

fibroid tissue of this nature were observed, and their presence would seem to indicate that small hæmorrhages had been frequent in this case. Or, on the other hand, where the hæmorrhage has been very extensive, there might be developed in the thyroid, as in the brain, a hæmorrhagic cyst, the contents of which, according to the age of the cyst, might, as in other hæmorrhagic cysts, vary from almost pure blood, with some admixture of the destroyed tissue of the part, to a straw-coloured fluid.

Such would seem to be the nature of the cysts here described. The two would possess features in all respects similar. Hæmorrhagic cysts of the nature I have indicated would tend to be limited by the interlobular connective tissue; within the boundary wall there would be not only fluid contents, but a lining of glandular tissue representing those portions of the lobule not destroyed at the time of the original hæmorrhage, and gaining a collateral circulation from the vessels of surrounding lobules.

Whether or not the remaining epithelium of the burst follicles continue to be well nourished and to pour out its excretion is a matter of possible doubt. For myself, I have never in a well-developed cyst seen the slightest indication of even a localized presence of an internal layer of thyroid epithelium; on the other hand, it must be acknowledged that the contents are at times very glairy, and strongly suggest some admixture of dilute colloid material. I regret to say that I did not at the time test the contents of any of the cysts for the presence of colloidal bodies.

On the theory of rupture and destruction of thyroid tissue, there is an anatomical basis for the frequent presence of large masses of thyroid tissue projecting into the cyst from its medial aspect. To this must be added the fact that the macroscopical and microscopical appearances of these ingrowths are wholly against the supposition that they are neoplastic; their surface is covered with a fairly dense layer of fibrous tissue, continuous with the internal layers of the cyst wall; their peduncles are, in general, broad, and pass imperceptibly into a layer of tissue containing thyroid vesicles, which, on the one hand, merges into the layer of glandular tissue lining the inner surface of