

130 to 140. Tremor was very marked. Although a tall man, he weighed but 100 pounds. This man's history dated back for about a year, since when he has lost flesh rapidly and all the symptoms of Graves' disease have developed. His mental condition was bad. There has been a complete change of temperament. He has threatened his wife's life and his own, and was noisy, flighty, and at times vicious in temper. I removed the right lobe and isthmus and he returned home within two weeks of operation. He returned to me in April, 1907. His weight was 100 pounds, and he had worked steadily since his recovery from the operation. Instead of the wild excited picture which he had formerly presented, he was now quiet, self-controlled and mentally quite normal. The pulse rate was 82, the exophthalmos and tremor were gone, and he declared he was in excellent health. Unfortunately during the previous winter the left lobe, which had become much reduced in size, had been injured in an accident, since which it had grown rather rapidly and he returned to have it removed, because it was kinking the trachea and thus interfering with his breathing.

Illustrating the class of cases described by Kocher as thyroidea garavesiana colloidis is the following: Miss B., aged 44, has had a goitre for fifteen years, but paid no attention to it until one and a half years ago when tachycardia and tremor began to trouble her. Steady loss of flesh ensued and now exophthalmos is quite marked. All the symptoms are more moderate than in the case of Mr. W. just quoted. Left lobe and isthmus were removed. She went home in three weeks and a steady improvement has resulted. Though she had been unable to work for a year previous to operation, she is now, three months after operation, doing light house-work and enjoying life.

The next case quoted clearly belongs to the class of vascular goitre. W. J., aged 27, an Englishman, has been troubled with goitre for eight months. It interferes with his breathing, especially when he stoops. As he is a farmer this prevents him from working. Thrill and bruit present and pulse rate 102 to 110. Slight tremor and muscular twitching. Exophthalmos is absent, but Kocher's sign is distinct, viz., sudden retraction of the upper eyelid when the patient is made to look steadily at his examiner. Right lobe and isthmus removed. Patient left hospital on ninth day. Four months after operation his physician writes to say that the man is quite well and working every day.

THE ANESTHETIC.

I still use a general anesthetic, preferably chloroform, or a mixture of chloroform and ether, *administered by an expert*. We have always followed the rules mentioned in my former report (7), and in none of my cases have we had any serious difficulty.