

anæsthetic for the essential oil, and thus the patient undergoes operation without any previous knowledge of the fact. I have tried this method in a number of cases and have been much pleased with it.

Another very valuable suggestion has been made by Charles Mayo, which I have found of great use, namely, to avoid the toxæmia following operation, saturate the patient with water, by mouth, continuous irrigation through the rectum, or even by large subcutaneous injections of normal saline.

In apparently the most favourable cases of true Graves' disease the operation is not without danger. In cases in which the operation has been most successful, within 24 hours, toxæmia, or hyperthyroidism, may appear. This is manifested by the tremendous pulse rate, restlessness, the great nervous excitement, high temperature, and sometimes delirium, followed by death in 24 hours. Even flooding the patient with saline is of no avail. In other cases, danger from loss of blood and absorption of the toxic blood lessens the chance of recovery of the patient. In the very vascular forms, accompanied by great nervousness, excessive tachycardia, and a feeble heart, operation had better not be undertaken.

As to the anæsthetic, for some time past I have used a mixture of Ether and Chloroform, 2-1. General anæsthesia administered by an expert need not be dangerous. Local anæsthesia I have not found satisfactory. In Graves' disease it increases the psychic excitation, which every operator is so anxious to avoid. If there be extensive heart lesion, and it is determined to operate, local anæsthesia might be practised, but in such cases operation had better be avoided altogether.

Other methods of operation than excision have been advocated for the cure of Graves' disease, such as ligature of the four thyroid arteries, exothyropexy, or the exposure of the thyroid without excision, and excision of the cervical sympathetic, as advocated by Jaboulay. Exothyropexy has been abandoned, and excision of the sympathetic has only relieved the exophthalmos, the tremors and tachycardia persisting. Ligature of the four thyroids has been proved almost as dangerous as excision of the gland, and not nearly so efficacious. But ligature of two or more thyroid arteries has been practised as preliminary to excision with success.

Having determined on operation, the patient having been suitably prepared, and half an hour before operation a hypodermic injection of morphia and atropine given, an anæsthetic is administered by a skilled anæsthetist and the operation performed. I need not go into details of operation, but should advise that it be done rapidly; that any bleeding