

already involved. Even in such advanced cases the patient may be made fairly comfortable by partial removal, thus relieving pressure and making possible a future tracheotomy.

I have done a thyroidectomy in only three cases of malignant goitre, all females. One who was also suffering from Bright's disease died a week later from uremia. It was at her own earnest solicitation that I operated in this case. The second case, an old lady of 70, died two weeks after operation of exhaustion following a long journey to her home. The third died of recurrence six months after operation.

SIMPLE GOITRE.

In a series of 66 cases of simple parenchymatous goitre operated on, I have had three deaths. The cause of these deaths are of interest:

Case 1.—A huge goitre in a girl, aged 17, which was causing very severe pressure symptoms, was easily removed. Twenty-four hours later, when I visited her, I found her extremely lively and clamoring for food. The nurse reported that the patient had been feeling so well all morning that it had been difficult to keep her in bed, and impossible to keep her quiet. Six hours after my visit she suddenly sat up in bed, screamed once and fell back dead. No autopsy was allowed. The cause of death was probably pulmonary embolus. This result impressed me with the wisdom of insisting in all cases and, especially where the operation field has been very large, that the patient shall remain perfectly quiet so far as the head and neck are concerned during the first 48 hours after operation.

Case 2.—Was an aged woman, with the largest goitre I ever saw, weighing $6\frac{3}{4}$ pounds when removed. The anatomical relations behind the gland were much disturbed and the adhesions were dense. In breaking down some adhesions, the much-displaced and attenuated esophagus was unfortunately torn across and she died three weeks later of inanition. Here, again, the lesson was learned that in all such extreme cases, a stomach tube should be passed and the esophagus carefully outlined before the final steps of the operation are undertaken. Had this been done in Case 2, the accident would not have happened.

Case 3.—Was a man aged 45, from whom the right lobe and isthmus had been removed two and a half years ago for Graves's disease. The remaining lobe had been injured some months ago and increased in size quite rapidly, so that he now returned to have it removed owing to severe pressure symptoms. The operation was difficult, owing to the cicatricial con-