

and cried out that she was choking. Respiration became gasping and stridorous with lividity of the face. The current was immediately stopped. She was placed on the operating table and all the recognized measures for resuscitation were applied. She continued to breathe for some moments though the radial pulse was gone and the pulsations of the heart were imperceptible to the stethoscope. Artificial respiration, Fell's forced respiration apparatus, etc., were tried for some time but without avail.

Necropsy, March 13th, 15 hours after death. The body was that of a fairly well developed and well nourished woman about 50 years of age, 5 feet, 4 inches in height and weighing 155 pounds. Postmortem staining was well marked on the dependent parts of the body. Rigor mortis very firm. No evidence of putrefaction. Some dark-colored, dry, blood was present in the left nostril. There was a marked prominence in the median line of the neck, extending from the upper margin of the sternum below, upwards for three inches. Transversely it extended outward under cover of the sterno-mastoids on either side, measuring  $4\frac{1}{2}$  inches, the greatest prominence being in the middle line. The tumor was soft and semi-fluctuating. In its centre was a small operation wound which admitted a probe without resistance,  $\frac{3}{8}$  inch in depth. No important vessels were found on dissection in the line of puncture; the sterno-hyoid and sterno-thyroid muscles were much hypertrophied, forming very prominent muscular bands over the surface of the tumour. On exposing the tumour it was found to consist of the enlarged isthmus of the thyroid gland. It was of a dark reddish color. On incision a considerable quantity of dark, reddish-colored, semi-gelatinous fluid escaped. The mass contained larger and smaller cystic cavities. There were some dark-colored blood clots and evidence of previous hæmorrhage into it. Behind the goitre the trachea was considerably flattened, but the passage was not occluded and when relieved of pressure assumed its normal appearance. The enlarged middle lobe of the thyroid had pressed the lateral lobes outwards beneath the sterno-mastoid muscles, so displacing the structures in the carotid sheath. The veins of the neck showed extreme distension, being quite as large as one's thumb. The larynx was normal in appearance. The trachea contained some reddish-colored, frothy mucus and the mucous membrane was congested. Right lung weighted 18 oz.; left lung  $19\frac{1}{2}$  oz. Both lungs and pleural cavities were normal except slight hypostatic congestion at the bases. The heart weighed  $7\frac{1}{2}$  oz.; right side was full of dark fluid blood; left side was contracted and empty. The heart muscle was firm and of a brownish-red color. Tricuspid orifice was enlarged so as to admit four fingers, the other orifices and the valves were normal. The coronary arteries were normal and free from atheroma.

Abdominal cavity. The organs generally were dark in color and congested. The left kidney slightly rough and capsule adherent. Otherwise the abdominal organs gave no gross evidence of disease. The inferior vena cava was distended with blood. Abdominal aorta showed atheroma.

Brain. Weight, 49 oz. Showed congestion of its membranes.

Microscopic examination of the goitre showed it to be composed of vesicles, irregular in size and shape, lined with epithelium, which in places showed evidence of rapid proliferation, almost suggesting malig-