

the case more exactly where I have found hæmorrhage in the thyroid, with associated rupture of the vesicles, I have been unable to determine that this rupture was at the same time primary and spontaneous, associated with extreme distention.

Again, the nature of the contents of these cysts furnishes a strong argument in opposition to the above theory. If these were essentially the specific secretion from such of the epithelial cells of ruptured vesicles as remain undestroyed, we should expect to find them characteristically thick and colloid. But this is not the case. The peculiarity of the contents consists in the presence of cholesterine, of leucocytes loaded with fatty globules, and of a colour ranging from pale brownish yellow to the pronounced purple of hæmorrhagic effusion. The contents, it is true, are in general glairy, viscid, and albuminous, and contain, in all probability, some colloidal material; but this is greatly diluted, and altogether the specific secretion contained in the fluid appears to be of secondary importance. The so-called colloid cysts of the thyroid, from which upon enucleation thick, clear, semisolid matter is removed, are of a totally different nature from the cases to which here I would draw attention. According to my own observations upon two such "colloid cysts" (to one of which I have already referred), and the notes of a third case recently occurring under Dr. Bell at the Royal Victoria Hospital and reported to me by Dr. Adami, hardening and section of such enucleated colloid material show that it is not homogeneous, but is composed of numerous greatly distended vesicles with very thin walls. The material is, in fact, modified thyroid tissue, and the condition is one of cyst-adenoma, with localized overgrowth and retention of the colloid within the vesicles.

The examination of a series of thyroid glands obtained both from the post-mortem room and from the operation theatre has made very evident to me the frequency with which these organs become the seat of hæmorrhage. In case after case received from Dr. Shepherd and from Dr. Bell there have been indications not merely of recent hæmorrhages, which might have been accounted for by operative interference, but also of old extravasations of blood with the presence of