

particularly suited to parenchymatous goitre. He performs the operation in the following manner. He first isolates one lobe of the goitre in the ordinary way, as if he were about to remove it, but takes care to leave untouched the connections on the inner side where it is in contact with the larynx, trachea and recurrent laryngeal nerve, and where the inferior thyroid artery enters. In this region a good-sized piece of gland—enough to carry on the functions of the organ—is left intact, all the rest of the lobe being cut away. The same proceeding is then executed, if necessary, on the other side of the neck. In this operation the dangerous region above mentioned is not interfered with, consequently there is no fear of injuring the recurrent nerves. The goitre is almost completely removed, but the small portions left behind obviate any danger of the supervention of cachexia strumipriva (so-called artificial myxœdema). Twenty-three cases of this operation are reported in Langenbeck's *Archives* for 1888. In twenty the wound healed by first intention; in two suppuration occurred, which delayed the healing process; and one patient died from recurrent hemorrhage, the ligature having slipped from the superior thyroid artery.

The remaining operation which may be performed in bilateral parenchymatous goitre, viz., removal of one lobe of the gland, is more easily performed than any operation by which large portions of both lobes are removed. It has the disadvantage, however, that the opposite lobe almost always undergoes some degree of subsequent hypertrophy, causing displacement of the larynx and trachea.

The second class, which may be termed unilateral goitres, never consist of simply hypertrophied gland tissue. The enlargement is due in all cases to the development in the gland of one or more distinct tumors, either cystic or adenomatous growths of some kind. They less often cause death by suffocation than do bilateral parenchymatous goitres. Still they are frequently a source of considerable inconvenience, and even of some danger, to the patient. Hence at times they call for removal, and this may be performed with very little danger. There are two methods of operating—enucleation and extirpa-