

Miss L., æt 20, first noticed enlargement of the thyroid some years ago. Both sides were enlarged, and the gland continued enlarging. A short time after the enlargement commenced, nervous symptoms developed, such as tachycardia, tremors, etc. These increased in severity, so that on the slightest exertion her pulse was almost uncountable. Then came ophthalmos with persistent pyrexia and œdema of the lower extremities; there was also great difficulty in breathing, especially on exertion. When I saw her in 1896 she was a pale, anæmic girl, very thin, with exophthalmos and a rapid pulse—140 to 200—she was excessively nervous, had tremors, some fever and œdema of the lower extremities. Both lobes of the gland were considerably enlarged; the enlargement, whilst on both sides, was not the usual vascular, spongy enlargement of Graves' disease, but seemed to be made up of a separate solid cyst in each lobe. I advised operation, which was performed November, 1896. I enucleated from each lobe by separate incisions a solid cyst the size of a small orange full of colloid contents. The patient rapidly recovered from the operation, and was sent home in about ten days much better. I had a letter from her doctor May 18th, 1899, in which he says:—"I am pleased to tell you she is in excellent health; the respiratory trouble is of the past; the exophthalmos, the tachycardia, the anæmia and pyrexia are no more present, and she is perfectly well."

In other cases, although the symptoms may not be marked, yet the relief from operation is almost as great.

Jennie R., æt 24, has, since she was fifteen years old, had enlargement of the thyroid. It commenced as a small round growth in the right side, and gradually grew to its present size. For some years, owing to tachycardia and breathlessness, she has not been able to walk any distance or to go upstairs; for some years has had exophthalmos. When I saw her early in January of this year she was an anæmic girl with prominent eyes, a very nervous manner, and rapid pulse. She had a very large swelling, which was round and smooth, extending from the sternum to the hyoid bone, and this swelling went under the sternomastoid. It was not fluctuating, soft, and did not appear to be vascular. I looked upon the case as one of large colloid cyst, and recommended operation. This was performed January 27th, 1899, and the tumour, as expected, turned out to be a colloid cyst. Hæmorrhage was quite free, and a number of ligatures had to be applied, the superior thyroid being ligated. Recovery was complicated by a continuous high temperature (104° F.) and a very rapid pulse (180-200), following immediately on the operation. The discharges from the wound were tested, and found perfectly sterile. It was supposed that this was a case of thyroid intoxication, which has been described by several writers. On giving free vent to the discharges from the wound, which were thin and watery, the tempera-