definitely limited the infected area, which occurred in a region with faults and dislocations in the earth's crust and profound breaks in the whole strata, while on the other side of the mountains the country is level and unfaulted. Neither overcrowding of habitations nor any of the evils usually accompanying or flowing from this condition were factors in the present case, since only in four families was more than one member affected.

It was quite usual for children to sleep with those who were affected and themselves remain entirely free from the disease. No isolation was practised, nor did such precaution appear to be of the slightest value. Indeed, the brunt of the disease fell upon the purely rural portion of the community. No clue was discoverable in the domestic and personal hygiene of those attacked. The houses were all detached, and in most cases there was nothing in the nature of privy or cesspool. Nor had penury any part in the epidemic. The district is one of the most thriving in the United States, and has been settled for a century and a-half. The food, water, and milk supply were examined, and were found above reproach. The food and milk are drawn from the neighbouring farms or from the farms in which the patients lived. The veterinary surgeons have remarked no unusual occurrence amongst the cattle, but twelve horses died of what was called cerebro-spinal meningitis. I was unable to procure any reliable account of these cases. A few cases of "paralysis" in fowls were observed. The summer was dry and hot, the springs scanty, and the surface water low. The rainfall for the three months was only 6.58 inches, against 11.95 last year and 15.04 the year before, on an average of 11.2 for the last forty-seven years. The average temperature was 64.3°, last year 64.4°, the year before 65.2°, and 65.4° on an average for the last forty-seven years. Cases were found amongst children of American, Swedish, Italian, French, Irish, and Jewish parentage, so that nationality appeared to have no bearing. There is in one place a colony of 1,000 Italian marble cutters, but amongst them there were only two cases.

The following table shows the results reduced to percentages:

Fatal cases	13.0 per cent.
Recovered	25.0 "
Improved	30.0 "
Unimproved	32.0 "

I have purposely refrained from giving further expression to any views or theories, since that can be done more adequately when the work in hand is at an end and the positive or negative value of the pathological and bacteriological results is ascertained.

NOTES ON A CASE OF ACCESSORY THYROID GLAND PROJECTING INTO THE MOUTH.

By C. H. McILRAITH, M.A., M.B., C.M. GLASG.,

Resident Medical Officer, Throat Hospital, Golden Square, W.

A. S., a girl, 17 years of age, was admitted to the Golden Square Throat Hospital, under the care of Dr. J. W. Bond—by whose kind permission I am allowed to publish these notes—on June 2nd, 1894. She complained of a lump at the back of the tongue. It was giving no trouble, and had only been discovered two months previously, when her singing master examined her throat and noticed the lump there. Her speech was somewhat thick. She was an undersized but well-nourished girl. Situated at the base of the tongue, close to the position of the foramen cæcum, was a tumour about the size of a small walnut. The larger half of it was to the right side. It felt semi-elastic, and was immovable on the deep tissues of the tongue. It pressed backwards on the epiglottis, and when the tongue was pulled out it almost touched the base of the uvula and the soft palate (as in Fig. 1). The thyroid was normal. Under chloroform Dr. Bond cut the mucous membrane round about it with a pair of curved scissors. The tumour was fixed with a pair of tenaculum forceps and removed with the aid of a raspator and a Mackenzie's polypus snare. Bleeding was profuse, but was controlled by pressure on the base with a finger round which a piece of lint steeped in turpentine was wrapped, whilst the girl was turned almost on her face to allow blood to run out of

the mouth. There was no recurrence of hæmorrhage, and the patient made an uninterrupted recovery, the wound being healed in ten days. Microscopical examination showed the tumour to present the ordinary appearances of thyroid gland structure.

Fig. 1.

