nancy. This, however, was merely the appearance of the actively secreting glandular tissue. The vesicles were filled with colloid material and contained epithelial cells in various stages of colloid degeneration. The tissue was exceedingly vascular, the vessels being engorged with blood, and at places there were quite extensive irregular haemorrhages.

The post mortem examination pointed to *asphyxia* as the cause of death, as shown by the engorgement of the right side of the heart and general venous system, viscera and membranes of the brain, with blood exuding from the nostrils, and blood-stained, frothy mucus in the trachea. This may appear to contradict the statement previously made, that *respiration* continued after the pulse and heart's action ceased, but they were doubtless futile respiratory efforts trying to get air past the obstruction caused by the goitre.

This explanation is in accord with the clinical signs. The fatal attack came on with spasmodic cough, gasping, stridorous respiration, followed by lividity and cyanosis. There was evidently increased pressure *upon*, and irritation *of*, the recurrent laryngeal nerve, with spasm of the glottis and consequent asphyxia. We know that goitres are prone to undergo such rapid increase in size from vascular engorement, or in some cases, from haemorrhages into the gland, accompanied by symptoms from the increased pressure produced.

The very small heart in this case, 7½ oz., though the women weighed 155 lbs., is a point of interest. An abnormal heart is said to be present in fully half the cases of goitre. Schranz in autopsies on 308 goitrous subjects found heart trouble in 67%. The functional involvement of the heart in cases of exophthalmic goitre and the cardiac symptoms produced by overdoses of thyroid extract are also suggestive in the same connection.

This case might be profitably considered from three points of view.—

1st. Goitre involving the *isthmus* of the thyroid gland only.

2nd Goitre as a cause of dyspnoea, resembling and sometimes mistaken for asthma.

3rd. Goitre as a cause of sudden death.

First, judging from the literature on the subject, goitre limited to the *thyroid isthmus* would appear to be very rare. In fact I have been unable to find any case recorded. Involvements of the isthmus with coincident involvement of either one or both the lateral lobes is common enough. Osler says that it may occur affecting the isthmus alone, without giving any references.

Prof. Adami has recently had a case of enlargement of the middle lobe, with periodical attacks of dyspnoea, extending over eight years, and eventually death resulting from pressure on the trachea, the passage being reduced to a mere slit. I think it is quite probable, however, that the condition involving the isthmus alone occurs more frequently than a research into literature would indicate.

Second, the occurrence of periodical attacks of the most urgent dyspnoea—constituting the so called "thyroid asthma" is by no means of rare occurrence. It occurs earlier and is more urgent and dangerous to life when the enlargement is limited to, or affects chiefly the middle lobe.