

elaborate method of Crile, 'stealing the thyroid,' is adopted, and local analgesia is combined with the employment of both hypnotics (scopolamine, morphine, and atropine) and the nitrous-oxide-oxygen mixture, we have to decide whether chloroform or ether should be employed. Crile's method, unless carried out in its entirety and to the last detail is not satisfactory: and in this country it is difficult to isolate a patient from her friends, to maintain the mystery as to the date of operation, and ultimately to perform it without a formal consent. A fatal result, which is always possible, would give rise to grave questions of responsibility which needs must be carefully faced beforehand.

The choice of the anæsthetic resolves itself into that of the method. Undoubtedly a preliminary drowsing with suitable hypnotics is advisable, whether local or general methods are pursued. Local systems are admitted to fail when the thyroid is being dislocated, and this increases the danger. Chloroform with oxygen is only safe when a dosimetric method is employed, as a serious fall of blood-pressure spells disaster. Ether, even if guarded by atropine and given by an open method, often causes dyspnoea in goitre cases, owing to the large excess of bronchial secretion it excites. It has a further disadvantage in that its stimulating effect cloaks the signs of shock, and often leads to the performance of a more extensive operation than the patient can bear. As soon as the ether effect has passed, profound collapse sets in, and death is liable to occur. This calamity is especially likely to ensue when ether has been given in unstinted quantity, as by the open method.

*Serious Lesions of the Nervous, Pulmonary, Circulatory, Renal, or Metabolic Systems.* In estimating the incidence of fatality among patients suffering from the above, we have to consider, less the actual disease, than the effects which it has brought about in the physical well-being of the patient. If, in the case of disease of the nervous system, we recognize that there is, or may be, pressure about the *corus Varolii* or the medullary centres, we know that any profound anaesthetization of the respiratory centre will make for extreme danger. Thus, the prognosis in cases of cerebellar tumour, when much pressure exists, is bad, while that in cases of cerebral tumour and spinal disease needing laminectomy is serious—proportionately so according to the height of the segment of the cord which is subjected to pressure. The danger is probably less when chloroform is employed than when ether is used. Again, when well-marked arteriosclerosis exists, there can be no doubt of the danger of using a general anæsthetic given by an method which involves rise of blood-pressure, since it promotes grave risk of a cerebral hæmorrhage. Three conditions of blood-pressure give an unfavourable prognosis: (1) Unstable conditions of the circulation, such as arise in children, in exophthalmic goitre, in the anæmias, and also in severe neurasthenia; (2) Excessively low blood-pressure, found in prolonged wasting disease, after severe hæmorrhages, and during traumatic shock; (3) Extremely high