devoid of danger. Considerable dexterity is required, and a slight error may prove disastrous. When in addition to this we consider the power of the agent employed, it will easily be understood that great care is requisite both during and subsequent to the operation. Cleanliness and strict antisepsis are imperative. Drainage should not be unnecessarily prolonged.

With regard to exophthalmic goitre, I have nothing novel to offer. I meet very few genuine cases, and think that the Fellows fully appreciate the value of galvanization of the sympathetic and other electrical methods.

I have modified the canula and attachment of the Potain aspirator by enlarging the lumen to permit the easy passage of No. 3 drainage tubing. I have had the tube of the canula constructed of platinum. It may thus be used with the positive pole; and I have added a second stop-cock, which renders it independent of the reservoir.

As the use of chemical solutions corrodes metal parts, I employ for injection a second bottle, with tubes of glass leading to and from it. I have also furnished it with a third tube to facilitate the introduction of the solution. Provision is also made for emptying the sac after treatment without polluting the contents of reservoir.

The possession and care of the necessary apparatus, and the ability to employ it skilfully, minute acquaintance with fundamental laws, and a proper estimation of the power of this agent, are only a few of the factors which militate against the electrical treatment of goitre by the general practitioner, and he will be wise if he resist the temptation to use it.

Finally, the keynote of success is discrimination.