

that there is this possibility, it presupposes either that we are dealing with the entrance into the system of some toxic substance, produced by microbes in the alimentary canal and especially acting upon the thyroid tissue, or with infection proper. If there be infection, then it must be rather a remarkable character, for in the first place, the condition only shows itself in the majority of cases from the age of 8 years onwards, and in the second place if the individual be removed from a goitrous region sufficiently soon after the development of the disease and before chronic and cystic changes have ensued in the gland, then the tendency is for the enlargement to disappear. In other words, the infection if present must depend largely upon local conditions and does not tend to be progressive or self-propagating. We have, that is to say, to recognise a novel form of latent infection, if I may so term it; we have to suppose that so long as the individual remains in a goitrous region infection continues, and that the goitre is an indication of an imperfect neutralisation of the germs and their products: once the individual leaves the region, there being no longer infection, the destruction of the germ is complete and the thyroid eventually returns to a condition of equilibrium. Such latent or subinfection is possible, but in the absence of any positive evidence of the existence of any specific microbe, we have no right to base any theory upon its possibility.

Of more real and practical interest at the present moment is the *symptomatology* of goitre. Only recently is this becoming at all carefully studied, and the study, it has to be confessed, shows what at first sight appears to be a most contradictory series of disturbances. For on the one hand we not infrequently come across in the post mortem room, small goitrous enlargements of the thyroid, unrecognisable during life, and judging from the clinical history, absolutely unassociated with any symptoms, and the same is true of nodular goitres of fair size and causing a definite disfigurement in the neck. On the other hand, there may be very various symptoms present, and the puzzle is that at times symptoms referable to excessive production of thyroid secretion occur simultaneously with others which it is certain we should attribute to defective discharge of this secretion. Let me here attempt to recount and classify the main symptoms which have been observed :—

There are certain definite symptoms which may with certainty be ascribed to *Pressure*. From its position the thyroid when enlarged is liable to disturb the function of several important organs: the trachea, the œsophagus, the arteries and veins of the neck, and several nerves, as for example, the superior laryngeal (rarely), the inferior laryngeal, the posterior auricular, the vagus, the sympathetic, the cardiac roots of the sympathetic, the accessorius, the cervical plexus, facial nerve, and