

only temporary benefit. When there is much surrounding infiltration they should be left alone.

Fifthly, inflamed goitres. When a goitre is acutely inflamed, Kocher advises extirpation. Incision and drainage is the best treatment where pus is suspected.

Other forms of tumours, such as those produced by benign growths, echinococcus, etc., are occasionally seen, and require but little notice.

THE DANGERS OF OPERATION.

The great dangers of operation on the thyroid are hæmorrhage, wounding or injury of the recurrent laryngeal nerve, and the after-effects from total extirpation of the gland.

Formerly it was thought necessary by some to perform tracheotomy before extirpating the thyroid, but it is now found that this is an unnecessary procedure, that it complicates the operation and renders the risk of sepsis greater. After removal of the goitre the dyspnœa immediately disappears, and the supposed danger from after-collapse of the trachea is found to be chimerical. There is no doubt but that in these cases the suffocation can be best relieved not by tracheotomy, but by removal of the bronchocele. After a short demonstration of the surgical anatomy of the thyroid, the lecturer described the various operations as follows:

OPERATION.

There are three main methods of operating on the thyroid:—

1. Extirpation, partial or complete.
2. Enucleation.
3. Ligature of the thyroid arteries.

Of the last method I have had no experience, so shall merely mention it.

1. *Extirpation*.—This operation is now undertaken with much more confidence than formerly, and with small danger of a fatal result. Complete extirpation, owing, as I have before remarked, to the occurrence of cachexia strumipriva, has been abandoned. Partial extirpation is performed in cases of exophthalmic goitre and those diffuse forms of thyroid