

and adhesions, and the extremely vascular nature of the tumor. He did fairly well for thirty hours with the exception of some difficulty in breathing. At that time he suddenly became cyanosed, respiration quickly failed and he died shortly afterwards. It looked like failure of the respiratory centre, but no autopsy was allowed.

I am aware that this mortality of 4.54 per cent. is too large, but I feel sure that at least two of such deaths would never occur in one's practice a second time.

I should like to detail a few points in the history of the last named case, illustrating the effects of operation on a typical case of Graves' disease. Mr. W., aged 42, presented himself in September, 1904, with a very large goitre, both lobes being involved, the right being the larger. The vessels of the gland were enormous, the thrill and bruit being marked. Exophthalmos and tachycardia were extreme, the pulse rate being 130 to 140. Tremor was very marked. Although a tall man, he weighed but 100 pounds. This man's history dated back for about a year, since when he has lost flesh rapidly and all the symptoms of Graves' disease have developed. His mental condition was bad. There has been a complete change of temperament. He has threatened his wife's life and his own, and was noisy, flighty, and at times vicious in temper. I removed the right lobe and isthmus and he returned home within two weeks of operation. He returned to me in April, 1907. His weight was 160 pounds, and he had worked steadily since his recovery from the operation. Instead of the wild excited picture which he had formerly presented, he was now quiet, self-controlled and mentally quite normal. The pulse rate was 82, the exophthalmos and tremor were gone, and he declared that he was in excellent health. Unfortunately during the previous winter the left lobe, which had become much reduced in size, had been injured in an accident, since which it had grown rather rapidly and he returned to have it removed, because it was kinking the trachea and thus interfering with his breathing.

Illustrating the class of cases described by Kocher as *thyroidea garavesiana colloides* is the following: Miss B., aged 44, has had a goitre for fifteen years, but paid no attention to it until one and a half years ago when tachycardia and tremor began to trouble her. Steady loss of flesh ensued and now exophthalmos is quite marked. All the symptoms are more moderate than in the case of Mr. W. just quoted. Left lobe and isthmus were removed. She went home in three weeks and a steady improvement has resulted. Though she had been unable to work for a year previous to operation, she is now, three months after operation, doing light house-work and enjoying life.

The next case quoted clearly belongs to the class of vascular