

hæmorrhage. In nearly fifty cases of enucleation, I have had recurrence in two cases—in one on the opposite side, and in the other a very small cyst on the side that had previously been operated on. Both came to me of their own accord to have the cysts removed while they were small. Secondary hæmorrhage I have seen three times—once in a young man who afterwards told me that he never had a tooth pulled without its bleeding for a week, and the other two were in women who had an apparent tendency to bleed. The blood oozed into the cavity which was left by the removal of the tumour, and only attracted notice when the breathing became difficult. In these cases the gauze had been removed too soon, for, after removal on the second day there was a good deal of oozing. In such cases the gauze should have been replaced for another 24 hours.

Should secondary hæmorrhage occur the wound should be laid open, the clots turned out, and the cavity firmly packed with sterile gauze. Swabbing out with tincture of the perchloride of iron in the more severe cases will arrest the hæmorrhage.

The cases I have seen all recovered promptly, and the scar left did not appear to be any greater than that left after union by first intention.

I have seen many malignant cases, but have only operated on three. All subsequently died of recurrence of the disease in the lungs. Unless the tumour is removed very early there is little hope of permanent relief. In all the cases I have seen the gland had been enlarged for years before it took on a malignant action.

I have only seen one case of the so-called thyroid intoxication after operation on a bronchocele. It is supposed that during operation much handling of the gland promotes excessive absorption of the fluid, and that after operation the cut surface of the gland exudes so much thyroid juice that if it is not evacuated it is absorbed and intoxicates the individual. Such cases are known by an excessively high temperature and rapid pulse after operation, at the same time that the wound is sterile. In the case I saw, the patient had a continuous temperature of 104° F. for nearly three days, and an uncountable pulse. The secretions from the wound were repeatedly examined, and were always found sterile. She made a good recovery. Some deaths from this cause are reported by Horsley of London and Paul of Liverpool.

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