

it is always advisable to cut through each layer until the last one is reached, otherwise there is considerable difficulty in enucleating the tumor. Between the most internal layer of the capsule and the structure of the gland there is a very rich plexus of veins. The internal layer should not on this account be cut through, otherwise serious and uncontrollable hæmorrhage sets in. Should such an accident happen, the only hope of saving the patient's life is to remove the gland as rapidly as possible. After the different layers are cut through until the most internal is reached, the superior thyroid artery is double-ligatured and cut. The next step of the operation is the ligaturing and cutting through of the inferior thyroid artery. This is the most difficult part of the operation—not that this vessel presents any mechanical difficulty in its tying, but that in looking for it, and especially in tying it, there is great danger of wounding the recurrent laryngeal nerve. The artery and the nerve are so intimately connected that it requires the greatest possible care to avoid wounding the latter. The artery, before entering the gland, usually divides into three or four branches. Sometimes the nerve lies in front and sometimes behind the arterial branches. Often, however, it is so intertwined among the arterial twigs that it requires great care to isolate it without injury. If the artery is tied before its division, on removing the gland the nerve will be torn across. The best way to proceed is to find the nerve at the lowest part of the incision, and follow it up until it disappears in the larynx. It can easily be found in the sulcus, between the trachea and œsophagus, and it should be carefully isolated from the sulcus to the thyroid cartilage. The branches, and not the main artery, should be tied. It is necessary, also, to tie the middle thyroid vein. The next step in the operation is the enucleation of the tumor. The operation is completed by removing the tumor from the trachea, and unless this is performed very carefully it is attended by considerable danger. It is necessary to raise the tumor in cutting it away from the trachea, and in doing so the latter becomes bent on itself and the patient is in imminent danger of being suffocated. When there are symptoms of the latter, the tumor should be dropped