REMARKS.—Tumours which structurally resemble the thyroid gland are not infrequently met with in this region. They originate in connection with the lingual duct, a structure of embryonic significance. In the embryo a diverticulum takes place from the anterior wall of the pharynx, forming what is known as the thyreo-glossal duct, and about this the thyroid gland is developed. This duct opens at the base

Fig. 2.—Microscopic appearance of a portion from the centre of the tumour.

of the tongue at a spot represented in the adult by the foramen cæcum, and, passing downwards, bifurcates to form the isthmus of the thyroid, the branches uniting with the embryonic gland structure to form the lateral lobes. As development goes on the hyoid bone is formed, and in its growth divides the duct into an upper (lingual) and a lower (thyroid) portion. Both of these are obliterated, as a rule, when development is complete; but sometimes, in the newly-born child, a fine probe or bristle can be passed for a short distance along the lingual part from the foramen cæcum, between the genio-hyo-glossi muscles to the body of the hyoid bone, where it is continuous with a fibrous cord passing in front of it over the thyro-hyoid membrane and down towards the thyroid isthmus. Occasionally either of the two portions persists—closed at both ends—and gives rise to a dermoid cyst. It is in connection with this lingual portion of the thyreo-glossal

duct that a tumour such as above noted is developed. A full account of these is given in J. Bland Sutton's recent work on *Tumours*. So large a tumour of the kind projecting into the mouth is almost unknown.

A CASE OF CHARCOT'S JOINT DISEASE, WITH PERFORATING ULCER OF THE FOOT IN A TABETIC PATIENT.

By HENRY WALDO, M.D., M.R.C.P.,
Physician to the Bristol Royal Infirmary.

A QUARRYMAN, aged 48 single, was admitted to infirmary in the spring of 1894, and transferred to me by Mr. Greig Smith, under whom he was first admitted as a surgical case.

He was a thick-set, strong, healthy-looking man, with a good family history, and no record of ill health excepting that twenty-eight years ago he had two attacks of gonorrhoea. He had been in the habit of drinking a gallon of beer a day. Five years ago he met with an accident, in which his left heel was crushed between two stones; some dead bone was removed, and after this the wound healed up, leaving a

cavity, which shows in the photograph. Three months before admission he first noticed a swelling of the right knee, which was not painful till three weeks had elapsed, and then darting pains shot up and down for a few inches above and below the knee, and became so severe that he applied for admission. Two months before he noticed the swollen knee he had been working in water, having to lie upon the affected side for most of the day.

After resting these pains passed off, and he says the feeling is now more one of weakness than pain, with occasional shooting pain limited to the knee. The pain appears to have been controlled by phenazone upon one occasion. The right

knee-joint is full of fluid, and feels somewhat hotter than the other. The joint is movable in all directions, including lateral movements, and rather flail-like. He says the knee-joint "goes out" when he attempts to walk. The knee-jerk is absent on the affected limb, and difficult to get, even with Jendrassik's method, and then only slightly marked on the left.

In the early part of June a small black slough formed on the sole of the left foot (the patient had been in bed night and day for some weeks). The slough was removed by poulticing, leaving a small ulcer which shows no inclination to heal. The epidermis is thick on the soles of both feet.

The pupils are a little unequal, rather dilated; the right does not act to light at all, and the left only very slightly. They both act to accommodation. Neither pupil dilates on painful stimulation of the skin of the neck.

Upon one occasion since admission this patient was faint and giddy, and nauseated; and although he did not vomit, could not take any food for forty-eight hours. Buzzard has noticed that gastric crises are frequent when this articular lesion is present. He found them present 12 times in 26 cases.

When Charcot's disease of the knee-joint occurs in tabes.

it is nearly always an early accompaniment, and although in this case many of the symptoms are absent, I think those I have mentioned justify me in considering it a case of early tabes dorsalis.

[The patient was shown in the Section of Medicine at the annual meeting held at Bristol, August, 1894.]

ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.—Miss Mary E. F. Piggott, at present Matron to the Victoria Hospital, Burnley, has been appointed Matron to the Royal Edinburgh Hospital for Sick Children, in the room of Miss Bird, who had resigned.