

of the advisability of operation in these cases. The all-important points are for the physician to make his diagnosis early, put the patient to bed, and make his surroundings such that he will be in a condition of absolute rest, physical and mental. As for medicine, in addition to maintaining strictly the nutrition and functions of the body, I have used phosphate of sodium grs. V. t. i. d. with apparent benefit. Theoretically phosphorus in some form is indicated. Under such treatment some will be cured, others will improve up to a certain point, and the wise physician will soon see when his patient has reached that point and will hand him over to the surgeon long before the disease has advanced to such a stage as will render an operation useless. I believe that every case of Graves's disease, when seen early enough, should be submitted to this rest treatment for two or three weeks before operation.

The operation carried out on my cases, as a rule, has been the removal of the larger lobe and the isthmus, though in two cases when both lobes were equally enlarged, I removed the whole gland with the exception of a small portion of one lobe.

I have had no experience in other methods of operating for Graves's disease, such as ligating the thyroid vessels or sympathectomy. As to the former, if the thyroid veins were included in the ligature, one would expect an immediate increased absorption of the glandular secretion through the lymphatics, and a consequent exaggeration of the symptoms. Again, ligature of the vessels would expose the patient to the dangers of gangrene; and besides, the deliberate exposure and ligaturing of the thyroid vessels would be quite as serious an operation as thyroidectomy itself. As for sympathectomy, I cannot see how the removal of the sympathetic ganglia can possibly cure a condition which (if my experience of 77 per cent. of cures by operation is of any value), must be caused by some abnormal activity of the gland itself.

Whether the disease be due to the secreting by the enlarged gland of some toxic substance other than the normal secretion, as was long ago argued by Horsley; or whether Graves's disease be merely an expression of toxic poisoning by a hyperactivity of the gland and an over-production of its normal secretion is still a debated point. In favor of the latter theory I would point out a fact that is very generally known, viz., that by feeding a healthy subject upon thyroid extract one can produce most of the symptoms of Graves's disease.

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In this condition complete and early operation offers the only chance for the patient. Unfortunately, a sufficient early diagnosis is not usually made, the neighboring glands being