

It has been suggested by Park<sup>4</sup> that this end might be most effectually attained by opening up the thyroid capsule and enucleating the gland, thus leaving behind the capsule and, of course, the parathyroids in contact with it. To this method I must object for several reasons, some positive and others negative:

1. The hemorrhage resulting is always severe and makes the operation an unsatisfactory one.

2. In thyroidectomy I almost invariably leave one lobe intact and, consequently, at least two of the parathyroids are preserved, and in man it seems fairly certain that two normal parathyroids are sufficient.

3. While the parathyroids in dogs are quite often found within the thyroid capsule, I have never found it so in man, nor so far as I know have others of much greater experience and opportunity of observation.

4. It would seem that by exercising care during an operation upon the thyroid, the parathyroids may often be distinguished, avoided, and their blood supply preserved.

5. Finally, by working very close to the outer surface of the thyroid capsule, and by ligating the vessels at a point as close as possible to the gland, it would appear very probable that the parathyroids would be preserved even though not recognized during the operation.

#### GRAVES' DISEASE.

As has been pointed out by Kocher<sup>5</sup> the term exophthalmic goitre is misleading, inasmuch as the exophthalmos is not as a rule present at the beginning of the disease, and, indeed, may not develop until the very life of the patient is threatened. Now, as the cure of the patient depends very largely upon an early diagnosis by the physician, it would seem wise to discard the term "exophthalmic," at all events in connection with the earlier symptomatology of the disease. Every surgeon interested in this class of work has encountered cases differing greatly in severity. Kocher<sup>6</sup> classifies these types of varying degrees of intensity as follows:

Class A.—Vascular Goitre. This type develops rather suddenly as a soft and uniform enlargement of the gland. Exophthalmos is absent but Gräfé's sign is probably present. Tachycardia, tremor, enlargement of the vessels of the gland with bruit and thrill are nearly always symptoms of this variety of goitre from the beginning.

Class B.—Struma Gravesiana Colloides. Here an ordinary colloid goitre has existed perhaps for years when, suddenly or slowly, symptoms of Graves' disease make their appearance. Exophthalmos is often absent until the disease is well developed. All the other symptoms are present, but are not so severe as in a typical case of Graves' disease. It is suggested that in these cases the colloid material present may, in some way,