

slight tendency to sordes, intellect slightly dulled, but no active delirium. She is most comfortable when lying on her back, with head slightly elevated by pillows. Temp., 103 deg. F. Pulse, 120. Respiration, 30.

Gastro-intestinal System: Tongue coated with thick white deposit. It has a distinct somewhat fine tremor, such as is often seen during the onset of typhoid.

Anorexia marked, but no tendency to emesis.

Abdomen is flat, and slight generalized tenderness is present.

There are no rose spots, and no iliac gurgling.

Spleen is distinctly palpable, just below the left costal border. The percussion dullness is similarly enlarged.

Respiratory and circulatory systems, normal.

Neck: A large multilobular cystic thyroid gland is present, with the largest collection of cysts apparently springing from the isthmus, and projecting forward and downward between the sternal portions of the Sterno-Cleido-Mastoids. This portion of the mass is about the size of an orange. Springing from the upper border of the left lobe is another smaller mass forming a distinctly separate nodule about the size of a walnut. At the upper border of the median mass is a small area where, on deep pressure, decided tenderness can be elicited. There is no hyperæmia of the skin, nor adhesion of it to the underlying mass, nor can fluctuation be distinctly made out.

*Diagnosis.* The diagnosis apparently lay between typhoid fever, with inflammation of the cystic thyroid as a complication, and acute primary thyroiditis.

The history and appearance of the patient strongly favored the former, as did also the rareness of thyroiditis as a primary affection, and its comparatively common occurrence secondarily to the infectious fevers.

A blood specimen was taken and tested for the Widal reaction, but with an entirely negative result.

A hypodermic needle was then introduced into the most prominent part of the cysts, under strict aseptic precautions, and mucoid substance, slightly stained with blood, was withdrawn.

*Course.* For a week the temperature remained at about the same level, presenting, however, remissions down to 100 deg. F. The Widal reaction remained absent, and the pain in the neck disappeared under ice applied locally. At the end of this time the continued absence of rose spots and of blood reaction rendered the diagnosis of enteric fever less likely. A needle was again introduced into the cyst, and this time thick