

Already in the preliminary examination a note had been made concerning the size of the neck, and now the explanation of this was found in the relatively great size of the isthmus of the thyroid. This formed a large mass situated in the median position with the small and somewhat atrophied remains of the lateral lobes of the organ riding upon this mass on either side above. On section this was found to be of the nature of an ordinary colloid, gelatinous or parenchymatous goitre with distended cysts full of moderately colloid material; there were no hemorrhages in it nor cysts.

The affect of this mass upon the trachea was very evident: the organ from about the middle third downwards was flattened from before backwards, passage being reduced to a mere slit with its long axis from side to side. Added to this as a result of the pressure there was intense congestion both in the region of compression and below. The cartilaginous rings, however, showed no obvious signs of atrophy. Here obviously was the primary cause of death. A further enlargement of the already swollen isthmus had led to profound dyspnoea and tracheitis, while supervening upon the congestion of the lungs so produced had been a beginning diplococcus inflammation in the lower lobes and the febrile condition coupled with the congestion and obstruction to the pulmonary circulation had led to failure of the right heart.

The evidence that the clinical history affords is the not infrequent confusion of stridor and dyspnoea with true asthma. In the second place we have this history of recurrent attacks of dyspnoea. These are to be explained by what has already been frequently observed, namely, that goitres undergo from time to time considerable changes in their size, now enlarging and now becoming smaller.

Evidently here this variation in size of the goitre is a sufficient explanation of the fact that the patient at times breathed without much difficulty, at others suffered from these attacks of dyspnoea with stridor.

Lastly it is necessary to say a few words concerning the goitre itself. It is extremely rare to find such extensive enlargement of the isthmus of the thyroid unassociated with enlargement of the lateral lobes of the organ. In fact I have not been able to come across so far, any record of a case quite similar to this.* It is not so very uncommon to have the middle lobe enlarged with one or both of the lateral lobes, and to have as a result, dyspnoea, leading in some cases to death. Or again in a moderately enlarg-

* These notes were written before Dr. H. B. Anderson published in this Journal (Oct., 1900) a very similar case of enlargement of the middle lobe, and were communicated to him, if I mistake not, two years ago upon hearing from him of his case. Failing simultaneous publication, it is well that the two cases should be published in the same journal.