some quickening of the pulse, and an alteration in its quality, consisting of an increase in volume and a diminution in tension. Idiosyncrasy was found to play a large part in the action of the drug, some patients taking 20 gr. thrice daily with equanimity, whereas others were "thyroidized" by half the dose. The largest dose that could be borne without bad effects was persisted with for about three months, and then gradually decreased. Six patients were treated as in-patients, and these all showed prior to treatment, amongst other signs of hypothyroidism, a deficient excretion of urea. The urea percentage was often increased from about 1.5 per cent. to as much as 3.5 per cent., as estimated by Dupré's apparatus. This treatment was accomplished without any bad effect to the patient beyond some slight transient headache when on large doses, and more occasionally some palpitation, which disappeared on reducing the dose.

Edmunds¹⁴ states that he has come to regard thyroid extract as a specific for sporadic goitre, and adds "If this is so, the enlargement of the thyroid must be an attempt at compensation." I think a more obvious explanation of its action is that, by supplying the organism with the thyroid secretion, it relieves the thyroid of all work and so gives the gland a chance of recovering its equilibrium, and of dealing with the excess of colloid, which, while the patient is under treatment, is no longer secreted in quantity. Or where the thyrocele has not reached the stage of well-developed alveolar distension, and is merely a hypertrophy of normal tissue, a call for this no longer existing, it resolves.

The following conclusions, then, are reached:

1. That a call for increased functional activity is sufficient cause for simple enlargement of the thyroid gland.

2. That such a call is frequently given by the metabolism of the organism in connexion with growth and development, with the performance of the uterine functions in the female, and with the chlorotic conditions of young girls.

3. That the phases of enlargement of the thyroid included under the term "thyrocele" are a response to such an appeal from one or more of the above causes in an individual whose thyroid function is feebly performed.

4. That as undue physiological activity is a potent cause for pathological change, so this simple hypertrophy, when necessitated for prolonged periods, lays the foundation of the pathogenesis of the degenerate cystic and adenomatous bronchocele.

5. That there is often some influence exerted by heredity upon the thyroid function.

6. Conclusions arrived at as regards a possible endemic cause for these cases in this district have been summarized above.

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SIMULATION OF MASTOID DISEASE.

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WITHIN the last few years I have had under my care, at the West London Hospital, two cases where the signs of acute mastoid inflammation were feigned. The patient, in each case, was a nurse. I am sorry that my notes are too short to be worth printing here, but I have a clear memory of the cases.

One patient, a nurse in a fever hospital, had been subject for some months to a very slight discharge from the left ear, and I had seen her two or three times, and had advised against operation. She had complained each time of pain behind the ear, even of severe pain. She went back to her work at the fever hospital, and was carefully treated and kept under observation. A few weeks later her temperature began to rise every evening. This evening rise, beginning at 100° F., slowly increased, till at

the end of a week her evening temperature was 103° F. She was now admitted to the West London Hospital, with a view to operation; but the Sister, taking the temperature both in the mouth and under the arm, found it normal in the mouth and 104° F. under the arm. After a week or ten days the temperature became steady, the patient ceased to complain of pain and seemed in perfect health, and left the hospital.

The other patient, a nurse in a convent, had a very slight chronic discharge from the left ear, and, like the first patient, had complained greatly of pain behind the ear. It was known of her that she was "hysterical," and that she was in the habit of taking chloral. On her admission to hospital she had the appearance of a case of meningitis or of cerebral abscess. She lay in bed, day after day, in a state of lethargy, her eyes closed, her hands not moving. She seemed hardly to hear what was said to her, and, when she did answer, it was in a faint whispering voice, very slow. From time to time she moaned, complaining bitterly of pain, and flinching at the very lightest touch behind the ear; but mostly she lay like a log and seemed unconscious of all that was going on around her. Day after day she remained in this extraordinary state for nearly a fortnight. At the end of that time she began to have rapid convulsive up-and-down movements of the right hand and forearm, the side opposite to the affected ear. Even though we were sure that her general condition all these days had been that of a "neurotic" patient, yet I did not dare to leave her without an operation, so I opened the mastoid antrum, but found no pus. The operation perhaps improved the state of her mind, but of that I am not sure. Anyhow, in the course of the next few weeks, she slowly became more natural; the jerking of the arm did not return, and she left the hospital in fairly good health. A year later we heard that she had been admitted to another hospital, with the same set of symptoms, unable to walk or stand, hardly able to speak, and wearing spectacles made not of lenses but of plain glass.

I will not take up space here by any comment on these two cases. But they seem to me worthy of note, showing that we must be on guard against the feigning of the symptoms of mastoid disease. Especially we must not take pain by itself as proof that a mastoid operation is immediately necessary.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

PULMONARY ABSCESS CAUSED BY A TOOTH.

THE following case is of interest from the fortunate termination:

A. C., a young lady who consulted me, stated that she had been ill for about seven months. She complained of pain in the right side of the chest, with severe cough and profuse expectoration. Her previous health had been very good.

About seven months previously she began to cough. This was accompanied with pain in the right side of the chest, and soon afterwards expectoration of thick phlegm. She had difficulty in breathing. These symptoms increased in severity, and the patient lost a good deal of weight. She consulted several medical men and was treated at the Swansea Hospital as a case of phthisis pulmonalis. Her condition did not improve.

When I saw her, she appeared very ill, and was quite unable to leave her bed, she perspired freely, and was much emaciated. Her temperature continued at 101°. The cough was very troublesome and accompanied with expectoration of fetid pus. The movements on the right side of the chest were very much diminished. Vocal fremitus was diminished on right side of sternum. There was extensive dullness, from the right clavicle to the fourth rib. The apex beat of the heart was displaced downwards and to the left about 1½ in. There was undoubtedly an abscess in the lung.

Three days after I first saw the patient she had a very violent fit of coughing with a discharge of a large quantity of pus from the lungs. On examination of this there was found a second bicuspid tooth which she had had extracted by a dentist about seven months previously. This tooth must, of course, have been drawn into the glottis while she was under gas—she was quite unaware of the