

tion quickly failed. The thymus weighed 1 oz. and the lymphatic glands were everywhere enlarged, but the spleen was quite normal.

In thirty cases of death from this condition during or after anaesthesia, examined by Dr. McCardie, the anaesthetic used was in seventeen chloroform, in six ether, in five a mixture of chloroform and ether; two were doubtful cases, and the anaesthetic was nitrous oxide. In the first nitrous oxide case the patient was an anæmic girl, aged 18, who died at the end of a dental operation after five teeth had been extracted.

Under local anaesthesia two deaths have been recorded, the first by Horoszkiewicz. The patient was a woman, aged 30 who was operated upon for a small cyst in the neck. She was frightened and sure that she would not survive the operation. Altogether .075 gramme tropacocaine was injected locally. At first the patient laughed at her fears then suddenly became pallid and convulsed. The operation was stopped until the patient was better; then the neck was extended and the operation begun again. Respiration then stopped, her pulse became small, and death quickly followed. Post mortem were found typical signs of status lymphaticus. The quantity of tropococaine was not enough to produce poisoning in an ordinary patient, but it was thought that death was due to "physic insult" or to lessened resistance to tropacocaine.

The second case was recorded by Nettle. His patient, aged 31, who suffered from Grave's Disease, died fifteen minutes after the end of an operation for extirpation of the thyroid under Schleich's infiltration anaesthesia. Her breathing had previously stopped during operation. Post mortem was found a very large and thick thymus, associated with enormous hyperplasia of the whole lymphatic apparatus.

The average age in 35 cases was 16, the youngest—six months, the oldest—55. Twenty-four of them were under the age of 20. Blake's seven cases were adults. This is interesting, as diathesia is usually one of early life.

Diagnosis. It is most important that this condition should be diagnosed before hand. Escherich says that the condition can be recognised by the following:—Pale thin skin, pasty complexion, a good deal of subcutaneous fat, frequently signs of rickets or scrofula, enlargement of the superficial glands, especially in the neck and axilla, enlarged tonsils, adenoid growths, and a palpable spleen. In addition to the above, I would add that we often observe enlargement of the thyroid, which is said to exist in more than 50% of the cases, and may get still more help from careful examination of the parts inside the upper air passages. We know that the tongue is very richly supplied with lymphatics; so also is the soft palate and uvula. He regards enlargement of the tongue as a very important aid to diagnosis. With regard