An examination of the dates of attack in the boys' home shows that Case 1 infected the remaining cases, and that the removal of the subsequent cases to a separate dormitory without any special precautions was sufficient to check any further spread of the disease. Although the unprotected were with one exception attacked, yet they were not, as one might expect, attacked first. Cases 7, 8, 9, and 10, who were previously vaccinated, became infected before Cases 11, 12, 13, 14, and 15, who were not. All the cases were of the mild type, and there was no practical difference in severity between the cases arising among the protected and the unprotected. In the girls' home secondary cases were looked for with some assurance. Their immunity was perhaps due to the fact that each girl had a separate bedroom. The boys' home is planned on the dormitory system.

THE LIFE-HISTORY OF A CASE OF MYXOEDEMA.

BY
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THIS case of myxoedema was reported in the JOURNALS of January 6th, 1894, and July 31st, 1897, by my father, and is, I think, an unusually long record of a patient continually under observation.

Mrs. S. was born in May, 1829, therefore when she died in January, 1924, she was over 94 years of age. The

FIG. 1.—Original condition, aged 41.

FIG. 2.—After five weeks' treatment

symptoms of myxoedema began in about 1870, and were untreated for twenty years, by which time she was bed-ridden and imbecile, and her appearance is to be seen in photograph 1. After five weeks' treatment with thyroid

FIG. 3.—After fifteen months' treatment.

FIG. 4.—At age 94, after over thirty years' treatment.

tablets her mental condition had much improved, and the condition of the skin generally was clearing up (photograph 2). After fifteen months' treatment she was practically normal again (photograph 3); the regrowth of the

hair is to be noted. Within a year or two she was well enough to nurse her daughter through an attack of typhoid, and lived to a ripe old age—happy, healthy, and mentally active.

It was noted during the early years after her recovery that she appeared mentally younger than a woman of her age, and it was suggested that the twenty years of myxoedema had given her twenty years of rest, from which she benefited in the long run.

As far as my information tells me, she had five grains of extract of thyroid twice a week at the commencement of the treatment, and after recovery she had one grain twice a day for the rest of her life. I have little doubt that during all these years the thyroid was not always taken regularly, but there was never any recurrence of the symptoms. The thyroid gland remained impalpable.

The fourth photograph shows her shortly before her death, which was caused by bronchitis.

ABSCESS OF FRONTAL LOBE: OPERATION: RECOVERY.

BY
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AND
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THE following case appears to be of interest on account of the unusual path of infection—namely, from the frontal sinus—and as confirming certain mental symptoms in lesions of the frontal lobe.

G. R., aged 23, dock fireman, was first seen by A. H. R. on October 27th, 1923. He complained of pain in the lower jaw on the left side and headache which had lasted for six days. Two days previously he had vomited once.

There were found oedema of the left upper and lower eyelids, and tenderness over the left maxillary region. There was also an area of extreme hyperaesthesia of 1 inch radius situated 2 inches to the left of the mid-line, and 2½ inches above the orbital ridge. The pupils were equal and reacted to light. The fundi appeared normal on ophthalmoscopic examination. Transillumination tests showed dullness in the left antrum of Highmore, and the left frontal sinus also appeared relatively dull. The temperature was 103° F. and the pulse 50.

In the course of a few days these symptoms abated, but on November 7th the oedema of the eyelids returned and the headache increased. The temperature varied from 99.5° to 101° F., and the pulse from 66 to 90.

Operations.

On November 9th he was removed to the Grimsby Union Infirmary, and the "wash-out" test having given a positive result on the left side, the left antrum of Highmore was drained through the canine fossa, a large quantity of fluid pus being liberated. On the following day (November 10th) the left frontal sinus was opened by the direct route. It was found to contain glairy inspissated pus. No backward track could be detected. Both operations were performed by S. W. S.

The temperature again became normal and the patient felt much better generally, so that it at first seemed that the whole condition might have been due to the sinus disease only. During this period the temperature never rose above 99° F., and the pulse varied from 62 to 100.

Mental Disturbance: Third Operation.

On November 19th the headache once again became severe, the left eyelids oedematous, and the left pupil slightly dilated. The patient refused to allow his dressings to be touched, or his mouth to be cleansed. Though up to this point his behaviour had been exemplary, he now refused all food and became violent and abusive towards his nurses. It was difficult to obtain answers to questions, and these were given slowly, after an interval of a few seconds. He became very weak, and nutrient saines were commenced.

On November 27th the fundi were again examined and found normal. Both handgrips were very weak, but that of the right hand weaker than the left. In spite of his now semi-comatose condition pressure on the scalp in the region defined above caused the patient to wince. On this date the pulse was 48.

On November 28th a third operation was performed by A. H. R. A vertical incision was made 3/4 inch to the left of the middle line, extending for 2½ inches upwards from the orbital ridge. The skull was trephined above and to the left of the frontal sinus. The trephine used was 1 inch in diameter. The dura mater bulged into the opening and there was no pulsation. At a point corresponding to the upper limit of the left frontal sinus there was a marked granulated area. This was believed to represent the track of the causal organisms. The membranes and cortex were incised and pus was found at a depth of 3/4 inch. Five ounces of pus were collected, the patient being turned face downwards to facilitate