* See article by the writer in *Annals of Surgery*, Sept., 1895.